

Health and Wellbeing Board
Minutes of the meeting held on 24 April 2019 at 11.15am
in the Edwards Room, County Hall.

Present:

Cllr Bill Borrett
James Bullion
Cllr Elizabeth Nockolds
Cllr Paul Claussen
Cllr Roger Foulger
Sara Tough
Dr Louise Smith
Cllr Mary Rudd
Karen Barker
Dr Liam Stevens
Tracy Williams
Jo Smithson
Frank Sims
Dr Paul Williams
ACC Nick Davison
Adam Clark
Cllr Yvonne Bendle
Rt Hon Patricia Hewitt
Alan Hopley
Jon Clemo

Representing:

Adult Social Care Committee, Norfolk County Council (NCC)
Adult Social Services, NCC
Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Children's Services, Norfolk County Council
Director of Public Health, NCC
East Suffolk Council
ICS Development Director (substitute for STP Executive Lead)
NHS Great Yarmouth & Waveney CCG
NHS Norwich CCG
NHS Norwich CCG
NHS North and South Norfolk CCG
NHS West Norfolk CCG
Norfolk Constabulary
Norwich City Council
South Norfolk District Council
Sustainability & Transformation Partnership (Chair)
Voluntary Sector Representative
Voluntary Sector Representative

Invitees Present:

Jonathan Williams	East Coast Community Healthcare CIC
Erika Denton	Norfolk & Norwich University Hospital
Garry Sweeney	Queen Elizabeth Hospital NHS Trust

Officers Present:

Linda Bainton	Senior Planning & Partnerships Officer, Public Health, NCC
Suzanne Meredith	Deputy Director of Public Health (Healthcare Services)
Anne-Louise Ollett	Advanced Public Health Information Officer
Hollie Adams	Clerk

1. Apologies

- 1.1 Apologies were received from Cllr David Bills, Melanie Craig (Karen Barker substituting), Mark Davies (Erika Denton substituting), David Edwards, Cllr Angie Fitch-Tillett, Marie Gabriel, Lorne Green, Dan Mobbs, Cllr Matthew Packer (Adam Clark substituting), Caroline Shaw (Garry Sweeney substituting), Josie Spencer, Alex Stewart, Cllr Cara Walker, John Webster and Elly Wilson-Wickenden (Alan Hopley substituting).
- 1.2 Also absent were Dr Hilary Byrne, Cllr Stuart Dark, Dr Anoop Dhesi, Simon Evans-Evans, Anna Hills, Dr Sanjay Kaushal, and Prof. Jonathan Warren.

2. Chairman's Opening Remarks

- 3.1 The Chairman welcomed partners to the meeting.

3. Minutes

- 3.1 The minutes of the meeting held on the 13 February 2019 were agreed as an accurate record and signed by the Chairman.

4. Actions arising from minutes

- 4.1 Page 5, paragraph 7.2.1, bullet point 4: the report from South Norfolk District Council on understanding the fiscal benefits of prevention had been circulated to the Department of Public Health and to Lead Officers from District Councils.
- 4.2 Page 6, paragraph 8.3: the morning's development session had been used to look at the implications of the NHS long term plan for the local system.
- 4.3 Page 7, paragraph 10.3, bullet point 2: Melanie Craig had been appointed as the new Chief Officer for the five Norfolk and Waveney Clinical Commissioning Groups.

5. Declarations of Interests

- 5.1 There were no declarations of interest.

6. Public Questions

- 6.1 One public question was received and the answer circulated; see Appendix A.

7. Joint Strategic Needs Assessment (JSNA) – informing and supporting our system

- 7.1 Suzanne Meredith, Deputy Director of Public Health, introduced the report which outlined a new governance structure and process for managing the JSNA to ensure the information was up-to-date, relevant to the current public health and HWB priorities, accessible and easy to use for a wide range of audiences.
- 7.2 Anne-Louise Ollett, Advanced Public Health Information Officer, gave a live web demonstration of the updated JSNA website and Norfolk Insight:
- The JSNA could be accessed through a link on the HWB website or by searching on the internet for the term "JSNA"
 - JSNA information was organised by chapter; documentation, data, external links, maps and concise briefing papers were available for each topic
 - The website included a blog and a newsfeed which could be subscribed to for updates
 - Norfolk Insight used nationally published indicator data and Office of National Statistics data which could be split by geographic area; the map explorer layered this data on a map which could be exported to PDF format. Custom area reports were being developed

The following points were discussed and noted

- The Chairman pointed out that producing the JSNA was a statutory function of the HWB and the improvements provided an opportunity to interrogate the data more effectively and support partners to move forward as a system
- This was a joint statutory duty between the local authority and the Clinical Commissioning Groups (CCGs) and it was necessary to ensure close working between partners so that all were collaborating as a system on this, for example, strengthening links to the STP website and including the Norfolk and Waveney Adult Mental Health Strategy in due course. Suzanne Meredith, Deputy Director of Public Health, confirmed that officers were working closely with the STP colleagues and that all HWB partner organisations would

be represented on the JSNA Liaison Group.

- Vice-Chair Cllr Bendle highlighted the benefit of the data to the work of District Councils and felt the improvements would further support their work
- It was queried whether population health management was an area being looked at. Suzanne Meredith confirmed that the JSNA leads were working towards a population health management approach with the STP, Local Delivery Boards and Primary Care Networks
- Suzanne Meredith **agreed** to discuss issues including the proofing of the data with Mr Clemo outside of the meeting.

7.3 The Health and Wellbeing Board **RESOLVED** to:

1. **ENDORSE** the proposed JSNA Governance and Process
2. **IDENTIFY** members of the HWB from each partner organisation (NCC Adult Social Care, Children's Services, each CCG, each DC, Public Health) to act as a Liaison Group between the HWB and the JSNA Working Group
3. **SUPPORT** the use of the JSNA products in the commissioning plans of its member organisations

8. Norfolk & Waveney Sustainability and Transformation Partnership (STP): Update, including integrating health and care services

8.1.1 The Health and Wellbeing Board (HWB) received the report giving an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in February 2019.

8.1.2 Rt. Hon Patricia Hewitt, Chair of the STP, and Karen Barker, ICS Development Director, introduced the report:

- From an NHS perspective, Primary Care Networks (PCNs) were considered the building blocks of Integrated Care Systems. In Norfolk and Waveney, all GP practices were now signed up to be part of a Primary Care Network and were appointing clinical directors
- Our Norfolk & Waveney Five Year Plan would need to reflect the ambitions of the NHS Long Term Plan and our HWB Strategy, which all partners had contributed to developing. It would be helpful, when we have an early draft of the N&W Five Year Plan, for it to be brought to a HWB workshop.
- The system financial position was challenging and highlighted the need to work as a system. Practical action included moving towards reporting as a system, for example, processes were being put in place to look at whole system performance
- The Norfolk & Waveney Adult Mental Health Strategy had been a considerable work – it had recently been agreed by the Joint Strategic Commissioning Committee; it would be launched on the 29 April 2019

8.2 The following points were discussed and noted

- Dr Louise Smith, Director of Public Health, **proposed** that at the HWB workshop in July, HWB members would consider either a specific set of issues (such as prevention) in relation to the N&W Five Year Plan, or the draft overarching Five Year Plan
- Dr Smith also **proposed** that the Norfolk and Waveney Adult Mental Health Strategy was brought to the 10 July 2019 HWB meeting
- The prevention approach, which was a key element in the transformation in primary care and other key services, would help support the financial situation across the system.
- It was important for us to grow our health and care sector workforce and the STP's workforce workstream was well underway.

8.3 The Health and Wellbeing Board **RESOLVED** to:

1. **AGREE** to be fully involved in the development of the Norfolk and Waveney five year plan

2. **ASSIST** with building awareness of the NHS Long Term Plan and encourage their patients, service users, carers and staff to get involved in the development of the Norfolk and Waveney five-year plan.
3. **NOTE** that the final Norfolk and Waveney Adult Mental Health Strategy will be brought to the HWB

9. Better Care Fund and integration plan – end of year 2017/19

- 9.1.1 The Health and Wellbeing Board reviewed the report outlining progress with the Better Care Fund (BCF) and Integration Plan and initiatives funded through BCF. The report also looked at work to be carried out to achieve the identified priorities for system-wide change, which would be the ongoing focus of the BCF and Integration Plan.
- 9.1.2 James Bullion, Executive Director of Adult Social Care, and Mick Sanders, Commissioning manager, introduced the report:
 - £95m in total was pooled between Health, Social Care and Housing and local contributions; we not only have a joint fund, but a joint vision.
 - Spend was primarily focussed on adults, however, for mental health this extended to younger people at risk of mental health issues.
 - Issues remained relating to Delayed Transfers of Care (DToC) and the reliability and attribution of data; the issues were being actively addressed with all parties working together to resolve it.
 - The Fund ended at the end of the year and there was as yet no indication that it would be continued.
 - Although a policy framework was available, National guidance was still awaited for the BCF transition year 2019-20. In the circumstances, our Better Care and Integration Plan 2019-20 would be drafted once the guidance had been published.
- 9.2 The following points were discussed and noted
 - Feedback was given on how BCF funding had been used to support vulnerable people on discharge from hospital
 - Vice-Chair Cllr Bendle provided information on the District Direct project which had been extended to include the three acute hospitals; it was hoped it would be further extended to include the community and mental health hospitals. Funding was being sought and a business case paper was being taken to various forums including the Joint Strategic Commissioning Group.
 - James Bullion reported that progress had been made with partners in the last two months on improvements around counting and verification of DToC data, which would lead to improvements in some data and a worsening in others. He considered that oversight and scrutiny by the Board was helpful.
 - The Chairman was concerned about the lack of clarity around funding for 2020 onwards and **proposed** that the HWB write a letter expressing its hope that the fund would continue
- 9.3 The Health and Wellbeing Board **RESOLVED** to:
 - **REVIEW** progress that has been made on Norfolk's 2017-2019 Better Care Fund and Integration Plan and DToC challenges.
 - **REVIEW** and **COMMENT** on the proposals for developing a revised Better Care and Integration Plan for the transitional year 2019-20
 - **DELEGATE** decision-making on the final version of the revised Better Care and Integration Plan 2019-20 to the HWB Chair and Vice-Chair's Group for submission nationally.
 - **WRITE** to the Secretary of State and Minister for Social Care expressing their hope that this fund will continue into 2020

10. Homes and Health - system progress at mid-year

10.1.1 The Health and Wellbeing Board (HWB) received the report giving an update on the actions of the District Councils' Sub Committee seeking agreement to the proposals made at their meeting on 11 March 2019.

10.1.2 Adam Clark of Norwich City Council introduced the report:

- The day to day work of the District Councils had a key impact on health and wellbeing. The three areas in this workstream focussed on the District Councils' work around housing – a core business – and developing integrated ways of working
- The three areas of focus were the Warm and Healthy Homes, piloting joint working to build housing interventions into multi-disciplinary teams, and improving discharge from hospital (District Direct project)
- Learning so far included recognising the importance of the cultural differences between front line staff working in different services and/or environments.
- The difficulties around funding remained an issue for example in relation to discharge from hospital

10.2 The following points were discussed and noted

- The benefits of promoting better what the District Councils were working together to achieve; there was a lack of awareness of the District Councils' offer in this area.
- There were opportunities to go further and the District Council's Sub Committee could be asked to hold a more strategic discussion around housing once it had completed its current work on the three specific projects.
- Only a small proportion of the Warm Homes Fund had been spent therefore promoting referrals into the fund was important
- The business case for expansion of the District Direct Project was being worked on and partners were being engaged with to identify whether they would integrate the service. Funding was not assured and discussions due to be held on the 14 May 2019 were integral to this; Dr Louise Smith felt it was important to ensure all parties had the time and funds to take on the service

10.3 The Health and Wellbeing Board **AGREED** to **ENDORSE** the following further steps in the Homes and Health programme proposed by the Sub Committee:

1. To develop a communications campaign on the Warm Homes Fund, to secure engagement and referrals from partner staff going into residents' homes – as well as raising awareness amongst those likely to benefit from the scheme. (Led by the WHF Programme Team, this would start with stakeholder meetings in May and roll out in waves over the next 18 months)
2. To hold a county-wide learning event to increase knowledge of potential housing solutions to health and care needs (PH to co-ordinate in the autumn)
3. To support the taking of a discharge from hospital service business case to JSCC, by Integrated Commissioning and South Norfolk Council (on 14 May)

11. Health & Wellbeing Board governance update

11.1 The Health and Wellbeing Board (HWB) received the report, which highlighted key areas of the HWB's governance arrangements in terms of membership and invited members to endorse proposals for change

11.2 Dr Louise Smith, Direct of Public health, welcomed the providers being invited to become the full members; the Chairman commented that there should be parity between members.

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

1. **ENDORSE** the proposal by the HWB Chair and Vice Chairs that the Chief Executives and Chairs of the key providers become full members of the HWB
2. **ENDORSE** the proposal by the HWB Chair and Vice Chairs that the list of key providers is extended to Cambridgeshire Community Services NHS Trust
3. **NOTE** the changes to HWB membership which are a consequence of the County Council's decision to change to a Cabinet system of governance (Appendix A of the report)
4. **NOTE** that Norfolk County Council will be asked to consider amending its constitution to enable the changes above at its Annual General meeting in May 2019
5. **NOTE** the HWB attendance record (Appendix B of the report)

The Meeting Closed at 12.32

**Bill Borrett, Chairman,
Health and Wellbeing Board**



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5. PUBLIC QUESTIONS TO HEALTH AND WELLBEING BOARD: WEDNESDAY 24 APRIL 2019

5.1 Question from Rachel Henderson

The Long Term Plan talks of integrated services close to home. Boston Consulting Group talks of a need for more beds.

All Hallows Hospital, though a charity, not an NHS owned facility, provides both in an area distant from district general hospitals. Contracts with the NHS are its major income.

At first glance, it looks as though this is a facility that exemplifies what the LTP should be providing in the community.

Is the STP Board planning to find a solution to the financial crisis at All Hallows to avoid the breakup of this service, possibly involving cooperation with the neighbouring Suffolk and North East Essex ICS?

Response from Chairman of Health and Wellbeing Board

The All Hallows situation is being dealt with on an STP basis by Suffolk County Council, Norfolk County Council, NHS Great Yarmouth and Waveney CCG and South Norfolk CCG all of whom commission services from All Hallows Healthcare Trust.

As an STP we recognise this is a worrying time for the people and families affected by the transfer of care from All Hallows Healthcare Trust to a new provider. Our priority has always been, and will continue to be, to ensure that there is safe ongoing care to all of those currently receiving care and support, including vulnerable residents with complex needs.

Since the announcement made by the trustees of All Hallows Healthcare Trust, other health and care providers have expressed an interest in providing services. This interest ranges from providers who wish to take on all the services currently provided, or specific parts of the services.

The Trustees of All Hallows Healthcare Trust, have held conversations with each of these providers to understand their interest and plans. It is the intention that, wherever possible, services will transfer to another provider or providers with little or no disruption to people who currently receive care and support.

A range of bids have been received and these are in the process of being reviewed by the trustees of All Hallows Healthcare Trust with a decision expected to be announced later this week or early next week.

We are also working to minimise any impact on staff and they are a key consideration when making any decision. Our primary concern is to retain staff where possible within the care workforce and we are doing what we can to support this.

Please note that All Hallows has a mixture of funders which includes local authority funded care, health and self-funders.