

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 06 March 2024 at
in the Council Chamber, County Hall.**

Present:

Cllr Jo Rust
Cllr Tristan Ashby
Cllr Natasha Harpley
Anna Gill
David Allen
Cllr David Beavan
Cllr Emma Flaxman-Taylor
Patrick Peal
Mark Friend
ACC Nick Davison
Cllr Penny Carpenter
Stuart Lines
Sara Tough
Kim Goodby
Rt Hon Patricia Hewitt
Cllr Liz Withington
Cllr Claire Kidman
Tracy Williams
Chris Lawrence
Cllr Kim Carsok
Alan Hopley
Andrew Palmer
Christine Futter
Nick Clinch
Oliver Judges
Tricia Fuller

Representing:

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
East of England Ambulance Trust
East Suffolk District Council
Great Yarmouth Borough Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Executive Director Children Services
Norfolk & Norwich University Hospital NHS Trust
Norfolk and Waveney Integrated Care Board (Chair)
North Norfolk District Council
Norwich City Council
Place Board Chair Norwich
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Voluntary Sector Representative
Integrated Care Board
Norfolk Care Association
Adult Social Services, Norfolk County Council
Place Board Chair – West
Norfolk Suffolk Foundation Trust

Additional members present (non-voting):

Bernadette Lawrence Suffolk County Council Representative
Fran Whymark Norfolk Health Overview and Scrutiny Committee (Chair)
Prof Nicole Horwood University of East Anglia Representative

Officers Present:

Stephanie Butcher Policy Manager Health and Wellbeing Board
Stephanie Guy Advanced Public Health Officer
Hollie Adams Committee Officer

Speakers:

Diane Steiner Deputy Director of Public Health, Norfolk County Council
Ciceley Scarborough Consultant, Public Health, Norfolk County Council
Edward Fraser Interim Assistant Director Communities & Integration, Adult Social Services, Norfolk County Council
Andrew Palmer Executive Director of Performance, Transformation and Strategy, NHS Norfolk, and Waveney Integrated Care Board (ICB)
Lorna Bright Assistant Director of Integrated Operations, Mental Health and Learning Disabilities, Norfolk County Council
Mark Burgis Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board (ICB)
Jamie Sutterby Director of People and Communities, South Norfolk District Council
Dr Abhijit Bagade Consultant in Public Health Medicine
Paul Wardle Strategic Human Resource Business Partner - Adults, Norfolk County Council
Sharon Crowle Head of Professional Education, Training and Development, NHS Norfolk and Waveney Integrated Care Board (ICB)

Norfolk Health and Wellbeing Board (HWB)

1. Apologies

- 1.1 Apologies were received from Cllr Bill Borrett, Debbie Bartlett, (Nick Clinch substituting), Zoë Billingham, (Tricia Fuller substituting), Lynda Thomas and their substitute Laura Clear, Carly West-Burnham, (Oliver Judges substituting), Tom Spink and their substitute Rachael Cocker, (Kim Goodby substituting), Giles Orpen-Smellie and their substitute Dr Gavin Thompson, Angela Steggles, (Christine Futter substituting), Tracey Bleakly, (Andrew Palmer substituting), Jonathan Barber, Cllr Alison Thomas and Cllr Rebecca Hopfensperger.

In the absence of the Chair, Patricia Hewitt took the Chair.

2. Chair's Opening Remarks

- 2.1 The Chair welcomed new members of the Health and Wellbeing Board, Cllr Claire Kidman from Norwich City Council, Cllr Liz Withington from North Norfolk District Council, Nicholas Clinch from Adult Social Services, Norfolk County Council, Andrew Palmer, from the Integrated Care Board, Prof Nicole Horwood, from the University of East Anglia, Tricia Fuller from Norfolk Suffolk Foundation Trust, Oliver Judges Place Board Chair – West, and Laura Clear from Norfolk Community Health and Care.
- 2.2 The Chair shared that it would be Social Work week from 18 to 22 March 2024, to bring people together to learn, connect, and influence change. It was the fourth year of Social Work Week and work would build on discussions from previous years and celebrate all the amazing work social workers did each day across the system.
- 2.3 The Chair also shared that NHS England had confirmed that NHS Norfolk and Waveney Integrated Care Board was no longer in NHS oversight framework segment 4 and had been removed from the Recovery Support Programme, formerly known as "special measures". The Chair thanked members of the HWB for their partnership working which helped achieve this.

3. Minutes

- 3.1 The HWB minutes of the meeting held on 8 November 2024 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 None.

5. Declarations of Interests

- 5.1 None.

6. Public Questions

- 6.1 None.

7. Urgent Matters Arising

- 7.1 None.

8. Director of Public Health Annual Report for Norfolk 2023: Smoking, tobacco control and vaping

- 8.1 The Director of Public Health Annual Report for Norfolk 2023: Smoking, tobacco control and vaping was introduced to the HWB by Stuart Lines, Director of Public Health, Norfolk County Council. This was a statutory independent report. The focus was on smoking which was a key issue in parts of the Norfolk population and the biggest contributor to poorer health outcomes. It discussed the use of e-

cigarettes as a gateway to tobacco use, particularly among young people and those who had never smoked and outlined the ambition of the country to become smoke free.

8.2 Diane Steiner, Deputy Director of Public Health, Norfolk County Council and Ciceley Scarborough, Consultant, Public Health, Norfolk County Council spoke to the report. They discussed that the statistics showed rates of smoking were reducing in the long term, however, smoking rates remained at 13% in Norfolk, thus, work was still needed to achieve the smoke free generation target of 5% by 2030. Smoking contributed to diseases such as cancer, respiratory disease and cardiovascular disease and tobacco use was the third largest risk factor for diseases such as stroke and dementia. This leads to a greater demand on services. There were higher rates of smoking in Great Yarmouth, in men, in people aged 25-60 years old, in areas of greater deprivation, among those in routine and manual jobs and among people with mental health issues and in poorer health. Rates of smoking in pregnancy in Norfolk are gradually coming down but were above the national average. Interventions were in place to help people stop smoking and vaping could be used as a tool for this aim, however, more research was needed over the long-term impact. Data suggests there are likely to be a significant amount of people in Norfolk who vape but have never smoked including young people. The Norfolk Tobacco Control and Vaping Alliance are implementing an action plan on vaping including a toolkit for schools. It would take partner collaboration to tackle the issues in Norfolk.

8.3 The following points and comments were discussed:

- A Health and Wellbeing Board Member suggested that work focusing on the more disproportionately affected groups would be important.
- Cllr Harpley pointed out that marketing and packaging of vapes was often targeted towards young people and suggested this should be addressed. Officers were working with other organisations including trading standards to ensure that e-cigarettes were not marketed towards children and police colleagues aimed to work alongside other organisations to review packaging of vapes to make them less attractive to children. A toolkit was launched last October to schools providing education about vaping in young people.
- It was pointed out that illegal vapes sometimes included substances other than tobacco such as marijuana or other illicit substances. Officers worked with trading standards and police to tackle vendors who sold illegal vapes.
- A Health and Wellbeing Board Member had heard a statistic suggesting that 100% of the neonatal deaths in Norfolk had mothers who smoked. Officers replied that they favoured behaviour change techniques to provide education around smoking in pregnancy, for example they had provided an incentive scheme with the James Paget Hospital to encourage mothers to stop smoking during pregnancy. It was an area of concern as Norfolk sits above the national, and regional, average for this.
- The issues of smoking during pregnancy were discussed including the need for people to have choice, however the lack of choice for the unborn child and children in the home who were exposed to smoking was also raised.
- There was lots of work and focus on the NHS plans focussing on smoking prevention for pregnant mothers.

The HWB **RESOLVED** to:

- a.) **Approve** the publication of the Director of Public Health's Annual Report 2023 on the Joint Strategic Needs Assessment (JSNA) website.
- b.) **Support** the recommended actions for individuals and organisations as set out in the Director of Public Health's Annual Report 2023.
- c.) **Share** the Director of Public Health's Annual Report 2023 with relevant partners.

9. Better Care Fund Quarterly reports

9.1 The Better Care Fund (BCF) Quarterly Report was introduced by Nick Clinch, Director Communities Prevention and Partnerships, Adult Social Care, Norfolk County Council. It was part of the HWB statutory responsibility to oversee the Better Care Fund, in which there was a requirement to submit

quarterly reports to NHS England. The BCF funds the services that support the Health and Wellbeing of Norfolk residents and was a key driver for diving integration between key partners on the HWB. The HWB were made aware that there was a second stage review of the core BCF in progress. This report summarises the Q2 and Q3 BCF reports and the reviews progress to date. At the next meeting HWB in June, the strategic direction for the core BCF in Norfolk would be discussed.

9.2 Edward Fraser, Interim Assistant Director Communities & Integration, Adult Social Services, Norfolk County Council spoke to the report. It was outlined that this was a key piece of integrated activity with NHS partners that was broadly a positive story, additionally, spending was in line with expected profiles. All four of the national conditions were being met and the delivery of the schemes, apart from the rate of admissions to residential care homes, were on track to meet metrics. Work was underway to look at the data and the schemes in place to better understand why that metrics was underperforming and the impact of this. The Community Step Down Flats, which were making use of Housing with Care Flats to support reablement following a hospital stay, and the Norfolk First Support Reablement service, that looks into how occupational therapy support would be integrated as part of the pathway to offer a holistic service. A joint review was being carried out around core funded schemes to ensure they aligned to national and local priorities, and how the BCF was being used across place to demonstrate the impact for local people. Members heard that the review had identified there was no clear process for on boarding and offboarding schemes funded through the BCF.

9.3 The following points and comments were discussed:

- The issues experienced around preventing unnecessary admission seen in Suffolk was raised, and the role of working with housing colleagues in this. The Chair encouraged this to be discussed after the meeting as the Health and Wellbeing Board's remit did not include Suffolk.
- The progress of the review was noted and the opportunities for joined up working that the Better Care Fund provided across partners was welcomed.
- It was raised that each day, around 20% of beds were taken up with people who could be discharged; Edward Fraser agreed that this issue was part of a wider discussion that was required, including the issue discussed earlier around admission avoidance.
- Edward Fraser was asked what the next step would be for the case study projects referred to in the report. He replied that following the pilot of these successful projects, there was an aim to embed these into day-to-day practice.
- A Health and Wellbeing Board Member suggested that it would be helpful to review the efficacy of projects in specific areas to identify what learning could be transferred across to other areas.
- Sara Tough recognised that it was for local areas to decide whether children should be included in the Better Care Fund and noting the emotional and mental health need seen in Norfolk she suggested that this should be considered in Norfolk.
- A Health and Wellbeing Board Member discussed that report included a metric around reducing the rate of permanent admissions to Care Homes, however, it was pointed out that there were care homes able to support with short stays and reablement to provide a solution, whereas there was a shortage of home care which could impact on people being reabled if returning home. Officers confirmed it was a priority to support home first wherever possible which also included people returning to care homes.

9.4 The HWB **RESOLVED** to:

- a) **Agree** and sign-off the BCF Q2 and Q3 reports.
- b) **Endorse** the work of the BCF review to date.
- c) **Support** a presentation of the end of year report and the result of the review at the next meeting of the Health and Wellbeing Board.

10. NHS Norfolk and Waveney Integrated Care Board Annual Report

10.1 The NHS Norfolk and Waveney Integrated Care Board Annual Report was introduced to the HWB by

Andrew Palmer, Executive Director of Performance, Transformation and Strategy, NHS Norfolk and Waveney Integrated Care Board (ICB). In the annual report, ICB's must describe how they have contributed to the delivery of the priorities set by the HWB in their Strategy and consult with the HWB regarding that. Members were asked to comment on the draft narrative of the NHS Norfolk and Waveney Integrated Care Board Annual Report for 2023/24 and propose any amendments. Members were asked to note that the ICB was working with all partners on their Joint Forward Plan, which provided additional opportunity for the ICB to show how it is contributing to the four strategic priorities.

With respect to Driving Integration, the following examples were noted. The joint work on ambulance handovers, Right Care Now, Shared Care records, being an active partner in work across the Primary Care networks and Place Boards, and in the Health and Wellbeing Partnerships. Examples of prevention included the continuation of Protect NoW and the and range of Population Health Management projects. A strategy was being developed for addressing Health Inequalities, in addition there was a Patient and Communities Committee which remit included looking into how the ICB was reducing Health Inequalities and enabling resilient communities. The ICB remained committed to enabling people to live independent healthy lives in their communities for as long as possible.

10.2 The following points and comments were discussed:

- Health and Wellbeing Board Members asked if case studies could be built into the report and highlight areas of improvement where partners could provide support. Andrew Palmer agreed to look into these points. The annual report and joint forward plan would together show what further could be done.
- The triage system used by the ambulance system for non-emergency cases was queried, and whether this needed review to avoid unnecessary admission. David Allen from the East of England Ambulance Trust clarified that there was an unscheduled care coordination hub who supported the Ambulance Service Triage, which involved many organisations.
- A Health and Wellbeing Board Member asked that financial viability of the voluntary sector should be included in the report due to the involvement of the voluntary sector in this work, many of whom were struggling financially. The Chair acknowledged that all partners were experiencing financial difficulties.
- The target "Making changes to help ensure people are getting the right care, at the right time and by the right person" was highlighted, in contrast to the 20% of hospital beds taken up by people requiring discharge, raised earlier in the meeting. Andrew Palmer replied that there was more work to do on this target, however this figure had been significantly reduced from the previous level.
- It was noted that the vision statement from the Ambulance Service Chief Executives discussed reducing the need for ambulances by increasing care in the community. The Chair asked for this discussion to continue outside of the meeting.

10.3 Having commented on the draft narrative of the NHS Norfolk and Waveney Integrated Care Board Annual Report, the HWB **RESOLVED** to **propose** the following amendments:

- For case studies to be built into the initiatives
- For areas of difficulty and how partners could provide further support to be looked into
- For information on financial viability of voluntary sector partners to be taken into consideration

The Health and Wellbeing board closed at 10:32

Integrated Care Partnership

1. ICP Minutes

1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 8 November 2024 were agreed as an accurate record and signed by the Chair.

2. Actions arising

2.1 None.

3. Declarations of Interest

3.1 Cllr Carpenter declared a non-pecuniary interest in relation to item 8 as a cancer patient.

4. Public Questions

4.1 None.

5. Learning Disability Plan 2023-2028

5.1 Nick Clinch introduced the plan to the HWB on behalf of NCC and the ICB. This plan was a culmination of a large amount of work that has been going on and had been developed by the Norfolk Learning Disabilities Partnership which included people with lived experience and their carers.

5.2 Lorna Bright, Assistant Director of Integrated Operations, Mental Health and Learning Disabilities, Norfolk County Council introduced the report. This replaced the previous version of the Strategy and was the result of 8 months of intense work. It was incredibly important that the plan included the voices and aspirations of people with learning disabilities and their carers, which were captured in co-production sessions, as well as the view of professionals and providers of services to people with learning disabilities and their carers. This approach aligned with the Oliver McGowan training that the NHS was rolling out, which talked about the importance of listening to, and consulting with people with learning disabilities and their carers, as they are the experts. An easy read version of the Plan was produced first and tested with those that co-produced it. The plan would be regularly reviewed by the Norfolk and Waveney Learning Disabilities and Autism Programme Board.

5.2 The following points and comments were discussed:

- Members of the ICB welcomed the plan.
- Anna Gill raised concerns voiced by the disabled community about changes to the Minimum Income Guarantee. Officers confirmed that the Council were having to make difficult decisions around their finances and hoped that this plan would not be affected.
- Chris Lawrence asked about the transition of young people from Children's Services to Adults' Services. Officers confirmed that the Preparing for Life Team supported children and their carers to prepare for this transition.
- The Integrated Care Board had reviewed this report in January 2024 and were pleased that people with learning disabilities had been engaged with during the plan's development and would fully support it. The Chair was pleased that the easy read version of the plan was written before the full version.
- Stuart Lines noted that people with Learning Disabilities were impacted by lower life expectancy and higher rates of hospital admission and **suggested** that work should take place to encourage the uptake of health screening. Officers replied that there was an aim in the plan to support people to take up screenings and access other health care services such as vaccinations.
- Cllr Rust asked what support was in place for carers assessments. Lorna Bright confirmed that carers could get social care assessments through carers matters; practitioners working with people with learning disabilities were asked to identify carers and encourage them to get an assessment. Cllr Jo Rust **suggested** that this should be explicitly referenced going forward. The Chair noted the work being done on the carers passport across the system.
- Mark Friend asked for clarity around which aspects of the plan were 'must do's'. Lorna Bright replied that it was an aspiration to deliver everything in the plan, but health was the top priority as it impacted on all others.
- Sara Tough noted that this Plan sat alongside an area strategy for children with learning disabilities and additional needs which would be brought to the Health and Wellbeing Board. This included young adults up to the age of 25, meaning both plans incorporated transition between Children's Services and Adult Services.

5.3 The ICP **RESOLVED** to:

- a) **Agree** the Norfolk Adults Learning Disability Plan 2023-2028.
- b) **Champion** the implementation of this new Learning Disability Plan (formerly known as 'strategy') with Norfolk people with a learning disability, their unpaid carers and the providers and professionals working with them.
- c) **Promote** the sharing of information about how the Plan is working with all stakeholders and support the feedback process to enable effective communication with people with a learning disability and their carer's.
- d) **Recognise** the wider work being done to ensure carers have access to the support that they need

6. Norfolk and Waveney Health Inequalities Strategic Framework for Action

- 6.1 Andrew Palmer, Executive Director of Performance, Transformation and Strategy, NHS Norfolk and Waveney Integrated Care Board (ICB) introduced the Norfolk and Waveney Health Inequalities Strategic Framework for Action and thanked all system partners for their engagement on this critical piece of work, as it was essential that all partners worked together.
- 6.2 Mark Burgis, Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board (ICB) and Tracy Williams, Clinical Lead for Health Inequalities & Inclusion Health, NHS Norfolk and Waveney Integrated Care Board introduced the report. Tackling Health Inequalities was a priority for all partners which everyone had recognised. This was a framework for action that had been developed for the whole system with the involvement of over 100 organisations across our ICS. It was a first step on the journey around tackling Health Inequalities together and was a system Framework for all partners. The three key areas in the Framework were Living and Working Conditions, Lifestyle Factors and Healthcare Inequalities. It would be important to act together as a whole system as well as within our own organisations and acting locally to continue to ensure co-production with communities. In the first year priority actions would be taken acknowledging the challenging environment.
- 6.3 The following points and comments were discussed:
 - Christine Futter pointed out that Adult Social Services were not explicitly mentioned in the report. Officers **agreed** to take this point away for action.
 - Mark Friend raised Community Voices and the role that the voluntary sector could have in this strategy. Tracey Williams replied that there were programmes to engage with under-served communities and this was lead jointly with the voluntary sector.
 - Bernadette Lawrence asked if Suffolk agencies were included in this framework. It was confirmed that Waveney agencies were included.
 - Nicole Horwood suggested that collaboration could be taken forward with colleagues at University of East Anglia as they had numerous researchers working in this field.
 - Cllr Natasha Harpley discussed that the reduction in funding over time had impacted on provision of services, for example through closure of Sure Start centres, which was reducing people's life qualities and opportunities.
 - Cllr Emma Flaxman-Taylor encouraged the IPB to work with the District Councils and the voluntary sector to prioritise the Health Inequalities budget they received from NHS England.
 - Nick Clinch assured the Partnership that the role of Adult Social Care was within the Framework. The Framework touched on all four aims of the Integrated Care Strategy.
 - Cllr Jo Rust raised the cost of poor housing for District Councils, and it was suggested that community led housing could empower local people to have more say in local housing.

6.4 The ICP **RESOLVED** to:

- a) **Endorse** the Norfolk and Waveney ICS Health Inequalities Strategic Framework for Action.

- b) **Commit** to supporting the implementation of the Framework, providing leadership and advocacy as required.
- c) **Receive** regular updates of progress and delivery and provide oversight as required to the ICP.

7. Committing to the Hewitt Review recommendations

7.1 Cllr Kim Carsok, South Norfolk Portfolio Holder for Healthy & Active Lifestyles, South Norfolk District Council introduced the report. Cllr Carsok outlined the power of the District Councils to make change in the health of their local communities through the work of the Health and Wellbeing partnerships. Work had been done to develop capacity in the partnerships within South Norfolk District Council and Broadland District Council to tackle problems with providing local solutions and delivering projects.

7.2 Jamie Sutterby, Director of People and Communities, South Norfolk and Broadland District Councils, introduced the report. South Norfolk and Broadland Health and Wellbeing Board Partnerships were unhappy with the Government's response to the Hewitt review and responses in it and so took action to put together a statement of support. The principles of the Hewitt review showed a strong frame of reference between the system and local places, and included challenge to the way the system worked at place. There was a statement in the review to shift budgets towards prevention, using 1% of the local NHS budget over the next 5 years which equated to about £24m. The Review also highlighted the consideration of pooling resources to take forward integration and embedding pilots and projects. The active work taking place in all of the Health and Wellbeing Partnerships at a locally led level had a real effect on communities and contributed to the Health Inequalities agenda. Some of these at a local level, had merit in scalability such as seen with District Direct, Mindful Towns and Villages and Proactive interventions regarding falls. These are exciting interventions led locally to provide local solution to local problems.

7.3 The following points and comments were discussed:

- Members of the ICP endorsed the comments given by Jamie Sutterby during his introduction.
- Cllr Ashby spoke about a project being carried out in Watton which had saved around £650,000 to the system and asked how pilots such as this could be made sustainable in the future. Jamie Sutterby replied that each partnership had initiatives which were successful; some were scalable, and some were for local solutions for local problems. It would be important to empower people to develop projects for example by providing funding and resources.
- Cllr Kidman spoke about the wellness on wheels bus which visited areas of Norwich where children had been diagnosed with rickets. Norwich City Council was committed to the vital work of prevention.
- Christine Futter from NORCA raised an issue from the provider perspective; it was not clear about their involvement at a Health and Wellbeing partnership level as there was no explicit reference to the independent sector. Language was really important in the move towards integration, as it was important that all partners are recognised as equals. She asked that Adult Social Care was explicitly mentioned. Care Academies were highlighted as an example. Jamie Sutterby agreed to review language.
- Cllr Rust discussed the work towards becoming a Marmot place in Borough Council of King's Lynn and West Norfolk which she hoped could be widened out to other areas and highlighted Nourishing Norfolk which had been mentioned on Radio 4 which was a testament to the work that is going on.
- Bernadette Lawrence queried the statement set out on page 247 of the report "Ensure the entirety of our spend is on prevention," and raised this as a concern as it was felt this was not realistic but should be a focus. The Chair suggested a change to the wording of the recommendation to "prioritise our spending on prevention".
- Cllr Liz Withington raised the issue of sustainability for the Partnerships
- Chris Lawrence suggested that work in the report be mapped against the recommendations to show where organisations were up to and where we should be focussing and making collaborative decisions.
- Cllr Carsok raised the issue of attendance by the anchor institutions at the Partnerships which would help on working together. The Chair mentioned this was difficult due to the alignment of

Health and Local authority boundaries.

7.4 The ICP **RESOLVED** to:

- a) **Endorse** and sign-off the Statement of Commitments to the Hewitt Review, consider committing to them as an ICP, and ensure progress is tracked, with the following change to the statements:
 - ~~Ensure the entirety of our spend is on~~ Prioritise our spending on prevention, and we will encourage other organisations to increase their spend on this agenda and lobby the government and NHS England to increase theirs.
- b) **Recognise** Health and Wellbeing Partnerships as key and strategic anchors to the ICPs shared objectives of addressing health inequalities and a shift towards prevention.
- c) **Consider** our model of distributed leadership and how resource can be dispersed to support place activity.

8. Cancer, Public Health key indicators for Norfolk and Waveney

8.1 Stuart Lines, Director of Public Health Norfolk County Council, introduced the report on Cancer as the fourth in a series of deeper dives into key areas for our system that highlighted data and key increases in risk.

8.2 Dr Abhijit Bagade, Consultant in Public Health Medicine, introduced the report. The most common types of cancer found in Norfolk and Waveney were prostate, breast, lung, and colorectal cancer. The incidence rate had been decreasing over the past decade in Norfolk, and was slightly better than the national average, however there were inequalities which required focus. Early cancer deaths were higher in areas of deprivation and also had lower survival rates. People from these communities were likely to recognise symptoms at a later stage and come forward at a later date for medical care. The key risk factors were smoking, poor diet, lack of exercise and being overweight.

8.3 The following points and comments were discussed:

- Cllr Carpenter reported that in 2018 there were around 6000 women not attending breast screening appointments in the Great Yarmouth and Waveney Council areas. She felt it was important to find out why people were not attending screening and to increase the level of uptake,
- Tracey Williams discussed the importance of recognising inequalities as well as barriers to access, including to screening appointments.
- Mark Friend spoke about the opening of diagnostic centres and noted that communication around the opening of these would be key. He suggested that it would also be important to target these communications to priority areas.
- Cllr Flaxman-Taylor spoke about the cancer screening service pilot being held in 21 community pharmacies in the Norfolk ICB. She was interested to see if this would impact on uptake of screening and **suggested** this was added to a future ICP agenda.

8.4 The ICP **RESOLVED** to **note** the data and information relating to Cancer for people living in Norfolk and Waveney for use in their strategic and operational planning and that there was additional information contained within the Norfolk Joint Strategic Needs Assessment (JSNA).

9. Driving Integration through system wide training opportunities

- 9.1 Nick Clinch introduced the report to HWB. A key part of the Integrated Care Strategy was on how we drive integration together. Training, learning and development was another part of that and this built on the Development session work the Partners did.
- 9.2 Paul Wardle, Strategic Human Resource Business Partner - Adults, Norfolk County Council and Sharon Crowle Head of Professional Education, Training and Development, NHS Norfolk and Waveney Integrated Care Board (ICB) introduced the report. A workshop was held in January 2024 which was really valuable and indicated the need for a visible collaborative workforce strategy that addressed training and skills needs, emphasised the need to break down barriers, and pooling of resources in the ICS but also acknowledging the challenges of turning aspiration into reality. There were benefits for sharing learning across the system including sharing best practice and standardised practices. The challenges to the system were set out in the report., Oliver McGowan training, delegated healthcare interventions and the opportunity to explore a digital skills passport could be considered as well as a shared learning management system to enable transfer and recording of data across the system and between partners.
- 9.3 The following points and comments were discussed:
- ICP members supported this report.
 - Christine Futter highlighted the integrated work that was ongoing and spoke about the system skills passport that may replicate the national skills passport.
 - It was confirmed that teaching sessions were for Norfolk and Waveney and were held online. Bernadette Lawrence **asked** if Suffolk Adult Social Services could be linked into this training as this would help with join up.
 - Anna Gill spoke about upskilling other community roles to reduce the need of people to see doctors.
 - Cllr Carsok asked if degree apprenticeships were being investigated. Sharon Crowle replied that it was the case and there were a variety of apprenticeships across the health profession such as nursing associates and nursing apprenticeships that were in place. Paul Wardle replied that Norfolk County Council supported the system with the apprenticeship levy and had a social work apprenticeship in place.
 - Sara Tough had attended the workshop in January 2024 which she found to be positive. She felt that it was important to think about how capabilities across the workforce could be maximised to upskill professionals across the wider workforce to provide support to individuals.
 - There was a challenge to ensure there was good representation from all sectors including the voluntary sector and district councils.. Paul Wardle confirmed that there was a vision to achieve this and this would be worked towards..
 - Alan Hopley noted the importance of consistent case notes and data sharing. This could be supported by shared training.
 - The Chair felt that encouraging people to learn together would also encourage them to work together.
- 9.4 The ICP- **RESOLVED** to endorse:
- a) The oversight of the Learning and Development workstreams in the ICS through the Norfolk and Waveney System People Board.
 - b) The principle that clinical education/training opportunities are expanded collaboratively across the system where a new need is identified e.g. delegated health interventions, to enhance joined-up care across the system.
 - c) Make maximum use of shared learning, education and training including where new needs are identified and including ongoing development of delegated Healthcare training and implementation of Oliver McGowan Mandatory to build principles of joint training and share knowledge to improve our understanding of effective partnership delivery over the next year.
 - d) Development and delivery of a system training transformation programme over the next three

years including:

1. The development of a system “skills passport”
 2. A systemwide approach to leadership and management development which is a key enabler of a “One Workforce” approach
 3. The development of an approach to pooling training resources including all ICS partners.
- e) Longer term exploration of a system wide Learning Management platform (recognising the data governance, financial and organisational challenges that this would entail as we mature as a system).
- f) Ask officers to consider how to get further involvement with District Councils and the Voluntary Sector.

10. Norfolk & Waveney NHS System Capital Distribution for 2024/2025

- 10.1 The Integrated Care Partnership (ICP) received the report to inform of the NHS Norfolk and Waveney System Capital Departmental Expenditure Limit (CDEL) proposal to distribute the system resource to the Norfolk and Waveney organisation for capital infrastructure investment.
- 10.3 The ICP- **RESOLVED** to:
- a) **Endorse** the proposed NHS distribution of the NHS system Capital Departmental Expenditure Limit resource to deliver organisational and system capital plans.
 - b) **Note** the sums assigned to the central NHS programmes for 2024/25.

11. Norfolk and Waveney Integrated Care System Suicide Prevention Strategy 2023-2028

- 11.1 The ICP received the report setting out the draft suicide prevention strategy for the ICS and a partnership commitment to act collectively to tackle suicides in the locality. The strategy incorporates action from a range of organisations working in partnership, recognising that suicide is everybody's business.
- 11.3 The ICP **RESOLVED** to:
- a) **Endorse** the Norfolk and Waveney ICS Suicide Prevention Strategy on behalf of their organisations.
 - b) **Support** the commitment to joint actions on suicide prevention.

12. Driving Integration Through Digital, Data and Technology

- 12.1 The ICP **RESOLVED** to **note** the outputs from the workshop and immediate next steps to roll out benefits of existing data sharing and systems integrations platforms and **RESOLVED** to **receive** a further update on progress and plans at next ICP meeting, including the chance for discussion.

13. University of East Anglia (UEA) Health Data interpretation reports on impact of Covid-19 on healthcare services and health outcomes in Norfolk

- 13.1 The ICP **RESOLVED** to **note** the UEA Health Data interpretation reports on impact of Covid-19 on healthcare services and health outcomes in Norfolk and to **note** that the UEA HDIG reports are available on Norfolk's Joint Strategic Needs Assessment website.

Meeting concluded at 12:22

Patricia Hewitt
Vice Chair Health and Wellbeing Board



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Health and Wellbeing Board and Integrated Care Partnership Attendance Record Appendix A
(From the last 3 meetings)

Member Organisation Represented	Named Member	27 Sept 2023	08 Nov 2023	06 Mar 2024
Borough Council of King's Lynn & West Norfolk	Cllr Jo Rust	X	X	X
Breckland District Council	Cllr Tristan Ashby			X
Broadland District Council	Cllr Natasha Harpley	X		X
Cambridgeshire Community Services NHS Trust	Anna Gill		X	X
East Coast Community Healthcare CIC	Ian Hutchison	X*	X*	
East of England Ambulance Trust	David Allen	X	X*	X
East Suffolk Council	Cllr Mike Ninnmey Cllr David Beavan	X	X	X
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor		X	X
Healthwatch Norfolk	Patrick Peal	X	X	X
James Paget University Hospital NHS Trust	Joanne Segasby Mark Friend		X*	X
Norfolk Care Association	Christine Futter Angela Steggles			X
Norfolk Community Health & Care NHS Trust	Lynda Thomas		X*	
Norfolk Constabulary	ACC Nick Davison	X	X	X
NCC, Cabinet member for Adult Social Services	Cllr Alison Thomas	X		
NCC, Cabinet member for Childrens Services	Cllr Penny Carpenter			X
NCC, Cabinet member for Public Health and Wellbeing, Leader (nominee)	Cllr Bill Borrett	X	X	
NCC, Interim Executive Director Adult Social Services	Debbie Bartlett	X	X	X*
NCC, Executive Director Children's Services	Sara Tough	X	X	X
NCC, Director of Public Health	Stuart Lines	X	X*	X
Norfolk & Norwich University Hospital NHS Trust	Tom Spink		X*	X*
Norfolk & Suffolk NHS Foundation Trust	Stuart Richardson Caroline Donovan	X*	X	X*
NHS Norfolk and Waveney Integrated Care Board (Chair)	Rt Hon Patricia Hewitt	X	X	X
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)	Tracey Bleakley		X*	X*
North Norfolk District Council	Cllr Wendy Fredericks Cllr Liz Withington			X
Norwich City Council	Cllr Cate Oliver Cllr Claire Kidman		X	X
Place Board Chair (Great Yarmouth & Waveney)	Jonathan Barber	X	X	
Place Board Chair (Norwich)	Tracy Williams	X	X	X
Place Board Chair (North Norfolk)	Dr James Gair			
Place Board Chair (West)	Carly West-Burnham	X		X*
Place Board Chair (South Norfolk)	Dr Ge Yu			
Police and Crime Commissioner	Giles Orpen Smellie			
Queen Elizabeth Hospital NHS Trust	Chris Lawrence			X
South Norfolk District Council	Cllr Kim Carsok	X	X	X
Voluntary Sector Representative	Emma Ratzer	X		
Voluntary Sector Representative	Dan Mobbs	X		
Voluntary Sector Representative	Alan Hopley	X	X	X
Norfolk Health Overview and Scrutiny Committee (Chair) (Guest)	Cllr Fran Whymark	n/a	X	X
Suffolk County Council, Cabinet member for Adult Care (Guest)	Cllr Beccy Hopfensperger			
Suffolk County Council Representative (Guest)	Bernadette Lawrence			X
University of East Anglia Representative (Guest)	Prof Nicole Horwood	N/A	N/A	X

X member attended, * Indicates Substitute attended