

**Health and Wellbeing Board**  
**Minutes of the meeting held on 30 October 2019 at 09:30am**  
**in the Edwards Room, County Hall.**

**Present:**

Cllr Bill Borrett

James Bullion

Cllr Elizabeth Nockolds

Cllr Fran Whymark

Dr Louise Smith

Jonathan Williams

Cllr Mary Rudd

Cllr Cara Walker

David Edwards

Dr Liam Stevens

Tracy Williams

Dr Anoop Dhesi

Dr Paul Williams

ACC Nick Davison

David White

Prof Jonathan Warren

Adam Clark

Laura Skafe-Knight

Alan Brown

Rt Hon Patricia Hewitt

Jonathan Clemo

Dan Mobbs

Alan Hopley

**Representing:**

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

Adult Social Services, NCC

Borough Council of King's Lynn & West Norfolk

Broadland District Council

Director of Public Health, NCC

East Coast Community Healthcare CIC

East Suffolk Council

Great Yarmouth Borough Council

Healthwatch Norfolk

NHS Great Yarmouth & Waveney CCG

NHS Norwich CCG

NHS North Norfolk CCG

NHS West Norfolk CCG

Norfolk Constabulary

Norfolk & Norwich University Hospital NHS Trust

Norfolk & Suffolk NHS Foundation Trust

Norwich City Council (arrived at 10am)

Queen Elizabeth Hospital NHS Trust

Queen Elizabeth Hospital NHS Trust

Sustainability & Transformation Partnership (Chair)

Voluntary Sector Representative

Voluntary Sector Representative

Voluntary Sector Representative

**Officers Present:**

Hannah Shah

Hollie Adams

Jocelyn Pike

John Webster

Ross Collet

Jamie Sutterby

Dr Linda Hunter

Maggie Tween

Abigail McGarry

James Wilson

Public Health Policy Manager (Health and Wellbeing Board)

Committee Officer

Director of Special Projects, Clinical Commissioning Groups for  
Norfolk and Waveney

Clinical Commissioning Groups for Norfolk and Waveney

Associate Director of Urgent and Emergency Care, Clinical  
Commissioning Groups for Norfolk and Waveney

Director of People & Communities, South Norfolk and Broadland  
District councils

Cancer Clinical Lead, Norfolk and Waveney STP

Cancer Programme Manager, Norfolk and Waveney STP, East of  
England Cancer Alliance

Business Manager, Norfolk Safeguarding Children Board

Director of Quality and Transformation, Children's Services, NCC

**1. Apologies**

1.1 Apologies were received from Steve Barnett (Alan Brown substituting), Cllr Yvonne Bendle, Cllr Sam Chapman-Allen, Melanie Craig, Cllr Karen Davis (Adam Clark substituting), Cllr Virginia Gay, Lorne Green, Sam Higginson (David White substituting), Sanjay Kaushal, Caroline Shaw (Laura Skafe-Knight substituting), Josie Spencer and Sara Tough.

1.2 Also absent were Dr Hilary Byrne, Cllr Stuart Dark, Cllr John Fisher, Anna Hills and Matthew Winn.

## **2. Chairman's Opening Remarks**

- 3.1 The Chairman updated Members on the Health and Wellbeing Board (HWB) annual conference which was due to take place on 25 March 2020, 9.30-14.00, at the Assembly House in Norwich. The theme of the conference would be "Prioritising Prevention" and the keynote speaker would be the Chief Executive of the King's Fund, Richard Murray. Members of the Health and Wellbeing Board would receive invites to the conference; the Chairman encouraged Partners to ask relevant colleagues from their organisations to attend.

## **3. Minutes**

- 3.1 The minutes of the meeting held on the 10 July 2019 were agreed as an accurate record and signed by the Chairman.

## **4. Actions arising from minutes of 10 July 2019**

- 4.1 Paragraph 6.1; Better Care Fund: as agreed, the plan had been approved by the Health and Wellbeing Board Chairman and Vice-Chairs; the Chairman hoped that it would be published in November 2019.
- 4.2 Paragraph 9.4; Clinical Commissioning Group (CCG) Membership: membership of the CCGs on the board had been amended to reflect the new governance arrangements.
- 4.3 Paragraph 13.4; Autism e-learning: the autism training was attached to the minutes of the meeting of the 10 July; the link to the e-learning training had also been circulated to all Members of the Board so that all could circulate this amongst their own organisations.
- 4.4 Paragraph 15.2b; Chairman's Award: the award would be launched at the end of November 2019 and awarded at the conference on 25 March 2020; the theme would be prioritising prevention. The Chairman encouraged Partners to nominate services, projects and individuals.

## **5. Declarations of Interests**

- 5.1 Cllr Mary Rudd declared a non-pecuniary interest as a governor at the James Paget Hospital NHS Trust

## **6. Public Questions**

- 6.1 No public questions were received.

## **7. Norfolk & Waveney System Plan for Health and Care 2019-2024**

- 7.1 The HWB received the report presenting an outline of the draft Norfolk and Waveney Health and Care Partnership five-year plan for approval by the HWB.
- 7.2 The Director of Special Projects for the CCGs for Norfolk and Waveney gave a presentation ([presentation can be viewed via this link](#)). It was highlighted that, following feedback from the HWB, the first goal had been amended to increase the emphasis on prevention; this was reflected in the presentation.
- 7.3 The following points were discussed and noted:
- Members welcomed the strengthened prevention and population approach.
  - The Chairman was pleased to note that the NHS new 5-year plan was aligned with the

strategic framework of the Joint Health and Wellbeing Strategy.

- It was felt by some that more work was needed to engage and communicate with the public, with a suggestion that activity should extend across the full 5 years of the plan.
- NHS England had requested more information about how inequalities would be tackled. The Director of Special Projects, CCGs for Norfolk and Waveney, reported that in some areas, identifying how to tackle identified inequalities needed further development; narrative on how this would be developed would be included in the plan.
- The Director of Public Health **suggested** that developing the approach to address inequalities across the system in the context of this plan be brought back to a future session for a deep dive. The Director of Special Projects, CCGs for Norfolk and Waveney agreed to return for a deep dive on this topic.
- People only having to tell their story once would also facilitate organisations working better together.
- The next step was to operationalise the plan and collaboration is key to this.
- The culture and processes within the NHS would need to enable the system to move forward with the goals.
- There was a need clear mechanism to monitor and report on progress in achieving the goals.
- The Director of Special Projects, CCGs for Norfolk and Waveney, confirmed that the priorities and key goals would be unlikely to change at this stage.
- The plan represented a plan for the embryonic Integrated Care System.

#### 7.4 The Health and Wellbeing Board:

- a) **CONSIDERED** and **COMMENTED** on the report on draft Norfolk and Waveney Health and Care Partnership five-year plan.
- b) **DELEGATED** HWB sign off for the final version of the Norfolk and Waveney Health and Care Partnership five-year plan to the Chairman of the HWB at the STP Oversight Group on 7 November 2019.

### 8. Norfolk and Waveney Sustainability and Transformation Partnership Update

8.1 The HWB received the report updating Members of the Board 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 July 2019.

8.2 Vice-Chair, Tracey Williams, introduced the report highlighting the following:

- Capital funding had been awarded to the system to build assessment centres, build inpatient wards at Hellesdon, and for primary care development in the 5 Clinical Commissioning Groups (CCGs) areas.
- The proposed merger of the 5 CCGs had been supported by NHS England. Out of 105 GP practices in Norfolk and Waveney, 75 votes were cast and 72 were in favour of the CCG merger.

8.3 The following points were discussed and noted:

- Voluntary Sector Representative Jon Clemo **suggested** that the appendices to the report should be labelled as 'NHS' finance and performance reports.

8.4 The Health and Wellbeing Board:

- a) **SUPPORTED** the continued development of a Voluntary Sector Health and Social Care Assembly.
- b) **SUPPORTED** the Home First communications campaign and the development of a Home First ethos across both our paid and unpaid workforce.

### 9. System Winter Resilience Planning

- 9.1 The HWB received the joint report summarising the learning to date, the challenges for winter 2019-20 and the shared objectives for health and social care for winter and all-year round resilience.
- 9.2 The Executive Director, Adult Social Services, introduced the report:
- There was a focus on prevention and the Norfolk Escalation Avoidance Teams (NEAT) which builds on the approach from the previous year.
  - £4m received from the NHS and £2m from Norfolk County Council had been allocated for this work.
  - Recruitment into reablement teams had been a challenge.
  - Work would be carried out to look at whether staffing levels were resilient and what additional investment would be needed to support the approach.
- 9.3 The following points were discussed and noted:
- Figures showed that fuel poverty was increasing. It was noted as important to think about the home that people were returning to, and that some people could not afford to take responsibility for some aspects of their health, such as heating their home.
  - A concern was raised that crisis management support for carers was missing from the planning; the Executive Director, Adult Social Services, reported that carers' enhancements had been made to support carers.
  - It was suggested that, to support change across the system, there should be work with middle management across organisations to establish a culture of collaboration and proactive care.
  - Pressure were now year-round so there was a view that the focus should be around overall resilience rather than 'winter pressures'.
  - It was suggested that reference to looking after staff during periods of increased pressure was missing from the approach, and that this should be considered in the planning. The Executive Director, Adult Social Services **agreed** to take back an action to the A&E delivery board to assess how they were approaching staff resilience and support.
  - It was reported that care as a career had a reputation of low pay and zero hours contracts which was deterring people from going into the profession and suggested that a deep dive could be held to investigate the barriers to carer recruitment.
  - A discussion was held about how the public could be engaged to ensure referrals made to NEAT were appropriate. The Associate Director of Urgent and Emergency Care, CCGs for Norfolk and Waveney, confirmed that the communications plan would be shared across organisations, and 111 and the ambulance service were key stakeholders to ensure referrals were brought into NEAT. The Executive Director, Adult Social Services, **suggested** that processes for referrals into NEAT could be added into the Home First staff training.
  - A discussion was held about loneliness and the factors impacting on this such as rurality; some services were in place to identify and support lonely and vulnerable people, however other ways to do this should be investigated. Councillors were highlighted as a key point of contact for people in communities.
- 9.4 The Health and Wellbeing Board **CONSIDERED** the challenges set out and **AGREED** the joint objectives (at paragraph 3.2 of the report) for Winter and all-year resilience.
- 9.5 The Health and Wellbeing Board had a break from 10.55 until 11:05.

## 10. Homes and Health – End of Year Report

- 10.1 The HWB received the report providing an update on the past 12 months' activities through the Health and Wellbeing Board District Councils' Sub-Committee.

10.2 The following points were discussed and noted:

- A revised set of recommendations for the report had been circulated to all Members; these are shown at the resolution at paragraph 10.3.
- Where organisations had worked together on discharge of patients, this had worked well and supported quicker discharge.
- Jon Clemo, Voluntary Sector Representative, felt there was an opportunity for the Voluntary Sector to support the Warm Homes work, and **agreed** to discuss this with The Director of People & Communities, South Norfolk and Broadland District councils.
- The Better Care Fund had been extended for a further year from March 2020 and there would be discussions around extending current arrangements.
- The Chairman had met with Secretary of State, Matt Hancock, to share his concerns about the difficulty of planning ahead with one-year funding allocations.
- The Chairman noted that members of the District Councils' Sub-Committee had a large amount of local knowledge and resource and showed a willingness to be involved in changes and solutions to delivering outcomes.
- Adam Clark of Norwich City Council gave examples of the ways that District Councils collaborated outside of the Sub-Committee, such as a recent meeting to look at social value and procurement. He felt that this project could be extended in the future to look at how hospitals, community services and other organisations could support the health and wellbeing of service users with a collaborative resource. The Director of Public Health **supported** this idea for future discussion.
- The value of local, community-based charities when making investment decisions and the impact on wellbeing of communities was discussed.

10.3 As the final steps proposed by the HWB District Council Sub-Committee, the Health and Wellbeing Board **AGREED** to:

- a) Endorse and facilitate uptake of the e-learning by their frontline workforce.
- b) Promote the Warm Homes Fund within their organisations, drawing on support from Spring communications.
- c) Agree to develop a model, based on learning from the 3 Multi-Disciplinary Team (MDT) pilots, to align housing and health within MDTs for consideration by the Primary and Community Care and Workforce STP workstream.
- d) Agree to embed District Direct funding into member organisations budgets (including acute, mental health and community trusts) from April 2020.

## 11. Mental Health Inappropriate Out of Area Placements

11.1.1 The HWB received the report providing an update to Members on the progress that the Norfolk and Suffolk NHS Foundation Trust (NSFT), working in partnership with other local health and care organisations, has made in reducing mental health inappropriate out of area placements. It also sets out the support members of the Board could provide to continue to improve our performance.

11.1.2 The Chief Executive of NSFT, Jonathan Warren, gave a presentation to the Board ([presentation can be viewed via this link](#)):

- In 2018, Norfolk was the third worse area in country for out of area placements; following targeted activity this has been reducing. There were now 12 patients placed out of area compared to 75 in April 2019.

11.2 The following points were discussed and noted:

- The Chief Executive of NSFT agreed to re-circulate details of the mental health housing summit to HWB Members.

- There were 2700 days due to delayed transfer; representing a small number of people in mental health service. This was often due to difficulty in finding suitable housing or care homes. It was noted that some care homes were reluctant to take people with high needs as they felt unsupported in dealing with people in a crisis; it was therefore important to involve CCGs to put in resources to support care homes.
- The Chief Executive of NSFT reported that there was a goal to achieve 85% bed occupancy so that people would not have to wait for a bed in A&E or with police.
- The importance of Mental Health expertise within primary care networks was noted.
- Norwich CCG, on behalf of the 5 Norfolk and Waveney CCGs, were looking at developing a new pathway for patients with no fixed abode.
- The work with district councils to put District Direct in place was welcomed but noted that appropriate resourcing needed to be put in place to support this within the mental health trust.

11.3 The Health and Wellbeing Board **AGREED** that:

- a) All organisations support and attend the Mental Health Housing Summit being planned for this autumn, with a view to identifying actions that would help meet the accommodation needs of inpatients and service users.
- b) NSFT and the district councils work together to explore if District Direct could be expanded to mental health.
- c) Norfolk County Council, Suffolk County Council and NSFT work together to explore re-instating a Section 75 agreement in Norfolk and Waveney.

## 12 Prevention and Early Diagnosis Opportunities for Cancer

12.1 The HWB received the report about early cancer diagnosis and prevention from the Sustainability and Transformation Partnership (STP) Cancer Transformation Programme. This was part of a wider regional and national agenda to address the recommendations from the NHS Long Term Plan and the National Strategy for Cancer.

12.2 The STP Chair, Rt Hon Patricia Hewitt, introduced the report:

- 40% of cancers were preventable with early action.
- It was more difficult to act on lifestyle factors in deprived and most disadvantaged communities.
- Reducing the number of stage 4 diagnoses dramatically through screenings and awareness raising would be a crucial target.

12.3 The following points were discussed and noted

- Capital funding for 3 new diagnostic centres, including equipment, had been awarded which would help speed up the diagnosis process following referral.
- It was important to make early referrals; training and awareness raising work was ongoing in primary care.
- Meeting targets was key to ensure people were treated and seen in a timely manner.
- The Director of Public Health pointed out that prevention was an important factor to consider; smoking was the primary cause of preventable death due to being a cause of cancer. Obesity was also a significant risk factor for cancer.
- Inequalities were seen in uptake and access to screening, particularly in people with other diagnoses such as learning disabilities who were less likely to attend regular screenings.
- Inequalities were also seen across genders as, evidentially, men were less likely than women to use GPs when experiencing symptoms or attend for screenings; work with men's groups to raise awareness and encourage men to attend screenings and GPs was an important action.

12.4 The Cancer Clinical Lead, Norfolk and Waveney STP the Cancer Clinical Lead, Norfolk and

Waveney STP and Maggie the Cancer Programme Manager, Norfolk and Waveney STP, East of England Cancer Alliance gave a presentation to the Board ([presentation can be viewed via this link](#)).

12.5 The following points were discussed and noted

- It was pointed out that “no smoking campaigns” did not make reference to the cancer risk for passive smokers.
- It was suggested that the HWB could take leadership on communications around breaking down behaviours and taboos around cancers, to help improve early detection, and support the target of increasing 5-year survival rates to 75%.
- The Chairman noted that a new goal of the NHS 5-year plan was investment in prevention which aligned with this piece of work.
- The Cancer Clinical Lead, Norfolk and Waveney STP, confirmed that different cohorts of patients in different areas would need different strategies; CCG and District Council data would be useful to identify the approach needed countywide and in smaller geographical areas
- It was suggested that locality data could be compared with population health data to identify the people at higher risk in each area and target them for intervention and prevention work. The Chairman agreed that this would be a positive approach at a primary care network level.
- A suite of blood tests was in development which could identify lung cancer at an early stage; a business case would need to be developed for this.
- The Cancer Clinical Lead, Norfolk and Waveney STP, **agreed** to circulate data from the national cancer audit, which included feedback on patients, giving information on how many times patients had presented before a late stage diagnosis had been made. She pointed out that the local level data was small.
- It was reported that young people had fed back that they did not always find prevention programmes engaging, and therefore liaising with youth advisory boards to come up with programmes which would be more suited to this age group would be beneficial.

12.6 The Health and Wellbeing Board **AGREED** to:

- a) Support the whole system approach to cancer prevention and early diagnosis set-out in the presentation and summarised in the plan on a page below.
- b) Align commissioning intentions across systems to contractually support this work.
- c) Strengthen existing collaborations and partnerships, including whole system processes for data sharing and information governance, and the rapid appraisal and early adoption of innovations.

**13 Norfolk’s Review of Children’s Safeguarding Governance Arrangement - MASA (Multi Agency Safeguarding Arrangements) Plan**

13.1 The HWB received the report providing an update on changes to local safeguarding arrangements for children and recognise its contribution to sustaining these effective safeguarding arrangements

13.2 The Director of Quality and Transformation, Children’s Services, and the Business Manager, Norfolk Safeguarding Children Board (NSCB) introduced the report:

- The NSCB had decided to retain independent scrutiny.
- The NSCB had felt the model should be more intelligence and multi-agency data led, and more focussed on the lived experience of children and on the ground practice.
- Representatives from all stages of education were now involved.
- The Board was recruiting a new independent chair; there would be 2 additional independent chairs for workforce development and the practice review group.

- There had been a change to way child deaths were reviewed; the Government wanted better epidemiological data - data had been joined with Suffolk data to ensure statistical relevance in order to meet the requirement.

13.3 The following points were discussed and noted:

- It was felt that it was important to have consistency in practice across the County, including language and ways of working across organisations. The Director of Quality and Transformation, Children's Services, felt this could be address within the Council, however it would be a challenge to obtain wider consistency due to the size of the system and therefore this needed ongoing work.
- It was suggested that multi agency communication needed more emphasis in the document.
- The Director of Public Health discussed how shared data and data linking was helpful for strategic analysis and sharing across organisations; she **suggested** that the National Office for Data Analytics project should focus on key projects related to children's safeguarding.

13.4 The Health and Wellbeing Board:

- a) **ENDORSED** the governance arrangements and **SUPPORTED** the Norfolk Safeguarding Children Partnership to deliver best safeguarding outcomes for Norfolk children.
- b) **AGREED** to receive an annual presentation to ensure that Norfolk Safeguarding Children Partnership communicates clearly and regularly on developments in child safeguarding

14. The Chairman reminded partners that publicity would be sent to all organisations about the Chairman's Award.

The Meeting Closed at 12:50

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



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