

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 9 November 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich**

Present:

Cllr Alison Webb
Cllr Fran Whymark
Cllr Mark Jepson
Patrick Peal
Alex Stewart
Joanne Segasby
Rt Hon Patricia Hewitt

Tracey Bleakley
Christine Futter
Andrew Williams
Assistant Chief Constable
Nick Davison

Cllr Bill Borrett

Cllr John Fisher

Dr Louise Smith
James Bullion

Sam Higginson
Tracy Williams
Cllr Virginia Gay
Cllr Adam Giles
Cllr Alison Thomas
Anna Gill
Chris Lawrence
Alan Hopley

Guests Members

Cllr Beccy Hopfensperger
Bernadette Lawerence

Officers Present:

Debbie Bartlett

Stephanie Butcher
Rachael Grant
Stephanie Guy
Jonathan Hall

Speakers:

Nathan Adams
Marcus Bailey
Mark Burgis

Nicholas Clinch

Alison Gurney

Representing:

Breckland District Council
Broadland District Council
East Suffolk Council
Healthwatch Norfolk
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk & Waveney Health & Care Partnership (Chair) and
NHS Norfolk & Waveney Integrated Care Board (Chair)
Norfolk and Waveney Integrated Care Board (Chief Executive)
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary

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

Norfolk County Council, Cabinet member for
Children's Services

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

Norfolk & Norwich University Hospital NHS Trust
Norfolk & Waveney Integrated Care Board

North Norfolk District Council

Norwich City Council

South Norfolk District Council

Cambridgeshire Community Services NHS Trust

Queen Elizabeth Hospital NHS Trust

Voluntary Sector Representative

Suffolk Health and Wellbeing Board

Suffolk County Council

Director, Transformation and Strategy, Adult Social Services,
Norfolk County Council

Policy Manager Health and Wellbeing Board

Policy Manager Public Health

Advanced Public Health Officer

Committee Officer

Young person with lived experience

Winter Director, Norfolk and Waveney Integrated Care Board

Director of Patients and Communities, Norfolk and Waveney
Integrated Care Board.

Assistant Director of Social Care and Health Partnerships,
Adult Social Care

Programme Director – Lead for Place Partnerships & Health
Protection

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| Suzanne Meredith | Deputy Director of Public Health |
| Chris Robson | Chair, Norfolk Safeguarding Children Partnership |
| Bethany Small | Commissioning Manager, Social Care and Health Partnerships |
| Diane Steiner | Deputy Director of Public Health |

Norfolk Health and Wellbeing Board

1. Apologies

- 1.1 Apologies were received from Paula Boyce, Cllr Sam Sandell, Dan Mobbs, Emma Ratzer, Dr Satish Singh, Tom Spink (Sam Higginson substituting) Cllr Emma Flaxman Taylor, Graham Nice (Andrew Williams substituting), Cllr Mary Rudd (Cllr Mark Jepson substituting) Sara Tough

Also absent were Stuart Richardson, Ian Hutchison, Giles Orpen-Smellie, and David Allen.

2. Chair's opening remarks

- 2.1 The Chair welcomed all present and advised that the Integrated Care Partnership (ICP) meeting would follow directly. In addition the Chair advised:
- Carer's Voice Norfolk & Waveney were launching their Carer's identify passport on Carer's Rights Day on 24th November 2022. Members were welcome to join an online session to explain how the passport would work in practice.
 - The Wellness On Wheels bus (WOW) was parked on the forecourt of the building and members would have an opportunity to visit the bus after the ICP meeting ahead of its launch.
 - The Warm and Well campaign was launched on 7 November 2022 and has been funded by and involved most of the member organisations represented within HWB.

3. Minutes

- 3.1 The minutes of the Health and Wellbeing Board (HWB) meeting held on 21 September 2022 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 None.

5. Declarations of interest

- 5.1 No interests were declared.

6. Public questions

- 6.1 One public question had been received but had been forwarded to the Integrated Care Board (ICB) for an answer as it was not relevant to the HWB.

7. Urgent Matters Arising

- 7.1 None.

8. Norfolk Safeguarding Childrens Partnership Annual Report

- 8.1 The Health and Wellbeing Board received the annual report which summarises the local arrangements for safeguarding children. The HWB has governance oversight of the Norfolk Safeguarding Childrens Partnership (NSCP) and the report detailed the

Partnership's activities, achievements and challenges for the period July 2021 to June 2022.

- 8.2 Chris Robson, the Chair of the NSCP and Nathan Adams, a person with lived experience of the Partnership's involvement, undertook a presentation that is [available on the Board's website pages](#).
- 8.3 The following points and comments were discussed and noted:
- The initiative to support fathers - the inclusive father project - was welcomed as it was felt this was an area that had been neglected in the past. Over 96% of births are registered by both parents and the initiative filled a gap which for many years had been thought relevant only to mothers and children.
 - Primary and Community services carry out a lot of early intervention and support to avoid issues escalating to increasing need for resources. It was felt that this was not adequately mentioned and the report could highlight this better. Chris Robson took an action to look at the role of Primary and Community services in early intervention in the report to ensure this is mentioned.
 - It was suggested that promoting careers in Social Care at schools would be beneficial in advertising the sector. Although the media often highlighted bad cases of where care had failed, there were many hundreds of cases where great results had been achieved which underpinned what a good career being in Social Care was and how this made a real difference to individuals in their lives. These outcomes needed to be highlighted further at every opportunity with young people. Christine Futter and Chris Robson to discuss opportunities to promote careers in Social care.
 - The voluntary sector could play a large part in promotion of access to training and good practice. Alan Hopley and Chris Robson to liaise regarding promoting access to training and safe practice in the VCSE.
- 8.4 **The HWB resolved to:**
- Endorse the contents of the NSCP 2021/22 annual report.

9. **Pharmaceutical Needs Assessment**

- 9.1 The Health and Wellbeing Board received the report which detailed the annual Pharmaceutical Needs Assessment (PNA). There is a requirement for the HWB to approve the assessment before it could be published. There is also a legal requirement to undertake this assessment and publish the findings within three years of any previous publication. The report records the assessment of the need for NHS pharmaceutical services within Norfolk and details when and where services are available, any changes likely to affect future needs and identifies current or future gaps in pharmaceutical services.
- 9.2 The report was presented by Suzanne Meredith, Deputy Director of Public Health who advised:
- The assessment had found no gaps in pharmaceutical provision currently or within the next three years.
 - Although the assessment is only published every three years, monitoring took place on a regular basis and updates were produced to ensure it remains current.
 - The Waveney area was not covered in the report and was included within the report for the Suffolk Health and Wellbeing Board.
 - Currently there are 157 dispensing community pharmacies and 15 GP practice pharmacies in Norfolk.

- Norfolk's number of pharmacies per population of 100,000 was close to the national average.
- The PNA does not assess quality of services provided. It was acknowledged that there were national issues in the supply of some drugs and medicines which were also being experienced locally and that this issue could be pursued by Norfolk Health Overview and Scrutiny Committee (HOSC).

10.15am Bernadette Lawrence (Suffolk County Council) enters the meeting.

9.3 The following points and comments were discussed:

- There is a strategy for community pharmacies and the services being developed across the ICB
- If members of the ICP hear of issues around pharmacies/patients who are unable to access specific medications please contact the medical Director of the ICB Frankie Swords..
- The representative from Norfolk and Norwich University Hospital Trust (NNUH) felt that a 24/7 pharmacy in Norfolk would fill a gap in need regarding opening hours. People often turned up to A&E departments during out of hours requiring medicine or treatment that a pharmacy could have provided. However, it was acknowledged that, especially for rural communities, a 24/7 pharmacy meant people would require access to private transport to get there.
- It was felt that pharmacies would have to provide more services in the future to help with the burden of increasing demand on health care services.
- Challenges remain for patients as some pharmacies were sending prescriptions away for dispensing rather than having onsite facilities. This often led to delays in receiving medication, especially urgent requests.
- Boots the Chemist had started charging care providers with the cost of delivery. This cost was being met by the care providers and over a period of time this is becoming a considerable amount of money for a health related cost.

9.3 **The HWB resolved to:**

- Approve the PNA for publication as part of the Norfolk Joint Strategic Needs Assessment.
- Note the concerns about difficulties people in some areas are experiencing, in relation to reliable opening hours of pharmacies and supply of medicines and recommend this is taken forward by Healthwatch Norfolk and the Health Overview and Scrutiny Committee.

10 **Norfolk Drug & Alcohol Partnership Formation and Governance**

10.1 The HWB received the report which informed members on the plans for developing a new strategic substance misuse partnership. The strategy would require the formation of a multi -agency partnership to meet the proposed goals of enforcement, treatment, and prevention.

Diane Steiner Deputy Director of Public Health presented the report and advised:

- The proposed strategy was in line with the Government's 10 year strategy released in September 2021, and it was anticipated that local partnerships would form to help achieve the aims.
- There was a desire to be ambitious in the aims of the partnership to tackle the issues of drug and alcohol dependency in Norfolk and built on the already existing initiatives within the county.

- The cost to the local economy because of drug and alcohol misuse could not be underestimated across all levels.
- The partnership strategy would cover the footprint of Norfolk (Waveney would be covered by Suffolk HWB), Dr Louise Smith, Director of Public Health would lead the partnership for Norfolk and the Norfolk HWB would provide governance oversight.
- Service users would be embedded into the pathways adopted by the partnership so their voice would be heard. It was acknowledged that mental health issues often accompany addiction and that treatment plans would include all needs of the service users.

10.2 The following points and comments were discussed:

- The action to tackle both addiction and mental health issues at the same time was welcomed as usually the two issues were interlinked and could not be separated for the purposes of treatment and recovery.
- The partnership should not just be aimed at younger people and often those in the age bracket of 50+ were experiencing need for treatment. Housing and employment also needed to be considered within the mix of service provision to enable users to recovery holistically.
- Young people were being seen more regularly with alcohol issues and early prevention in the pathway was required by the partnership to ensure greater demand for services is not required downstream. The partnership would need to consider how best to include prevention services.
- The partnership was experiencing difficulty in getting clinical engagement. Clinical treatment is key to the partnership but clinical sites had been difficult to engage. The issue would need to be overcome if the strategy was to be successful.
- The CQC had lifted restrictions on the CGL service provider following recent updates that sufficient progress had been made on required actions.
- The joint needs assessment and the commissioning of services arising from the assessment would be undertaken countywide. Learnings from Project ADDER in the Greater Norwich area would be rolled out across the county.
- Representatives from the voluntary sector encouraged the partnership to reach out and involve them as much as possible as their experience and knowledge in this area would be vital to making the partnership successful.
- Whilst it was acknowledged that residential treatment was expensive there was not conclusive evidence that this was any more effective than other treatment plans. There were limitations within the private sector providing these services and it was recommended that the preferred route was with the County Council's own commissioned service Change Grow Live (CGL).
- The Chair of NHOSC (also a HWB member) agreed that HOSC would take up the issue of service users being asked to tackle their addiction problems before receiving any mental health treatment with NSFT.
- It was suggested that the strategy of the partnership could be aligned with a number of other strategies particularly with regard to safeguarding of both adults and children. The Norfolk County Council Children's Services own Flourish initiative was thought to be a good example of where the partnership could embrace overarching strategies to best effect.

10.3 The HWB resolved to:

- Agree the proposal for the formation of the Norfolk Drugs and Alcohol Partnership to increase our ability to respond to drugs and alcohol issues by combining prevention, treatment, and enforcement:
 - Reporting to the Health and Wellbeing Board to provide elected official and senior leader oversight.
 - With a footprint of the county of Norfolk.
 - With the Director of Public Health as the Senior Responsible Owner and
 - The partnership is to cover alcohol as well as drugs.
- Agree to delegate the ratification of the Terms of Reference for the Norfolk Drugs and Alcohol Partnership to the Chair of the Health and Wellbeing Board.
- Advise on priorities for the new Norfolk strategic partnership.

11 **Better Care Fund 2022/23**

11.1 The HWB received the report which provided the submission details of the 22/23 Better Care Fund (BCF) plan. Bethany Small, Commissioning Manager, Social Care and Health Partnerships and Nick Clinch, Assistant Director of Social Care and Health Partnerships, Adult Social Care presented the report and advised:

- The plan was the final submission following discussions that took place at the last meeting of HWB.
- The BCF plans had been created using the five priorities of the BCF and the principles agreed by HWB.
- The plan included expected performance against the four BCF metrics, BCF income and spend, as well as detailing approaches to keeping people well at home and supporting discharges and how carers would be supported and inequalities addressed.
- BCF would be targeted for use at place level and each Health and Wellbeing Partnership received concurrent funding for projects which matched the aims of the BCF.
- For the first time a plan of capacity and demand has been requested which looks at system capacity for discharge and care and expected demand.
- The next stages included how feedback would be received from service users on how the BCF had helped meet the aims. Healthwatch Norfolk had agreed to help with this. In addition, both the ICB and other local authorities had also supported the need to feed back how BCF was making a difference. This learning would be a key part of preparation for submissions in the future.

11.2 The following points and comments were discussed:

- Nick Clinch will speak to the Norfolk County Council commissioners of the advice and information services about the complexity and how the service could be delivered better at place level and how this could be included within future BCF plans.
- Breckland District Council at the moment has over 500 applications awaiting approval from Disability Facilities Grant (DFG) as the amount of the fund, although increased, cannot meet increased demand. This meant that people were stuck in hospital because adaptations to their homes required for their discharge would not happen. The average application was around £7k.
- Sam Higginson, the NNUH representative, requested that demand and capacity modelling was completed to establish how BCF could be better utilised for future years and that more effective integration between NHS and local government and statutory organisations and the voluntary sector was

required. Nick Clinch to initiate discussions and work on demand and capacity modelling around discharge.

- Patricia Hewitt said the only way to meet the health and care needs of our population is much more effective integration between the statutory services and the VCSE. Even if we are not going to find enormous sums of money to invest in the BCF from 1 April 2023 we should be setting an objective and an ambition to increase the pooling of funding resource over the next 3-5 years, with a start from the 1st April 2023. Nick Clinch to take this forward.
- Examples were provided where social prescribers were having a real impact within their local communities and were seen as an important part of the service provision and often dealt with complex needs.
- The sharing and quality of data was thought vital to ensure that blockages to services were not taking place and ended up costing providers more money.
- The data on capacity and demand included within the submission was not recognised by Joanne Segasby (JPUH). Nick Clinch to review capacity and demand data to ensure lining up prior to BCF submission. Data variances between the three acute Trusts due to data collection methods needs to be looked at. NNUH, QEH and JPUH to work on aligning data sets for the next financial year.

11.3 The HWB resolved to:

Approve the BCF submission for 2022/23 which included:

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.
3. A Capacity and Demand plan for supported discharge and intermediate care services. (it was suggested the data should be revisited before submission)

The Health and Wellbeing board closed at 11:14am

Norfolk and Waveney Integrated Care Partnership

1. Minutes

- 1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 21 September 2022 were agreed as an accurate record and signed by the Chair.

2. Actions Arising

- 2.1 None

3. Declarations of Interest

- 3.1 None

4. Public Questions

4.1 No public questions had been received.

5. Social Care & Integrated Care Board Winter Planning Report

5.1 The ICP received the report.

5.2 Nick Clinch, Assistant Director, Social Care & Health Partnership Commissioning, Mark Burgis, Director of Patients and Communities, Norfolk & Waveney ICB and Marcus Bailey, Winter Director. Norfolk & Waveney ICB undertook a joint presentation that is [available on the ICP's website pages](#).

5.3 The following points and comments were discussed:

- It was acknowledged that pressures normally seen at winter now seem to be a year round occurrence at all acute hospitals and service demand across the system. The NNUH had been running with an additional 100 patients which made bed spaces in wards uncomfortable.
- The pressures on the Social Care sector were getting insurmountable and recruitment to caring roles was extremely difficult. More investment was required as without adequate levels of Social Care in place the system will collapse. The cost of living crisis was hitting care staff hard and vacancy rates in Norfolk were at an all time high and well above the average for UK.
- NORCA representative met with Andrew Proctor on 8 November over issues with workforce in the Care Sector. We must acknowledge that without Social Care, Health cannot function either. The Care Academy starts on Monday 14 November and it has been the hardest its ever been to recruit to it. Unless we address the workforce issues in Social Care, Social Care providers will not be able to continue to provide services.
- The ICB representative confirmed communications regarding winter pressures and planning were being launched very shortly. Tracey Bleakley to send the winter campaign materials to disseminate to the ICP secretariat. ICP secretariat to disseminate campaign materials to all ICP members. All ICP members to share this information across their organisations and to the wider public.
- It was requested that future Winter plans should include co production from staff members at the front line who often had solutions and ideas to problems that arose.
- £11m of non recurrent funding drops out of the system in February 2023 and it will be increasingly important to work collaboratively across all sectors and consider a medium term strategic plan on how we manage resources. More money needs to go into Social Care next year and a shift in investment is needed. .
- Central government had set two biggest NHS priorities of a reduction in Category 2 ambulance response times and ambulance hand over times at acute hospitals..
- It was hoped that learning from the pandemic can be carried through to plans such as winter pressures and that a different approach to managing risks within the system was required with a pooling of resources and more collaborative working especially as the new ICB / ICS takes shape. Working at community place level would add some reliance to the system.

- The voluntary sector has an important part to play as they often know first hand what was working well and what was not. The VCSE to be included in the development of the Winter Plan for 2023/24.
- The process of discharging someone from hospital needs to be examined, simplified, and stripped of any unnecessary stages.
- Whilst it was suggested that social care workers could be classed as key workers for the purposes of social housing, the shortage of social housing meant that this would have limited impact, especially as demands for social housing will increase. District Councils were struggling to meet the demands of those within the emergency housing category, let alone other categories.
- International recruitment of care sector workers had been successful although it is complex and expensive. The care sector, working with NHS colleagues who were also undertaking international recruitment, had been very valuable and was an example of where collaboratively working had produce good results.

The ICP resolved to:

- Endorse the plan and work being carried out across social care and health to support the system and residents of Norfolk and Waveney during the coming months, and for partners to commit to working collaboratively to promote and support the plan.

12.05pm Cllr Webb left the meeting.

6. Health and Wellbeing Partnerships update

- 6.1 The ICP received the report which provided an overview of activity and progress to date of the Health & Wellbeing Partnerships (HWP) within Norfolk & Waveney's ICS.
- 6.2 Alison Gurney, Programme Director, Public Health presented the report and detailed some case studies of achievements of HWP's working together for a common purpose that had achieved good outcomes so far. All Covid Recovery Fund monies had been allocated to projects across the HWPs in Norfolk which were now in place and working well. Each HWP had committed to a undertake a maturity self assessment from a place level approach. These assessments, undertaken with some variations according to the Partnerships approach, had identified collaborative working and best practices to adopt. The BCF had supported projects within the Kings Lynn district and the HWP working together had produced bids for BCF funding. Those projects had been successfully launched and were strengthening. Recruitment of joint funded posts between Broadland, South Norfolk and Great Yarmouth HWPs had been successful and all posts were now filled and operating well. In September 2021 the first meeting of the Waveney HWP took place where priority setting was the main agenda item to establish their strategies and how these fitted in to the wider health care objectives. The next steps were for all HWP's to have clear objectives and action plans. Public Health colleagues were working with HWP's at place level in Norfolk to help shape and form those strategies and objectives. To support that work, Public Health in Norfolk were offering some funding and officer support for the next 2 years for the Norfolk HWP's. The HWPs had a desire to develop their strategies at place level to bring their work into greater focus.
- 6.3 The following points and comments were discussed:

- Anna Gill from Cambridgeshire Community Services raised that in locality working how do we keep an eye on service users with high needs but low incidences who may not meet the thresholds of everyone's cognizance in a local area, such as those young people with complex health needs transitioning from children's to adults services. Tracey Bleakley to consider bringing a paper to the ICP on this issue.
- Place is a key delivery platform for the whole health care system and the ICP were encouraged to note the progress being made within the HWP's.

6.4 **The ICP resolved to:**

- Support the Health and Wellbeing Partnerships to develop local strategies and delivery plans.
- Endorse the delivery of the Public Health offer for Norfolk for 2023 – 2025.

7. **Transitional Integrated Care Strategy & Joint Health & Wellbeing Strategy**

7.1 The ICP received the report which provided an overview of the agreements already made by the ICP to produce a transitional combined strategy for the Integrated Care Partnership (for Norfolk and Waveney) with the joint Health & Wellbeing strategy (for Norfolk).

7.2 Debbie Barlett, Director, Transformation and Strategy, Adult Social Services, presented the report and advised:

- The document collated previous discussions and agreements at ICP meetings, guidance from Department of Health and Social Care and analysis of system wide priorities.
- The strategy had been set at a high strategic level to enable the stakeholders within the system to action their priorities without being out of alignment with over-arching objectives.
- The strategy is centered on four themes previously agreed by ICP: Driving integration, prioritising prevention, addressing inequalities and Enabling resilient communities.
- The strategy is transitional as formal guidance was still awaited.
- The next stage will be for the ICP to discuss the challenges and priorities relating to the four themes at a development day on 7th December 2022.

7.3 The following points and comments were discussed:

- Members were pleased to see the development of the strategy had been undertaken with great care with good detail and at a level which was compatible for all of the system. It was felt the strategy was an enabling strategy.
- There were concerns that the document referred to 'pockets of poverty' in Norfolk whereas in reality poverty was much more widespread and prevalent across Norfolk. Debbie Bartlett to alter wording in the strategy with reference to 'pockets of poverty'

7.4 **The ICP resolved to:**

- Agree the transitional Integrated Care Strategy for Norfolk and Waveney and Joint Health and Wellbeing Strategy for Norfolk.
- Agree that all Members will take the Transitional Strategy through their own Governance arrangements, and feedback the actions their organisations will be taking in the coming year to deliver against the Integrated Care Strategy's key challenges and priority actions at the next ICP, in March 2023.

- Agree that this is a transitional and active document which will be kept updated and progressed.

Meeting Concluded at 12.23pm

**Bill Borrett, Chair,
Health and Wellbeing
Board and Integrated Care
Partnership**