

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 12 June 2024 at
in the Council Chamber, County Hall.**

Present:

Cllr Jo Rust
Cllr Tristan Ashby
Cllr Natasha Harpley
Anna Gill
Ian Hutchison
David Allen
Cllr David Beavan
Patrick Peal
Sarah Whiteman
ACC Nick Davison
Cllr Alison Thomas
Cllr Penny Carpenter

Cllr Bill Borrett

Debbie Bartlett

Sara Tough
Suzanne Meredith
Tom Spink
Rt Hon Patricia Hewitt
Mark Burgis
Cllr Claire Kidman
Tracy Williams
Heather Farley
Allan Petchey
Oliver Judges
Cllr Kim Carsok
Mark Hitchcock
Dan Mobbs

Representing:

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Services
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)
Norfolk County Council, Interim Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Director of Public Health
Norfolk & Norwich University Hospital NHS Trust
NHS Norfolk and Waveney Integrated Care Board (Chair)
NHS Norfolk and Waveney Integrated Care Board (Chief Executive)
Norwich City Council
Place Board Chair Norwich
Place Board Chair North Norfolk
Place Board Chair South Norfolk
Place Board Chair West Norfolk
South Norfolk District Council
Voluntary Sector Representative
Voluntary Sector Representative

Additional members present (non-voting):

Cllr Brenda Jones Norfolk Health Overview and Scrutiny Committee (Chair)
Cllr Beccy Hopensperger Suffolk County Council, Cabinet Member for Adult Care
Nicola Roper Suffolk County Council Representative
Prof Nicole Horwood University of East Anglia Representative

Officers Present:

Stephanie Butcher Policy Manager Health and Wellbeing Board
Stephanie Guy Advanced Public Health Officer
Maisie Coldman Committee Officer

Speakers:

Debbie Bartlett Executive Director of Adult Social Services, Norfolk County Council (NCC)
Edward Fraser Interim Assistant Director Communities & Integration, Adult Social Services:
NCC
Karin Bryant Associate Director Local Commissioning, NHS Norfolk and Waveney
Integrated Care Board (ICB)
Dr Abhijit Bagade Public Health Consultant, NCC
Katherine Atwell Prevention & Transformation Manager, Public Health, NCC
Tracey Walton Commissioning Manager Autism, (Joint), NCC

Lorna Bright
Goeff Connell
Ian Riley

Assistant Director Integrated Operations MH/LD (Joint), NCC
Director of Digital Services, NCC
Executive Director of Digital & Data, ICB

Norfolk Health and Wellbeing Board (HWB)

1. Apologies

- 1.1 Apologies were received from Jon Barber and their substitute, Lynda Thomas and their substitute, Chris Lawrence and their substitute, Angela Steggles and their substitute, Daniel Childerhouse, Emma Flaxman-Taylor, Sarah Taylor, Cllr Withington, Nicola Roper (substituted by Fiona Davis), Tracey Bleakly (substituted by Mark Burgis), Stuart Lines (substituted by Suzanne Meredith), James Gair (substituted by Heather Farley) and Carly West-Burnham (substituted by Oliver Judges), Emma Ratza (substituted by Mark Hitchcock), Mark Friend (substituted by Sarah Whiteman).

2. Chair's Opening Remarks

The Chair welcomed members to the meeting and shared with the board the new attendees which included Dr Petchey, Heather Farley, Cllr Brenda Jones, Sarah Taylor, Davina Howes, and Cllr Claire Kidman. Members were reminded about the Integrated Care System Conference on the 16 October 2024, invitations had been sent and members were encouraged to sign up. The Chair also took the opportunity to highlight that it was National Carers Week, and that Co-Production Week is 1 to 5 July. The Making It Real Board was putting on an event to celebrate co-production week at the Forum in Norwich on 1 July 2024 and members were encouraged to attend.

3. Minutes

- 3.1 The HWB minutes of the meeting held on 6 March 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. Election of Vice Chairs

- 8.1 The Chair, seconded by Cllr Thomas, proposed Rt. Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor as Vice Chairs. Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were both duly elected as Vice-Chair of the Health and Wellbeing Board for the ensuing council year.

9. Amendments to the Health and Wellbeing Board Terms of Reference

- 9.1 Debbie Bartlett, Executive Director of Adult Social Services, NCC, introduced the Amendments to the Health and Wellbeing Board Terms of Reference to members.
- 9.2 The HWB **RESOLVED** to **note** the changes to the Health and Wellbeing Boards Terms of Reference.

10. Norfolk Joint Health and Wellbeing Strategy and Norfolk and Waveney Integrated Care Strategy Progress and Joint Forward Plan update

10.1 Debbie Bartlett introduced the refreshed Norfolk Joint Health and Wellbeing Strategy and Norfolk and Waveney Integrated Care Strategy Progress and Joint Forward Plan update and shared the work being carried out as part of the strategy. The two reports were closely related and thus were brought together in a joint report.

10.2 Mark Burgis, Executive Director of Patients and Communities, ICB, noted that the second part of the report seeks an opinion, and comment from, the HWB on the Joint Forward Plan refresh for 2024/29. The Joint Forward Plan was a rolling five-year plan that aimed to make a difference to the people of Norfolk and Waveney. The refreshed plan had been undertaken in collaboration with partners across the system. The plan would be published in July subject to feedback from the NHSE Regional team.

10.3 The following points and comments were discussed:

- Members were generally complementary about the partnership work and were appreciative of what had been undertaken to produce the updated report.
- A member commented that the alignment was regarded as positive and that the examples demonstrated that action was taking place.
- A member raised that they would be keen to explore the mechanisms that were in place to assess whether plans and ambitions had been achieved or not. The Chair felt that the board would play a role in identifying and resolving issue and developing mechanisms to measure impact.
- The Chair commented that the four key priorities would be relevant to members' own organisational priorities and that they could not be delivered without working together. The support from members was welcomed.

10.4 The HWB **RESOLVED** to:

- a) **Agree** the combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk that has been refreshed with the latest JSNA data; that it will be kept as a live document and updated as required as our system progresses; and acknowledge the system breadth of progress made so far against the priorities.
- b) **Consider** the content of the draft 2024/25 – 2028/29 JFP for Norfolk & Waveney and whether it takes proper account of the Integrated Care Strategy for Norfolk and Waveney /Joint Health and Wellbeing Strategy for Norfolk that relates to any part of the period to which the JFP relates.
- c) **Agree**, in the coming year, to sense check the priorities within the strategy and the Joint Forward Plan with people who live and work in our area and look to establish high level measures we will hold ourselves accountable for as a system against our Strategic aims.
- d) **Agree** a statement of opinion on behalf of the Norfolk Health and Wellbeing Board for inclusion in the 2024/25 – 2028/29 JFP.

11. Better Care Fund Report - Review of Core Schemes

11.1 Debbie Bartlett introduced the Better Care Fund Report - Review of Core Schemes report. The paper outlined the findings and recommendations from a review of the Norfolk BCF that was requested by the HWB.

11.2 Karin Bryant, Associate Director Local Commissioning, NHS Norfolk and Waveney Integrated Care Board (ICB) spoke to the report, highlighting that some of the key purposes of the review were to

ensure that the BCF schemes were aligned to current system priorities, to understand whether the current BCF schemes suitably address the inequalities and to understand how the BCF was used at Place and across the Health and Wellbeing Partnerships. The review built off the 2021/2022 review and was a joint approach between the ICB and NCC. One of the key findings from the review was that the variation in size and nature of projects made it difficult to quantify strategic ambitions and evidence impact. Edward Fraser, Interim Assistant Director of Communities & Integration, provided the board with an overview of the other findings which included outcomes and reporting, a dashboard for better oversight and reporting, strengthening governance, and establishing priority themes.

11.3 The following points and comments were discussed:

- Members generally endorsed the Review of Core BCF Schemes and welcomed the proposal for increased transparency and consistency of reporting.
- Some members asked that caution be applied, and the local impact needs considered, when the process of off-boarding schemes that do not operate at scale occurs. Some schemes may be needed in specific areas and not across the whole of the County.
- The board heard that any current schemes that do not align with the BCF priorities would not necessarily be defunded. They would go through the commissioning process and impact assessments where it may be possible for schemes to receive alternative funding. There was a keenness for clarity about what the BCF was funding and to ensure that it was funding schemes that met the priority themes. In response to this, a member shared their concerns. They felt that the timeframe was too short to be able to find alternative funding and also questioned where the funding would come from. The Chair understood the member's concern but assured members that the recommendations were not putting any scheme at risk but were helping to ensure that the BCF was fulfilling the HWB priorities.
- The narrative around the BCF was regarded as hard to understand and strategic; a member questioned how it would be received and understood by the public. Real-life examples that demonstrate where money was invested, and the outcome of schemes would be helpful to develop public awareness and understanding of BCF and associated schemes. Other members agreed with this approach to communicating. Debbie Bartlett further highlighted the importance of the narrative around the BCF. It was felt to be important to remember that the BCF was not additional funding but core funding and that decisions to change or alter the BCF would have an impact.
- Sara Tough, Executive Director for Children Services, NNC, raised with members that whilst the BCF has specifically focused on adults, it could also have schemes aimed towards children. She asked if this could be considered when there was a need.
- Following a member's question, it was confirmed that housing remained a key priority within the wider BCF through the Disabled Facilities Grant (DFG) but that the DFG was not funded through the core BCF, and thus, was not in the scope of the review.
- The Chair highlighted that the BCF was joint funding and that the HWB would set the priorities of the fund and agree on where it is spent. The BCF was intended to represent and support all organisations.
- The relationship between the HWB and the ICS was not felt to be mirrored within central government departments, this made it difficult to navigate the requirements of the BCF which were regarded as being complicated and unable to capture local needs. Rt Hon Patricia Hewitt suggested that the experiences of the HWB be communicated to the government through the Local Government Association and the NHS Confederation. The Chair noted that they would action this.

11.4 The HWB **RESOLVED** to:

- a) **Agree** to move to a refined BCF model, refreshing the Norfolk BCF priorities to fit wider strategic ambitions under the following themes: Place Based Initiatives, Prevention & Community Support, Admission Avoidance, Discharge and Recovery, Enablers for Integration and Mental Health, Learning Disabilities and Autism. Within these six themes there will be a focus on core integrated schemes that operate at scale across the county and require joint commissioning and oversight.
- b) **Agree** to document a process for on/offboarding schemes. All schemes that do not align to the six proposed themes and/or do not operate at scale will be reviewed following this process to identify if they should continue to draw down funding through the BCF.
- c) **Agree** to work with partners across the system to map activity against the new High Impact Change Model for Transfers of Care, identifying areas of development with the support of the Regional BCF Team.

12. Joint Strategic Needs Assessment Work Programme 2024 – 25

- 12.1 Suzanna Meridith, Deputy Director of Public Health, NCC, introduced the Joint Strategic Needs Assessment (JSNA) Work Programme 2024 – 25 which provided an update on the work that had been carried out and plans of the JSNA to help meet the needs of the population.
- 12.2 Dr Abhijit Bagade, Public Health Consultant, NCC provided the board with an overview of the JSNA, and the work planned for the coming year. The updates to the JSNA were noted about the three themes: Population, Health Inequalities, and Healthcare Evaluation. It was highlighted that the work on the JSNA was aligned with local work on population health management; the Norfolk and Waveney ICB Population Health Management Strategy was available to view via a link in the agenda papers (page 102). There was a keenness to understand the needs of the population and locate any gaps that exist; the gaps would inform the recommendation and the action plan. The additional depth of understanding could also be used as a valuable tool for commissioners and bid writing.
- 12.3 Katherine Atwell, Prevention & Transformation Manager, Public Health, NCC highlighted that feedback had been listened too that that information had been looked at by population, place, etc. The JSNA steering Group highlights areas and issues that may need a needs assessment. Members were encouraged to share anything that they felt was important and that ought to be considered by this group. This was echoed by the Chair who also reminded members that the JSNA was a tool intended to support the system and help to inform better decision and policy making.
- 12.4 The following points and comments were discussed:
 - Members generally welcomed the refresh and areas of focus.
 - A member felt that it should be an aspiration of the JSNA to follow through with support that has been provided to children into adulthood. The Chair agreed with this aspiration and felt that this should be taken away by the public health team.
 - A member shared that they felt that some areas were missing from the Core20 Plus Groups of Focus, namely adults and maternity, and children and young people with long-term conditions. In response, it was noted that these were not currently an area of focus but that the steering group would be able to offer direction about where the focus should be placed on this.
 - The voluntary sector was keen to be involved with this work.
 - The connection between the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy roadmap and the JSNA was made by Debbie Bartlett. She felt that the roadmap in the Strategy was a valuable tool to draw on and use.

12.5 The HWB **RESOLVED** to:

- a) **Agree** the JSNA forward work programme.
- b) Continue to **engage, raise awareness** and **feedback** on the JSNA so that Norfolk's JSNA can best support HWB and ICB strategic commissioning intentions, strategies, or frameworks for action.

13. **Norfolk All Age Autism Strategy 2024 to 2029**

13.1 Debbie Bartlett introduced the Norfolk All Age Autism Strategy 2024 to 2029, noting that she was proud of the refreshed strategy and that leaders in communities needed to create environments where people with Autism could thrive.

13.2 Lorna Bright, Assistant Director Integrated Operations MH/LD (Joint), NCC, and Tracey Walton, Commissioning Manager Autism, (Joint), NCC spoke to the strategy and shared with the board that the refreshed strategy was built off and would replace the previous one. The Norfolk Autism Partnership Board (NAPB) set up an Autism Strategy Reference Group. This group included autistic people, members of the NAPB, and statutory bodies working together to oversee the refresh of the strategy. They highlighted that following endorsement of the strategy by the HWB, the NAPB would publish the final version from July 2024 and would start to work with partners to develop the plan under this. The plan would set out the key actions that partner organisations would take toward achieving the priorities of the strategy. It was highlighted that the NAPB would produce alternative formats of the strategy such as Easy Read.

13.3 The following points and comments were discussed:

- Members were generally supportive of the refreshed strategy and welcomed the lived experience and co-production with the people who the strategy would impact. It was also felt that it covered key areas that parents and caregivers may worry about.
- Some members commented on the length of time that it took for people to get a diagnosis and the impact that this could have on accessing support. In response, other members discussed the need not to rely on a diagnosis as a criterion to access support. Sara Tough highlighted that there needed to be a re-education across the system about the support that was available and how to access it.

13.4 The HWB **RESOLVED** to:

- a) **Adopt** the refreshed Norfolk All Age Autism Strategy for 2024 to 2029.
- b) **Agree** that individual organisations represented on the Board will work with the NAPB to develop a delivery plan.

The Health and Wellbeing board closed at 10:55

Integrated Care Partnership

1. Election of Chair and Vice Chairs

1.1 The committee Officer invited nominations for the election of Chair of the Integrated Care Partnership. Cllr Bill Borrett was nominated by Rt. Hon Patricia Hewitt and seconded by Patrick Peal. There were no further nominations. All in agreement. Cllr Bill Borrett was elected as Chair for the Integrated Care Partnership for the ensuing year.

1.2 The election of two Vice Chair positions took place. The Chair, seconded by Cllr Thomas, proposed Rt. Hon Patricia Hewitt. Rt and Cllr Emma Flaxman-Taylor as Vice Chairs. Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were both duly elected as Vice-Chair of the Integrated Care Partnership for the

ensuing council year

2. Integrated Care Partnership Minutes

2.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 6 March 2024 were agreed as an accurate record and signed by the Chair.

3. Actions arising

3.1 None.

4. Declarations of Interest

4.1 None.

5. Public Questions

5.1 One question had been received. The question was not within the remit of the ICP and would be answered by the Integrated Care Board.

6. Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy

6.1 The Chair introduced the Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy. The joint strategy was discussed in the HWB portion (item 10) of the meeting and there were no further comments.

6.2 The ICP **RESOLVED** to:

- a) **Agree** the combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk that has been refreshed with the latest JSNA data; that it will be kept as a live document and updated as required as our system progresses; and acknowledge the system breadth of progress made so far against the priorities.
- b) **Agree** in the coming year to sense check the priorities within the strategy and with people who live and work in our area and look to establish high level measures we will hold ourselves accountable for as a system against our Strategic aims.

7. Amendments to the Integrated Care Partnership Terms of Reference

7.1 Debbie Bartlett introduced the Amendments to the Integrated Care Partnership Terms of Reference report which reflected changes to the membership.

7.4 The ICP **RESOLVED** to **agree** the revised version of the Terms of Reference.

8. Health Inequalities Strategic Framework for Action

8.1 Mark Burgis introduced the Health Inequalities Strategic Framework for Action; this was the final version of the framework and outlined the approach to tackling inequalities with a clear understanding of what wanted to be achieved. The Framework has been developed through engagement with stakeholders, people, and communities from across the Norfolk and Waveney system. The framework would be received by the ICB in July.

8.2 Tracy Williams, Clinical Lead for Health Inequalities & Inclusion Health, ICB, noted that the Framework development was led by Norfolk and Waveney ICB and NCC Public Health, and its production was coordinated by a small multiagency 'Taskforce' to facilitate a whole-system approach. Three building blocks were outlined in the strategy: living and working conditions, lifestyle factors, and health inequalities. It was recommended that leadership groups for each of our building blocks for action be established. These would be led by different parts of our Integrated Care System and enable a distributed leadership approach.

8.3 The following points and comments were discussed:

- Some members wanted to note the contributions that Shelley Ames made to the Health Inequalities Strategic Framework for Action, their involvement had been appreciated.
- Members generally endorsed the framework, and it was felt that the implementation of it would be the hard part. The creation of the framework had cross-sector involvement, some members highlighted the importance of continuing the collaborative and inclusive work throughout the implementation process.
- In response to a member's comment, the Chair highlighted that the partnership had no mechanism to influence budgets from central government. Additional money would always be needed, but a robust strategy was pivotal to ensure that the money that the system did have, was used in the best way to help the people of Norfolk and Waveney.
- A member questioned if measures to monitor the work undertaken as part of the strategy had been developed. It was confirmed that this was a 10-year strategy and that the first year was important to understand the views and current position. Once that was understood, the measures could be developed. The ICP would receive updates on this work.
- The Chair noted that the recommended steering group was about guiding strategy.
- A member felt that there was an opportunity for the involvement of the HWB partnership Chairs to support the Living and Working Conditions steering group. Other members agreed with this view.
- Investment in the right leadership to support the work surrounding the framework was highlighted as important to its success.
- Following a member's question about whether there were explicit references to domestic abuse within the framework, it was confirmed that this was not explicitly mentioned but there was awareness of the relationship between domestic abuse and health inequalities.

Rt Hon Patricia Hewitt left the meeting at 11:23.

8.4 The ICP **RESOLVED** to:

- a) **Agree** and **endorse** the Norfolk and Waveney ICS Health Inequalities Strategic Framework for Action, including the first 10 actions for the first year and agree to take this through their own organisations governance arrangements to reflect this in their own strategies.
- b) **Commit** their respective organisations to supporting implementation.
- c) **Agree** to the establishment of the Strategic Steering Group as a working group of the ICP and support the proposed governance arrangements for overall Integrated Care System oversight and coordination.
- d) All partners, including VCSE partners, **lead** the development of the Living and Working Conditions Group and provide an update on progress in September's 2024 ICP meeting.

9. **Driving Integration Through Digital, Data and Technology including the Impact and potential risks in respect of the landline to digital switchover and 3G switch off**

9.1 Debbie Bartlett introduced the Driving Integration Through Digital, Data, and Technology including the Impact and potential risks concerning the landline to digital switchover and 3G switch-off report. The significance of digital integration to transform the system was highlighted and updates regarding the digital transformation would be brought to the partnership regularly.

- 9.2 Geoff Connell, Director of Digital Services, NCC noted the changes to telecoms to switch off the old analogue telephony infrastructure to move to calls via broadband and removal of 3G signals, highlighting the potential issues with these changes for vulnerable residents. Members were assured that actions were being undertaken to manage safeguarding concerns and that communication with affected residents had been taking place, including information within the Your Norfolk magazine.
- 9.3 Ian Riley, Executive Director of Digital & Data, ICB noted the work being carried out to improve the digital maturity of services and drive digital integration. This included data sharing and integration, the Electronic Patient Record, and the Share Care Record (SCR). The partnership heard that an event took place with the support of Broadland and South Norfolk District to look at how the SCR could be rolled out to the VCSE. Data sharing across the system continued to be looked at; data hubs were being developed further to aid partners in efficient and effective data sharing.
- 9.4 The following points and comments were discussed:
- The Chair used this opportunity to thank Alan Hopley, who had recently retired, for their contributions to the HWB and ICP during their time as a member.
 - A member asked for clarification about the types of organisations that were being referred to when noting VCSE involvement. It was confirmed that the ambition was to roll out the SCR to as many VCSEs as possible. The issues with access still needed to be resolved and there was an acknowledgment that the point raised not to duplicate the work of the Joy system that was used for social prescribing would be taken away.
 - Following a question, members heard that the NHS Federated Data Platform (FDP) was a national tool that would eventually replace what was being worked on regionally, although, the national tool was not sufficient yet. There were efforts to communicate with the national team and to avoid the duplication of work.
 - A member shared anecdotal evidence of the difficulties experienced when communicating with providers and felt that for some vulnerable people, these difficulties would be further amplified. Geoff Connell reiterated this sentiment and highlighted that for some people, the switch would be complicated and although the changes were industry led, it was the responsibility of NCC to ensure that people were safeguarded appropriately. There was support available at NCC through the assistive technology team.
 - Access to, and engagement with, the internet was regarded as important to empower communities, a member asked what percentage of the population had broadband access. Members heard that 97.3 percent of residents have access to the internet but data on take-up was unknown. This information was held with providers, and they were unable to share this information.
 - It was discussed that digital inclusion was a health inequality and that it was important to promote digital inclusion which had positive impacts on people's health. The partnership heard of the joint initiatives being rolled out to improve digital inclusion across Norfolk.
 - The partnership heard of the progress being made in data sharing. There had been positive engagement and data was being effectively shared. Data sharing agreements had been developed to mitigate the risks of GPs being data controls and therefore, liable for the data.
 - Officers noted the concerns around the mobile signal in Norfolk and explained that NCC could not make investments to improve mobile signals. Ofcom had been contacted and informed that their data does not reflect the lived experiences of residents. As a result of this communication, Ofcom was driving around Norfolk to measure mobile signals. Additionally, work was occurring with the districts to place mobile signal monitoring technology onto bin trucks to collect data. This data could be used to challenge alternative data and the ambition was to publish and make the data available online.

9.5 The ICP **RESOLVED** to:

- a) **Note** the updates on the progress taken around the collaboration as a system and raise any potential gaps or priorities to further inform the plan.
- b) **Review, comment, and advise** on the potential impact and actions which are being taken to mitigate the risks associated with the digital switch.
- c) **Agree** how best to identify and communicate this potential impact to vulnerable customers.
- d) **Agree** how best to communicate to staff and colleagues.

Meeting concluded at 12:01

Bill Borrett

Chair Health and Wellbeing Board



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Appendix A

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

Member Organisation Represented	Named Member	08 Nov 2023	06 Mar 2024	12 Jun 2024
Borough Council of King's Lynn & West Norfolk	Cllr Jo Rust	X	X	X
Breckland District Council	Cllr Tristan Ashby		X	X
Broadland District Council	Cllr Natasha Harpley		X	X
Cambridgeshire Community Services NHS Trust	Anna Gill	X	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 David Beavan		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	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	X
NCC, Cabinet member for Public Health and Wellbeing	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*	X
Norfolk & Suffolk NHS Foundation Trust	Caroline Donovan Zoe Billingham	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*	X*
North Norfolk District Council	Cllr Wendy Fredericks Cllr Liz Withington		X	
Norwich City Council	Cllr Cate Oliver Cllr Claire Kidman	X	X	X
Place Board Chair (Great Yarmouth & Waveney)	Jonathan Barber	X		
Place Board Chair (Norwich)	Tracy Williams	X	X	X
Place Board Chair (North Norfolk)	Dr James Gair			X*
Place Board Chair (West)	Carly West-Burnham		X*	X*
Place Board Chair (South Norfolk)	Dr Ge Yu Allan Petchey			X
Police and Crime Commissioner	Giles Orpen Smellie Sarah Taylor			
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	
Norfolk Health Overview and Scrutiny Committee (Chair)	Cllr Fran Whymark Cllr Brenda Jones	X	X	X
Suffolk County Council, Cabinet member for Adult Care (Guest)	Cllr Beccy Hopfensperger			X
Suffolk County Council Representative (ICP)	<i>Bernadette Lawrence</i> Nicola roper		X	X*
University of East Anglia Representative (Guest)	Prof Nicole Horwood	N/A	X	X

*X member attended, * Indicates Substitute attended*