

Health and Wellbeing Board
Minutes of the meeting held on 8th March 2023 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich

Present:

Cllr Alison Webb
Cllr Fran Whymark
Cllr Emma Flaxman Taylor
Judith Sharpe
Jonathan Barber
Rt Hon Patricia Hewitt

Tracey Bleakley
Tracy Williams
Christine Futter
Assistant Chief Constable
Nick Davison
Giles Ophen-Smellie

Cllr Bill Borrett

Cllr John Fisher

Dr Louise Smith
James Bullion

Sara Tough

Sam Higginson (until 11.04am)
Kathryn Ellis
Tracy Williams
Cllr Virginia Gay
Cllr Adam Giles
Dr Jeanine Smirl
Cllr Alison Thomas
Dr Steven Bush (from 9.39am)
Chris Lawrence

Alan Hopley

Dan Mobbs

Emma Ratzer

Guests Members

Cllr Beccy Hopfensperger
Bernadette Lawrence

Officers Present:

Stephanie Butcher
Rachael Grant
Stephanie Guy
Jonathan Hall

Representing:

Breckland District Council
Broadland District Council
Great Yarmouth Borough Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk & Waveney Health & Care Partnership (Chair) and
NHS Norfolk & Waveney Integrated Care Board (Chair)
Norfolk and Waveney Integrated Care Board (Chief Executive)
Norfolk and Waveney Integrated Care Board
Norfolk Care Association

Norfolk Constabulary

Norfolk Police and Crime Commissioner

Norfolk County Council, Cabinet member for Adult
Social Care, Public Health and Prevention

Norfolk County Council, Cabinet member for
Children's Services

Norfolk County Council Director of Public Health
Norfolk County Council Executive Director, Adult Social
Services

Norfolk County Council Executive Director, Children's
Services

Norfolk & Norwich University Hospital NHS Trust

Norfolk & Suffolk Foundation NHS Trust

Norfolk & Waveney Integrated Care Board

North Norfolk District Council

Norwich City Council

Norwich Place Board

South Norfolk District Council

Cambridgeshire Community Services NHS Trust

Queen Elizabeth Hospital NHS Trust

Voluntary Sector Representative

Voluntary Sector Representative

Voluntary Sector Representative

Suffolk Health and Wellbeing Board

Suffolk County Council

Policy Manager Health and Wellbeing Board

Policy Manager Public Health

Advanced Public Health Officer

Committee Officer

Speakers:

Marcus Bailey	Winter Director, Norfolk and Waveney Integrated Care Board
Steven Course	Director of Finance Norfolk and Waveney Integrated Care Board.
Alison Gurney	Programme Director – Lead for Place Partnerships & Health Protection
Gary Heathcote	Director of Commissioning – Adult Social Services
Rachael Peacock	Head of System Resilience – Norfolk and Waveney Integrated Care Board.
Bethany Small	Commissioning Manager, Social Care and Health Partnerships
Diane Steiner	Deputy Director of Public Health
Josh Robotham	Senior Epidemiologist Public Health

Norfolk Health and Wellbeing Board (HWB)**1. Apologies**

- 1.1 Apologies were received from Anna Gill (Steven Bush substituting), Chris Lawrence, Tony Hutchison and his substitute Tony Osanski, Cllr Mary Rudd, Lynda Thomas, Patrick Peal (Judith Sharpe Substituting), Stuart Richardson (Kathryn Ellis substituting) Cllr Lana Hemsall, Cllr Sam Sandell and Tom Spink (Sam Higginson substituting).

Absent: Dr Satish Singh, John Webster, Dr Ge Yu, Dr James Gair and David Allen.

2. Chair's opening remarks

- 2.1 The Chair welcomed all present and advised that the Integrated Care Partnership (ICP) meeting would follow directly after the meeting. In addition, he advised that the meeting would be the last attended by Dr Louise Smith, Director of Public Health (DPH) as she was to start a new role with the UK Health Security Agency (UKSA). The Chair thanked Dr Smith on behalf of the committee, for her excellent direction and guidance as the DPH for Norfolk was both a founder member of the HWB and the ICP. Dr Smith was a reassuring presence during the pandemic and was a key part of the County's efforts to help tackle the spread of Coronavirus and providing calm and effective support for communities. The Chair presented Dr Smith with a basket of flowers and wished her well in her new role.

3. HWB minutes

- 3.1 The minutes of the Health and Wellbeing Board meeting held on 9 November 2022 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 At the meeting of the Integrated Care Partnership on 9 November 2022, the transitional Integrated Care Strategy for Norfolk and Waveney was agreed. This strategy is combined with the Joint Health and Wellbeing Strategy for Norfolk. The committee agreed to ratify the strategy in the HWB meeting.

5. Declarations of interest

- 5.1 No interests were declared.

6. Public questions

6.1 None.

7. Urgent Matters Arising

7.1 None.

8. Better Care Fund – Adult Social Care Discharge Fund

8.1 The HWB received the report which advised that an additional £9.67m had been received in November 2022 for Adult Social Care Discharge Fund (ASC Discharge Fund) which had been split between NHS Norfolk and Waveney Integrated Care Board and Norfolk County Council. The Board were asked to ratify the jointly designed and agreed spending plans.

8.2 James Bullion, Executive Director of Adult Social Services, introduced the report and advised that the fund and additional funding received had been of prime importance in our system over the winter period and Norfolk had improved its relative position from 17% of beds occupied by a person who is deemed not to have a criteria to reside down to 13% and is one of the fastest improving areas in England, being below the average. Tributes were paid to Social Care, Community Health Staff and the Reablement Service for this position. However, it was recognised the limitations of a grant that is about discharge and not about admission avoidance.

8.3 Bethany Small, Commissioning Manager, Social Care & Health Partnerships and Marcus Bailey, Winter System Director NHS Norfolk & Waveney ICB presented the report. It was advised that some tabled information in appendix 2 was not showing due to a technical error and this would be recirculated to members shortly.

8.4 The following points and comments were discussed and noted:

- The funding for the Adult Social Care Discharge Fund was, for the first time, being extended to 2 years concurrently meaning that planning and implementation of plans could take place with some confidence and reassurance of service improvements.
- Partnership working across the system is really starting to make a difference
- Data was being collated for the current winter period and would be analysed to determine what had been successful in increasing discharges and what initiatives had worked well. A report detailing this data and evaluation findings would be presented to the HWB in due course.
- Evaluation of the initiatives will be good to enable understanding of the schemes that have worked well and those that could work better and be more sustainable. True effectiveness takes time and the recurrent funding would help with this as well as the ability to be agile enough across the system
- Wrap around support such as Occupational Therapy support is important around the beds, and for next year it is important to consider creating a critical mass around the urban areas so this support can be provided.
- It was felt that purchasing beds in advance with the Care Sector would have helped providers plan better in advance of winter pressures.

- It was acknowledged that weekend discharge was slower and that plans were in place to help resolve the issue. It was difficult sometimes to achieve as discharge needs could be complex.
- Whilst additional funding was welcomed it was hoped that better collaborative working within the partnerships would help the sector increase capacity to provide additional services and not just be utilised to purchase bed space.
- Workforce constraints would slow progress, however recurring funding would help secure positions and embed roles for the future. As plans develop and advance, partners would become reassured and have trust that funding channelled into areas where the data had shown had the greatest impact would benefit all in the sector.

8.4 The Health and Wellbeing Board **resolved to:**

- Receive and ratify the Adult Social Care Discharge Fund spend plans.

9. **Norfolk & Waveney Integrated Care Board Annual Report**

9.1 The HWB received the report. As part of the submission for the Annual report the HWB must be consulted on the narrative given by Integrated Care Board (ICB) on how it has met the priorities of their local Health & Wellbeing Boards. The report was presented by Tracey Bleakley, Chief Executive, Norfolk and Waveney ICB, who advised that feedback from members could be received up until June 2023 when the report is due for submission. There was a large amount of governance and structural work that had been undertaken in the past 12 months which was reflected within the report, however it should also be noted that increased partnership working across the whole health care sector in Norfolk and Waveney and other stakeholders had been established and was having a greater impact.

9.2 The following points and comments were discussed:

- It was welcomed that the report not only aligned the priorities of both HWBs and Councils within the ICB region but acknowledged that evidence based priorities to address inequalities was key. Work undertaken by clinical staff and practitioners underpinned the strategy which helped identify the need to tackle issues in the most deprived areas within the ICB region.
- Members were pleased to note that the report concentrated on relationships between all partners and was not just about systems and processes. It was felt closer working was a key goal for future progress.

9.3 The Health and Wellbeing Board **resolved to:**

- Provide comment on the draft narrative and propose any amendments they would like made.

10 **Director of Public Health, Annual Report 2022 – How does health vary in Norfolk?**

10.1 The HWB received the report which highlighted the importance of place in addressing health needs and demonstrated how the new Office for National Statistics (ONS) Health Index can be used to understand the health needs of local areas.

10.2 The report was presented by Dr Louise Smith DPH, who highlighted the inequalities and vulnerable groups where the Health Care Sector needed to prioritise their actions. The

data reflected the 42 electoral wards within Norfolk that are the most deprived (which encompasses 140,000 residents). The data also reflected that Norfolk is significantly below average on mental health outcomes. In addition, other key areas that required improvement were those with disabilities, deaths from cancer and cardiovascular diseases. Access to services was also a challenge, partly because of the wide geographical nature of Norfolk but also because of the current location of services which effected uptake, especially by those in the most deprived 42 electoral wards.

The DPH summed up by:

- Asking the question on how the top line strategy of the Health and Care System prioritises those 42 electoral wards in Norfolk which are the most deprived and how do we target those electoral wards and the investment required to help them level up.
- Thanking her team, Diane Stenier, Josh Robotham and Alison Gurney for their hard work in preparing the report.

10.2 The following points and comments were discussed:

- Although it was agreed that tackling smoking within those most deprived 42 electoral wards would help reduce cancer and heart disease, it was considered that for those residents it would be harder and more demanding to do so and perhaps does not recognise the overall wellbeing and deprivation experienced. The report had highlighted that in some of the areas smoking was as high as 35% of the adult population.
- The data would be taken to the Health and Wellbeing Partnerships and it was thought that the most effective solutions lie at a local Place level. The Place Boards should be encouraged to use the data as a driver for their actions so they understand who they should be targeting and what services they require.
- The pandemic had proved that local partnership working relationships in areas had been successful and that working with communities, finding out about their needs and wants, would bring about the biggest differences to improving outcomes.
- Whilst mental health outcomes were significantly below average in Norfolk, this was not entirely down to an aging population suffering from dementia as younger people and adolescents presenting with mental health issues also registered significantly on the Health Index.
- Prevention was also thought to have a key role in improving outcomes and much of this could be delivered at Place Level although resources would be needed. Developing a strategy for children's learning, focusing on children with special educational needs and disabilities to involve communities and schools. It was suggested that this might be a report that should be considered by HWB at a future meeting.
- It was thought that working directly with health care professionals at an individual level could provide confidence and support to understand, identify and challenge any discriminatory practice.
- It was considered that introducing a premium for tackling inequalities would see greater change at pace, although the funding for such an initiative would be challenging given the current financial pressures.

- Local initiatives such as Protect Now and Covid Protect had identified that engagement needs to be innovative to encourage those hard to reach residents. Specialist call handlers had been trained on how to engage and encourage residents to take up services. This was a testament as to how those service providers at Primary Care Network (PCN) level and below could make the greatest impact.

10.3 The Health and Wellbeing Board **resolved to:**
Approve the publication of the Director of Public Health's Annual Report on the Joint Strategic Needs Assessment (JSNA) website.

11 Five Year Joint Forward Plan

11.1 The HWB received the report which introduced the concept of the Joint Forward Plan (JFP) and highlighted the linkages to the transitional Integrated Care Strategy for Norfolk and Waveney/Joint Health and Wellbeing Strategy for Norfolk. There was a requirement to include opinion from HWB within the published JFP document. It was advised that the item will return to the HWB in June 2023 but conversations will be ongoing with partners across the system as the content of JFP is developed.

Tracey Bleakley, Chief Executive Norfolk and Waveney ICB presented the report and advised that it will return to the HWB for ratification in June. A public consultation was also in progress that had seen over 700 responses. The plan had to take in to account 17 legal requirements and also include the 8 priorities of ICB. The plan will be able to be revised twice over the next 5 years once finalised. The ICB will have to reduce its budget by 20% in 23/24 and by a further 10% the following year and no further uplift for pay rises. The ICB were looking to spend money to invest to save money in future years, although this would require discipline to achieve.

11.2 The following points and comments were discussed:

- The financial challenges of the decreasing budget were thought to be very difficult and prevention was key to help reduce the need for services, although this part of the budget required protection.
- It was hoped that any budget savings did not effect those in most deprived areas disproportionately and how could the System, Partnerships and Boards work together to protect the most vulnerable.
- It was thought the 8 priorities of the ICB should be the focus of the plan to achieve the best outcomes and plans should be put in place to underpin these to help identify what is required to be achieved from each stakeholder within the system.
- Engagement with communities on how the 8 priorities are targeted would be key to making the greatest impact. Lots of marginal change should hopefully add up to a significant level of positive outcomes over time. Older person focus was really welcomed.

11.3 The Health and Wellbeing Board **resolved to:**

- Support the development of the JFP as described in this report, with the more detailed work on the content led through partnership working across the System and reporting to the ICB Board.
- Receive the near final JFP at the next HWB meeting on 14 June 2023 and provide an opinion for inclusion in the published JFP.

The Health and Wellbeing board closed at 11:05am

**Bill Borrett,
Chair of the Health and Wellbeing Board**

Integrated Care Partnership (Norfolk and Waveney)

Before the formal start of the meeting the Chair Cllr Bill Borrett asked Sara Tough, Executive Director Children's Services to update everyone present on the results of the Ofsted inspection that took place in November 2022. The outcome was that the department was judged as Good with many aspects of the department considered to have exceptional and exemplary practices. In February 2023 the Care Quality Commission (CQC) and Ofsted undertook a revisit to consider if sufficient progress had been made addressing the serious weaknesses identified previously in special educational needs and disabilities. The inspection concluded good progress had been made and no further weaknesses existed. Sara Tough thanked the department staff for their hard work in achieving those results.

1. Minutes

- 1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 9 November 2022 were agreed as an accurate record and signed by the Chair.

2. Actions Arising

- 2.1 None

3. Declarations of Interest

- 3.1 None

4. Public Questions

- 4.1 No public questions had been received.

5. Amendments to the Integrated Care Partnership Terms of References

- 5.1 The Integrated Care Partnership (ICP) received the report which proposed changes to the terms of reference for the ICP.

- 5.2 The Integrated Care Partnership **resolved to:**
- Agree to the revised version of the Integrated Care Partnership Terms of Reference.

6. Norfolk and Waveney NHS System Capital Distribution 2023/2024

- 6.1 The ICP received the report which highlighted the process and progress made by the NHS in distributing the £42m of available capital resource for 23/24. The system was proising to distribute £46.5m which accounted for a £4.5m over plan which was available as an option fwithin NHS planning guidance. This over planning could be scaled back if spending within the programme was on track and no slippage had occurred.
- 6.2 Steven Course, Director of Finance Norfolk and Waveney ICB presented the report and advised that in preparing the plans that statutory spending to ensure compliance with regulations and ensuring patient safety had to be considered and had consumed 60% of the available budget. A further 30% of the budget had been allocated to ensure an acceptable level of service was provided. The remaining 10% was allocated to strategic and business cases strategy. All requests for capital spending across the NHS partner organisations had amounted to £73m so a weighting system was used to allocate funding appropriately.
- 6.4 The Integrated Care Partnership **resolved to:**
- Endorse the proposed NHS distribution of the NHS capital system Capital Departmental Expenditure Limit resource to deliver organisational and system capital plans.

7. Strategic Workforce Priorities for the Integrated Care System

- 7.1 The ICP received the report which provided an update to members on the work to date to ensure the Norfolk and Waveney People Strategy and Ambitions for the workforce align to the strategic system priorities, and national guidance, and that the System is actively working towards the ICS commitment to make Norfolk and Waveney the best place to work in health and care. Also to ensure workforce priorities are included in all of the system strategic priorities and planning activities, with the ambition to include the whole workforce across primary, secondary, tertiary and social care, local authorities and VCSE partners.
- 7.2 Tracey Bleakley, Chief Executive of Norfolk and Waveney ICB presented the report and gave Ema Ojiako's apologies as she was unable to attend.
- 7.3
- The following points and comments were discussed:
 - The best Systems have a joint approach to workforce. Health, Housing and Social Care have lots of comminalities. Need to acknowledge the role of NORCA in the development.
 - There was a general agreement that the Health and Care system had to work together on this issue but acknowledged that differences between sectors did exist and could be difficult to resolve, especially around the area of pay.

- It was suggested that recruitment in the most deprived areas should be targeted to help achieve the best outcomes.
- The voluntary sector had particular issues in keeping in line with general NHS pay increases as grants to provide services for the sector had no inflationary increases attached to protect real cost increases in wages.
- The voluntary sector often provided jobs at or just above minimum wage levels and this was proving difficult to recruit people to those roles. It was hard for the voluntary sector to compete with NHS employment terms and conditions.
- It was thought the priorities should include plans for retention and not just recruitment as better retention of staff would reduce the need for recruitment.
- The challenge to introduce a living wage in the whole sector should be considered although financial pressures made this unviable for just one provider to pursue this option unilaterally.
- Whilst care home pay was low it should be recognised that care homes stays do stop people from entering the wider mainstream system and demanding resources. Given this position it was thought consideration should be given to providing more resource to care homes from other parts of the system to alleviate pressures elsewhere.

7.4

- The Integrated Care Partnership **resolved to:**
 - a) Endorse the planned approach to development of a refreshed We Care Together People Plan for the Norfolk and Waveney ICS in 2023/24.
 - b) Support system partners to further integrate workforce approaches across NHS and Social Care where possible.

Meeting Concluded at 11.56am

**Bill Borrett,
Chair of the
Integrated Care
Partnership**