

**Health and Wellbeing Board and Integrated Care Partnership  
Minutes of the meeting held on 27 September 2023 at  
in the Council Chamber, County Hall.**

**Present:**

Cllr Jo Rust  
Cllr Natasha Harpley  
Lou Notley  
David Allen  
Cllr Mike Ninnmey  
Cllr Emma Flaxman-Taylor  
Patrick Peal  
ACC Nick Davison  
Cllr Bill Borrett

Stuart Lines  
Debbie Bartlett  
Sara Tough  
Cllr Alison Thomas  
Kathryn Ellis  
Tracy Williams  
Rt Hon Patricia Hewitt

Cllr Kim Carsok  
Emma Ratzer  
Dan Mobbs  
Alan Hopley  
Carly West-Burnham  
Jonathan Barber

**Representing:**

Borough Council of King's Lynn & West Norfolk  
Broadland District Council  
East Coast Community Healthcare CIC  
East of England Ambulance Trust  
East Suffolk Council  
Great Yarmouth Borough Council  
Healthwatch Norfolk  
Norfolk Constabulary  
Norfolk County Council, Cabinet member for Public Health and Wellbeing, Leader (nominee)  
Norfolk County Council, Director of Public Health  
Norfolk County Council, Interim Executive Director Adult Social Services  
Norfolk County Council, Executive Director Children's Services  
Norfolk County Council, Cabinet member for Adult Social Services  
Norfolk & Suffolk NHS Foundation Trust  
Norfolk and Waveney Integrated Care Board NHS  
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)  
South Norfolk District Council  
Voluntary Sector Representative  
Voluntary Sector Representative  
Voluntary Sector Representative  
Place Board Chair (Kings Lynn and West Norfolk)  
Place Board Chair (Great Yarmouth)

**Officers Present:**

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

**Speakers:**

Chris Robson	Chair of Norfolk Safeguarding Childrens Partnership
Mark Osborn	Fathers Project Lead
Heather Roach	Chair of Norfolk Safeguarding Adults Board
Suzanne Baldwin	Assistant Director Workforce, Markets and Brokerage, Adult Social Services, Norfolk County Council
Christine Breeze	Senior Commissioning Manager, Adult Social Services, Norfolk County Council
Shelia Glenn	Director of Planned Care & Cancer, Norfolk and Waveney Integrated Care Board (ICB)
Rachael Peacock	Winter Director, Norfolk and Waveney Integrated Care Board (ICB)
Dr Abhijit Bagade	Public Health Consultant, Norfolk County Council
Mark Payne	Head of Mental Health, Norfolk & Waveney Integrated Care Board

**Norfolk Health and Wellbeing Board (HWB)**

**1. Apologies**

- 1.1 Apologies were received from Ian Hutchinson (substituted by Lou Notley), Joanne Segasby, Stuart Richardson (substituted by Kathryn Ellis), Anna Gill, Cllr Wendy Fredricks, Cllr Cate Oliver and Cllr Penny Carpenter.

**2. Chair's Opening Remarks**

2.1 The Chair welcomed Cllr Jo Rust, representative for the Borough Council of Kings Lynn and West Norfolk, to their first meeting. The Chair noted that the Norfolk and Norwich University Hospital has a new interim director who would be the substitute for Tom Spink going forward. Tony Osmanski was retiring, the chair thanked him for his contributions.

2.2 Members were encouraged to sign up to the system wide ICS conference that was being held on the 17 October 2023 at the Kings Centre in Norwich. The conference was being hosted by the Chair, Cllr Bill Borrett, and Rt Hon Patricia Hewitt.

### **3. Minutes**

3.1 The minutes of the meeting held on 21 June 2023 were agreed as an accurate record and signed by the Chairman.

### **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 Members received a report that noted necessary amendments to the Health and Wellbeing Boards Terms of Reference following changes to Cabinet roles at Norfolk County Council.

9.2 The Health and Wellbeing Board **RESOLVED** to **agree** to the revised version of the Health and Wellbeing Board Terms of Reference.

### **10. Norfolk Safeguarding Children Partnership Annual Report**

10.1 Sara Tough, Executive Director of Children's Services, introduced the Norfolk Safeguarding Children Partnership Annual Report which summarises the local arrangements for safeguarding children.

10.2 Chris Robson, Chair of Norfolk Safeguarding Children Partnership, presented the annexed presentation (item 10, appendix A) which provided members with an overview of data and performance, scrutiny, the partnership priorities, project and development, and workforce training. They highlighted those positive relationships that existed within the Norfolk partnership, noting that senior leaders and practitioners are transparent and open to scrutiny. A young person version of this report would also be produced and circulated to members.

10.3 Mark Osborn, Father's Project Lead, described the positive responses that the Norfolk Safeguarding Children partnership had following the 2021 national safeguarding review panel report about the Myths

of Invisible Men. It was felt that services had not evolved in line with research that demonstrated the importance of a father who is positively engaging for the outcomes of children. Members heard that work to involve fathers was progressing positively. Good practice guidance has been produced that was complimented by a tool kit, both of these were developed following input from experts, practitioners, and fathers. Norfolk's response was seen as robust in comparison to other counties.

10.4 The following points and comments were discussed:

- A member raised a concern that the Adoption Panel had seen negative impacts for children when the court had ordered contact with birth parents. In response to this, members heard that the partnership did not have the remit to fully comment and that the role of the partnership in this scenario would need to be considered.
- The work that was being completed on absent fathers was welcomed by the Board, especially given that there have been discussions, and research, on the impact of single mother households but the impact on absent fathers had not been considered to the same extent.
- The work being completed on absent fathers was not just a specific targeted approach but also included universal services such as the Family Habit approach which looks at the start of life and encourages the engagement of the whole family network.
- The challenge of getting the workforce to complete the required learning and training was acknowledged. Adaptions, that moved thinking beyond traditional learning methods, had been implemented to be workable for practitioner's workload and the pressures that they faced. These included seven-minute briefings, lunchtime training sessions, and an online course.
- A member questioned at what point trauma and deprivation become a safeguarding concern, they referred to families that may experience mental health challenges and poverty which could lead to unintentional deprivation. The Chair of Norfolk Safeguarding Children's Partnership replied that these were the types of conversations that were being had within the partnership. There was a need for a balanced approach that did not, where possible, automatically label families with safeguarding issues. Instead, early intervention and a multi-disciplinary approach were needed to support families.
- Members heard that nothing had been raised with the partnership with regard to young carers and safeguarding concerns. This would be explored, but they were keen not to label those individuals as having safeguarding issues.
- Sara Tough, Executive Director of Children's Services, noted that the partnership work had fostered a holistic understanding of children and that solutions were a collaboration from partners. It was shared that another Ofsted inspection was expected and that the focus of this would be partnership working.
- Members congratulated the partnership work that had been completed.

**David Allen arrived at 10:19**

- 10.5 Having reviewed and commented on the Norfolk Safeguarding Children Partnership Annual Report, the HWB **RESOLVED** to **endorse** the report and its contents.

**11. Norfolk Safeguarding Adults Board Annual Report for 2022/23**

- 11.1 The Health and Wellbeing Board received the annual report which is a statutory requirement to be produced under the Care Act 2021. The Health and Wellbeing Board (HWB) considered the contents and how they can improve their contributions to both safeguarding throughout their organisation and the joint work of the board.
- 11.2 Heather Roach, Chair of Norfolk Safeguarding Adults Board, introduced and presented the Norfolk Safeguarding Adults Board Annual Report for 2022/23 and annexed presentation (item 11, appendix

A). They highlighted the unique way of working between adults and children Safeguarding. Members were provided with an overview of the safeguarding context in Norfolk, the thematic issues, the highlights over the last 12 months, and the aims of the new safeguarding strategy. They also heard that a peer review with Wigan would be happening in the next 12 months and asked for members to sign up for the NSAB newsletter, follow NSAB on twitter, read the Board Managers blog and attend a Local Safeguarding Adults Partnership meeting as well as highlighting resources on their website.

11.2 The following points and comments were discussed:

- A member asked how the Health and Wellbeing board could help the Prevention, Managing, and Learning subgroup (PML) to have more focus. In response, it was noted that PML was a way of working in which an area of focus was identified via data and then explored in a way that covered the elements of PML. This way of working had not been prioritised whilst work was being done to get the business process in place, but PML would be taken forward in the next 12 months
- The data included within the report was drawn from Norfolk County Council and was the same data that was required for the national safeguarding return, the potential to breakdown the 18-64 age bracket would be explored.
- Norfolk County Council councillors had the opportunity to attend a training session on Adult Safeguarding. The Norfolk County Council Cabinet Member for Adult Social Care noted that the members who did not attend would be encouraged to so they can disseminate information within their communities.
- It was felt that communication needed to be more proactive and ongoing. Getting the right people in the same room to share information would ensure a cross over and strengthen communication streams.
- Data sharing and GDPR policies mean that the voluntary sector does not have access to case notes or previous safeguarding concerns which would help the person. The voluntary sector was encouraged to escalate concerns.
- LeDeRr reviews, contact had been made with the ICB around the LeDeR process and it was acknowledged the process needed to be slightly more aligned.

11.3 The HWB **resolved** to:

- a) **Endorse** the contents of the NSAB 2022/23 annual report.
- b) **Promote** the work of NSAB to partner organisations and stakeholders.
- c) **Use** media and communications channels to promote the safeguarding messages.

## 12. Norfolk Better Care Fund: 2023 - 2025

12.1 Debbie Bartlett, Interim Executive Director for Adult Social Care, introduced the report and noted that this was the first time that a two-year plan had been submitted. Sign off for the second year of the plan would come to the Health and Wellbeing Board in September 2024.

12.2 Suzanne Baldwin, Assistant Director Workforce, Markets and Brokerage, Adult Social Services, Norfolk County Council, and Christine Breeze, Senior Commissioning Manager, Adult Social Services, Norfolk County Council provided an overview of the annexed report (item 12, appendix A). They highlighted that the two-year allocation of funding was welcomed as it allowed for long term planning and increased levels of stability.

12.3 The following points and comments were discussed:

- Following a member's question, the data on avoidable admissions would be followed up on.

- The Better Care Fund supported innovation but also ensured sustainability within the system by securing funding to allow for the function of critical services such as reablement. There was a need to support people coming out of the hospital to reduce the chances of them needing onward services or being readmitted to the hospital. Norfolk tended to do well in this area as the reablement services were well developed.
- The voids identified within the Housing with Care flats were being utilised to support step down and the transition into the community and independent living. The board also heard that a 10-year programme of work existed, with significant financial investment from Norfolk County Council, to implement independent living schemes
- It was clarified that the closure of Benjamin Court referred to the closure of the building and not the service that it provided. The reablement service would continue and was being expanded and there would be no reduction in the services offered. All staff had been offered new roles in the new service.
- Debbie Bartlett highlighted that for the first time, demand and capacity planning had been included within the plan. This was significant as it included work from across the system looking back at the previous year to identify patterns and data that could be used to inform future planning. The majority of the work that needed to take place was outside the hospital setting and within the community.

### 12.3 The HWB **resolved** to:

#### a) **Sign off** the BCF submission for 23/24 and 24/25, which includes;

1. A narrative plan, describing our approach to integration, discharge, housing, and health inequalities.
2. An excel template, describing the BCF income and expenditure, our planned performance against the four key metrics and affirmation that we are meeting the national conditions as set out in the current BCF Planning Guidance, and a Capacity and Demand plan for supporting discharge and intermediate care services.
3. ICB Discharge Planning Template.

b) To **note** the BCF review to ensure improved understanding of the schemes and alignment to BCF priorities, improved alignment of system and place priorities and improved data collection to better understand the impact of the BCF.

### **The Health and Wellbeing board closed at 11:10**

The meeting moved on to Integrated Care Partnership (ICP) matters after a 10-minute comfort break.

### **Integrated Care Partnership**

#### **1. Election of Chair and Vice Chair**

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

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. 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.

#### **2. ICP Minutes**

- 2.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 21 June 2023 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 None.

### **6. Amendments to the Integrated Care Partnership Terms of Reference**

- 6.1 Members received a report that noted necessary amendments to the Integrated Care Partnership Terms of Reference following changes to Cabinet roles at Norfolk County Council.
- 6.2 The Integrated Care Partnership **RESLOVED** to **agree** to the revised version of the Integrated Care Partnership Terms of Reference.

### **7. Ageing Well Priorities**

- 7.1 Patricia Hewitt, Chair of Norfolk and Waveney Health and Care Partnership and NHS Norfolk and Waveney Integrated Care Board, introduced the annexed report (item 7). She highlighted the importance of supporting people to age as well as possible to give them a healthy life expectancy.

Shelia Glenn, Director of Planned Care & Cancer, Norfolk, and Waveney Integrated Care Board presented members with an overview of the report. They shared the goal to develop a shared vision and strategy with older people that will help transform services to be proactive, easy to access, and wrapped around the needs of older people. This would be even more important in years to come as Norfolk's aging population would increase. The strategy would be co-produced and a road map would be developed in March 2024. A large workshop had already been undertaken to understand the needs of elderly people. Additionally, best practices nationally and internationally have been drawn on to ensure that best practice was where it needed to be and to ensure that the contents of the strategy would be supported by evidence. Work was also being done to identify the services that were already available to older people and the strategies that were in place at District Councils and NCC to identify gaps and areas of best practice.

- 7.2 The following points and comments were discussed:

- The Chair highlighted that all parts of the system had a place in the work to transform the service for elderly people.
- A member shared anecdotal evidence that illustrated the difficulties in accessing a blue badge to highlight the challenges, and barriers, that existed with joined up working.
- It was felt that the roadmap and delivery plan needed to make use of existing strategies and ensure that the system was working towards the same aims that were supported by robust measures.
- The importance of looking at the role of the whole community and issues such as recruitment and the relocation of young people was mentioned.
- Members asked how we connect people to be more social, especially those people that experience rural isolation, and engage with the provisions being provided and promoted by

District Councils and NCC.

- The categorisation of the stages of ageing was noted as being helpful and would be beneficial in determining the strategy and clinician direction.

7.3 The ICB **agreed** to:

- a) **Endorse** and support the Ageing Well aspiration, 7 priority areas and 3 classifications of ageing.
- b) **Note** the proposal to co-create the Older People's strategy by end of December 2023.
- c) **Receive** further reports on the development of the Older People's strategy and progress against delivering the ageing well priorities.

8. **Right Care, Right Person – Norfolk & Waveney Implementation**

8.1 Assistant Chief Constable (ACC) Nick Davison, Norfolk Constabulary, introduced the annexed report (item 8) that was co-produced with Mark Payne, Head of Mental Health, Norfolk & Waveney Integrated Care Board. A project group had been established in Norfolk. They highlighted that the Right Care, Right Person had been divided into four areas; concern for welfare, walk out of health care facilities, absent without leave from mental Health establishments, transportation of patients and Section 136 of the Mental Health Act, as well as voluntary mental health patients. Each area of the project had a scheduled implementation date and learnings were being used from Humberside Police to ensure that the correct training and systems are in place ahead of implementation. They assured members that this was not the police walking away, they still had their statutory responsibilities and would still be attending calls when they were the most appropriate agency to do so. There would also monitoring and overview of the implantation of the Right Care, Right Person policy. ACC Nick Davison offered to present the changes to organisations, senior leadership, and practitioners.

8.2 The following points and comments were discussed:

- A member raised concerns that the Integrated Care Partnership covered Waveney, but that Suffolk were making their changes at a different time to Norfolk. In response, the partnership heard that they were not aware of any issues that would come from differences in timing of implementation. Suffolk Constabulary had representation in the project meetings and plans and Suffolk Constabulary can manage the difference between the Right Care, Right Person policy implementation dates.
- Work would be done with clinicians, leaders and management structures to ensure that policies and resources are being used correctly. It was felt that understanding the policies that already existed in this area would ensure that the police were only involved when it was appropriate.
- Members were reassured to hear that the work being completed was a joined up, multi-agency approach and not just the police and mental health trust.
- Members asked questions about how this information would be shared with the public, and were assured that there was a joint communication plan for the community and public.
- Having executive sign off would give assurance that the responsibilities are known, and changes can be understood and implemented. The impact of the changes would be monitored, and feedback would be fed back into the system.

8.3 The ICB **agreed** to:

- a) **Note** the progress made with planning for the implementation of RCRP, and partner organisations are asked to continue to engage with and provide the resources required to support this work.

- b) **Note** that RCRP will impact on partner organisations differently and that each organisation will need to understand its own legal framework, responsibilities, and discharge of these to support RCRP.

## 9. Integrated Winter Plan for 2023/24

- 9.1 Debbie Bartlett, Norfolk County Council, Interim Executive Director Adult Social Services, introduced the Integrated Winter Plan for 2023/24.
- 9.2 Suzane Baldwin, Assistant Director Workforce, Markets and Brokerage, Adult Social Services, Norfolk County Council, and Rachel Peacock, Winter Director, Norfolk and Waveney Integrated Care Board presented the annexed report (item 9). The importance of partnership working to alleviate and address the seasonal challenges to help support communities to remain resilient, address inequalities, and prioritise prevention was highlighted. The themes and priorities of the Winter Plan and the mechanism for identifying and dealing with pressures across the system were discussed.
- 9.3 The following points and comments were discussed:
  - The winter plan aimed to join up the work that was happening at county and local level to ensure that people are aware of the support available. Members heard that there was no additional funding to explore extending services such as District Direct. The Chair asked that extending District Direct to a 24-hour service be fed back as an aspiration.
- 9.4 The ICB **agreed** to:
  - a) **Endorse** the plan and work being carried out to support the system and residents of Norfolk and Waveney during the coming winter months, and for partners to commit to working collaboratively to promote and support the plan.
  - b) **Support** the development of a set of system winter metrics that identify areas of whole-system collective action outlined in this document's winter framework, to support partners in collectively identifying and addressing challenges as they arise over winter.

## 10. Respiratory Disease: Public Health outcomes and prevention priorities for the system

- 10.1 Stuart Lines, Director of Public Health Norfolk County Council, introduced the report that highlighted the inequalities and disparities across Norfolk about respiratory disease.
- 10.2 Dr Abhijit Bagade, Consultant in Public Health Medicine, presented the annexed presentation (item 10, appendix A). They highlighted the impact of location on health indicators, the importance of life expectancy indicators in capturing life experiences, the impact of respiratory related deaths, and the need to focus on target areas such as smoking and housing. The link in the presentation was incorrect, members would receive an updated link
- 10.3 The following points and comments were discussed:
  - People living with Asbestosis are likely to be in touch with health and social care teams. The amount of people living with asbestosis was not known but could be explored.
  - Education around improving air quality in the home to prevent dampness and mould was mentioned as a piece of work that could be beneficial. Members heard that Environmental Health Officers and Housing Officers would be best placed to be involved and share that type of information.
  - The member for the Borough Council of King's Lynn & West Norfolk shared that Kings Lynn & West Norfolk had been promoting energy efficiency schemes that were available to private and social housing tenants. The Director of Public Health noted that signposting to available grants and schemes was important and would inform part of the winter planning preparations.



- The Norwich Place Board had been considering respiratory health and felt that a collaborative approach was needed to tackle the issues.
- Regulations have been successful in reducing the number of people smoking but new issues have emerged with the increase in vaping.

**Patrick Peal left the meeting at 12:47**

10.4 The ICB **agreed** to:

**Endorse** that ICP partners to work together to improve respiratory health, reduce inequalities and reduce emergency admissions and deaths due to respiratory diseases in Norfolk and Waveney.

**Meeting concluded at 12:52.**

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



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