

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 21 September 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich**

Present:

Cllr Sam Sandell
Cllr Alison Webb
Cllr Fran Whymark
Tony Osmanski
Cllr Mary Rudd
Patrick Peal
Cllr Emma Flaxman-Taylor
Joanne Segasby
Rt Hon Patricia Hewitt

Tracey Bleakley
Christine Futter
Superintendent Terry Lordon
(until 10.41am)

Cllr Bill Borrett

Cllr John Fisher

Dr Louise Smith
James Bullion

Cllr Adam Giles
Giles Orpen -Smellie
Cllr Alison Thomas
Anna Gill
Carly West Burham
Emma Ratzer
Alan Hopley
Dan Mobbs

Representing:

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
East Coast Community Healthcare CIC
East Suffolk Council
Healthwatch Norfolk
Great Yarmouth Borough Council
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 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
Norwich City Council
Police & Crime Commissioner
South Norfolk District Council
Cambridgeshire Community Services NHS Trust
Queen Elizabeth Hospital NHS Trust
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Officers Present:

Debbie Bartlett

Stephanie Butcher
Rachael Grant
Stephanie Guy
Jonathan Hall

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

Speakers:

Heather Roach
Sophie Little

Bethany Small

Independent Chair, Norfolk Safeguarding Adults Board (NSAB)
Co production and Projects Officer, Carers Voice Norfolk and
Waveney
Commissioning Manager, Social Care and Health
Partnerships

Norfolk Health and Wellbeing Board

1. Apologies

- 1.1 Apologies were received from Paula Boyce, ACC Nick Davison (Superintendent Terry Lordon substituting), Cllr Virginia Gay, Cllr Lana Hemsall, Cllr Beccy Hopensperger, Ian Hutchison (Tony Osmanski substituting), Graham Nice and all representatives of Norfolk Community Health & Care NHS Trust, Sara Tough, Graham Ward (Carly West Burham Substituting), Tracy Williams and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Dr Anoop Dhesi, Tom Spink and Stuart Richardson.

2. Chair's opening remarks

- 2.1 The Chair welcomed all present and advised that the ICP meeting would follow directly after following a comfort break.

3. HWB minutes

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

4. Actions arising

- 4.1 There was one action arising from the minutes of the 21 July 2022:
Identify specific areas where improved or new collaborations between the HWB and Norfolk County Community Safety Partnership, can contribute to the delivery of the Domestic Abuse strategy and the outcomes. Stephanie Butcher provided an update and advised:

5. Declarations of interest

- 5.1 No interests were declared

6. Public questions

- 6.1 No public questions were received.

7. Urgent Matters Arising

- 7.1 None

8. Norfolk Adults Safeguarding Board (NASB) Annual Report for 2021/22

- 8.1 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 own organisation and the joint work of the board.
- 8.2 Heather Roach presented the report and advised:
- There has been a year-on-year increase of concerns being reported to NASB. 2021/22 saw an increase of over 600 cases, to 4928 in total.
 - The largest percentage of cases relate to neglect or acts of omission. Cases of physical abuse also feature highly in the list.
 - The number of safeguarding adult reviews (SAR) has also significantly increased. These reviews tended to be generated after a death and concerns raised on how local partners and agencies have worked together. NASB has had 20 SARs in 2021/22. This upward trend has been seen nationwide.
 - A webinar had been produced to tackle the issue of self-neglect and hoarding. This area often produces reviews but does not feature highly in concerns raised with the Board.

- A short, animated film had been produced entitled “Tricky Friends” to highlight to people with learning disabilities and autism to help raise awareness of exploitation. The film has been well received and many other Boards across the country have adopted and promoted the film and its contents.
- There has been a focus in the consistency of reporting of concerns to the Board. Working with health partners NASB are developing guidance and a matrix to help reporting, particularly in respect of key areas such as patient on patient assaults and medication errors.
- The Board had also ensured that actions from reviews were undertaken and that partners were held to account by the Board following reviews.
- The highest profile review, following the deaths of Jon, Joanna and Ben at Cawston Park Hospital was published in 2021, and made 13 recommendations at both local and national level.
- A “progress summit” was organised by NASB, on 6 September 2022, and invited all agencies with a responsibility for the delivery of the recommendations from the review.
- The summit heard how individuals, as a result of a recommendation from the review, were removed from Cawston Park Hospital, had made good progress in their new environments.
- Work had progressed on the recommendation around ‘Ethical Commissioning’, but it was recognised there was more to be done to achieve the aims of the recommendation across both local authority and health colleagues.
- A “Coalition for Change” group had been set up under the leadership of the Board’s previous Chair to co-produce a strategy to improve services for people with behaviors that are challenging.
- A local recommendation from the review was to tackle the racism expressed by people with challenging behaviours. This piece of work involved the EDI team and Children’s Services from NCC, working with the Board to provide practical guidance and procedures to workers and supervisors.
- The Board has had several discussions with the Law Commission following a national recommendation from the Cawston Park review. These have centered around new legislation concerning neglect and strengthening regulation around the fit and proper person test.
- The Board had also been involved in discussions concerning changes to the Mental Health Act following a national recommendation from the review. These discussions included a new duty for ICBs to hold an overview of those patients who might become at risk of detention.
- NHS England have been heavily involved since the review and in response to recommendations have undertaken over 2000 safe and well checks of all people in similar situations to Jon, Joanna and Ben, updated commissioner oversight guidance, reviewed their treatment and care policy, and will publish new guidance around the use of CPAP.
- The CQC had refused 11 applications for new hospitals, as well as seen 50 requests being withdrawn. These follow the strict implementation of their guidance about support and care.
- The summit was well attended, and great momentum had been generated in tackling the recommendations many of which were on a national scale.

8.3 The following points and comments were discussed:

- It was acknowledged that ethical commissioning did face challenges with many budgets under pressure and that the wider context of paying a living wage to staff, open and transparent accounting, and a community offering were also considerations within commissioning. The legal context of the framework on how

procurement takes place is yet to be established and members were encouraged to engage in the process.

- The NSAB encourages all partners to make safeguarding a priority and prevention was key to ensure more formal procedures do not need to be followed. The NSAB provides lots of help and support regarding prevention and members were encouraged to use the resources on offer.
- Members acknowledged that to ensure consistency across all sectors, investment in training and resources is required to ensure safeguarding issues are picked up at an early intervention stage. This required the commitment to make safeguarding an issue for all stakeholders and not just the NSAB.
- The increase in concerns raised could have resulted because of the increase in the need to report concerns and become generally more aware. Providers were encouraged by the CQC to report concerns at an early stage. Consistency of approach was important to ensure processes and treatment were also consistent.

8.4 The Health and Wellbeing Board **resolved** to:

- **Endorse** the contents of the NSAB 2021/22 annual report.
- **Agree** to promote the work of NSAB to partner organisations and stakeholders.
- **Agree** to use media and communications channels to promote the safeguarding messages.

9. **Better Care Fund (BCF) 2022/23**

9.1 The Health and Wellbeing Board received the report which provided an update on the development of the 22/23 BCF plan. Bethany Small presented the report and advised:

- The Better Care Fund sits only on the Norfolk County footprint, unlike the ICS which included the Waveney area.
- The BCF is made up of 3 core funding streams. The core BCF relates to £73m, the Disabled Facilities Grant (DFG) is £9m, and the iBCF is £39m. The total of the fund for 22/23 is £111m.
- The BCF must meet 4 national metrics (avoidable admissions, discharge to normal place of residence, residential admissions, and reablement) as well as the locally defined priorities agreed by HWB.
- It was agreed that the BCF should support whole services so that the impact of the fund could be better understood.
- The BCF should also focus on services that are joint funded by health and social care, or have a joint impact on health and social care, or have benefit from health and social care oversight.
- The focus for the year also included strengthening the integration aims, continuing system recover through the pandemic, focus on person centered outcomes, and people staying well at home.
- The BCF submission is formed by a narrative plan, finance and metrics plan and a capacity and demand plan.
- The submission has been produced by considering three areas:
 1. Place Boards and Health and Wellbeing Partnerships.
 2. Thematically by considering prevention, discharge, a high impact change model, intermediate care, the disabled facilities grant, and carers.
 3. Individual service level to ensure priorities and metrics of the fund are met.
- A draft submission of the BCF will be undertaken by 26 September 2022 and the final draft will be agreed by HWB in November 2022.
- Place level is a new area for 22/23 for the BCF. To help this support this commitment the team have attended Place forums to understand how the fund can be used to achieve the aims at Place level. £82k has been set aside for each of the seven Health and Wellbeing Partnerships in Norfolk to jointly agree spending on how the BCF can meet their priorities. This funding will be concurrent

allowing concentration on long-term work. Health and Wellbeing Partnerships have been asked to work on collaborative working to bring partners together to achieve the outcomes of the fund.

9.2 The following points and comments were discussed:

- Healthwatch committed to working with Bethany Small's team to establish how in-depth feedback from patients could be collated so that the impact of the fund is better understood and how outcomes could be improved. Reports from Healthwatch Norfolk had been used in previous years regarding discharges.
- Adult Social Care spends 25% of the BCF, although the departments total commitment is twice that and the demand is being outpaced by the funding available.
- NCC budget savings may result in a withdrawal of some services and consideration should be given to pursuing new services and pilot schemes if services could not be provided in the future. The challenge of demand outstripping funding was acknowledged.
- South Norfolk Council had used BCF funding to set up a hardship fund for those struggling, a programme to help support those in greater risk of requiring a package of social care, and additional support services for stroke survivors to speed up their recovery so they do not fall back into the system and require further services in the future.
- The timescales were short for decision makers at Place level to determine how they wished to use their funding, and it was thought that in future years this process needed refining to ensure more time for consideration could be given.
- A request was made to report regularly over the winter regarding capacity and utilisation of data. It was hoped that maybe any under-capacity could be filled or blockages in the system identified, and funding redirected. The officers agreed to look into if this was possible.
- Breckland District Council had directly employed two occupational therapists but had subsequently run out of funding to provide adaptations for people so they could be discharged from hospital. The employment of a handyman scheme was being considered so that basic adaptations, such as handrails, could be installed.
- James Bullion committed to sharing the BCF plan with members before final submission in November 2022.
- The Chair suggested that the District Councils may like to meet to share experiences and learning in respect of the DFG. There may also be an opportunity for some collaborative working.

9.3 The Health and Wellbeing Board **resolved** to:

- **Note** the progress of the Better Care Fund (BCF) planning approach, including the local priorities and alignment with Place.
- **Agree** the Norfolk BCF 2022/23 Plan at the November HWB, for full and final submission.

The Health and Wellbeing board closed at 10:41

The meeting moved on to Integrated Care Partnership (ICP) matters after a 15-minute comfort break.

Integrated Care Partnership

1. Minutes

- 1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 21 July 2022 were agreed as an accurate record and signed by the Chair. The Chair confirmed his appointment to the ICB, as the ICP representative.

2. Declarations of Interest

2.1 None

3. Public Questions

3.1 No public questions had been received.

4. All Age Carers Strategy for Norfolk & Waveney 2022-2025 Progress Report

4.1 The Integrated Care Partnership received the report which provided an update on the development of an All-Age Carers Strategy for Norfolk and Waveney, which included presentation of the Carers Engagement report.

4.2 Sophie Little, Co production and Projects Officer, Carers Voice Norfolk and Waveney gave a presentation that can be found on the [Partnerships committee pages](#).

4.3 The following points and comments were discussed:

- It was acknowledged that young carers had been included within the strategy and that support was given by members for further research in that area.
- The areas of Suffolk postcodes used within the research and carers living in Waveney, but perhaps working elsewhere in Suffolk, was noted. Sophie Little advised that she could return to the Board with further details regarding the postcodes used and carers living in Waveney and working elsewhere issue in due course.
- It was thought that the digital carers passport could be used to identify hidden carers, such as parents both looking after a child where only one can be registered officially as the carer. It was hoped that the passport could be rolled out before the winter. The shared care record could also be used to this effect.
- Carers Matter Norfolk endorsed the strategy and committed to provide help and support for future research and developments.
- It was raised whether training and awareness of the new carers information for key health care professionals is taking place to ensure that carers are involved at every available opportunity, such as discharge from hospital.

The ICP **resolved** to:

- **Endorse** the key themes and recommendations for the Carers Strategy 2022.
- **Commit** to engaging with a task and finish group to develop a set of actions for all partners to deliver in line with the strategy and to support a task and finish group to take the strategic recommendations forward.

5. National Reform of Adult Social Care

5.1 The Integrated Care Partnership received the report which details the national reforms of Adult Social Care that will need to be embedded in to the ICP's strategic planning. These changes will have a material impact on the delivery of Adult Social Care Services in Norfolk and Waveney.

5.2 James Bullion, Executive Director of Adult Social Services, Norfolk County Council gave a presentation that can be found on the [Partnership's committee pages](#).

- 5.3 The following points and comments were discussed:
- It was acknowledged that more people would be become eligible for support packages as the payment threshold would be lowered to £86k and that this would create pressures on the system which need to be addressed.
 - It was hoped that the ICS would provide jointly shared training for all sectors of the new system.
 - The voluntary sector has already seen an increase in need for its advice services, and concerns were raised that both carers and patients will need the help of the sector as the reforms are rolled out and the cost-of-living crisis bites deeper.
 - Concerns were expressed at the initiative to put control of care and support into the hands of the patient. The practical arrangements of such a position would need careful thought, especially for elderly or vulnerable patients.
 - The reassessment process would take an enormous amount of resource, and good communication will be required to ensure the finances of the reforms are explained, especially regarding the £86k threshold and eligibility criteria.
 - It was suggested that contact could be made with the ethnical business sector to help support the concept of ethnical commissioning. It was thought a mixture of both public and private sector would be required to meet the aims of ethnical procurement.
 - Concerns were raised as to how the reforms would affect continuing health and social care services.
- 5.4 The ICP **resolved** to:
- **Agree** to embed the Adult Social Care Reforms into its wider strategic planning.
 - **Agree**, where applicable, that partner organisations work collaboratively together to embrace the opportunities and manage the challenges that may be present in the delivery of Adult Social Care Reform.

6. Integrated Care Strategy update

- 6.1 The Integrated Care Partnership received the report which updated the Integrated Care Partnership on the progress made in developing the Integrated Care Strategy and inform members of the new guidance for the preparation of the strategy from the Department of Health and Social Care, published in July 2022.
- 6.2 Debbie Barlett, Director, Transformation and Strategy, Adult Social Services, presented the report and advised:
- Given the new guidelines received from the Department of Health and Social Care, the partnership should develop its strategy swiftly as a backdrop to help support the development of the ICB's five-year plan. This would also allow other partners to ensure their own plan resonated with the overall direction of travel.
 - The four key themes previously agreed by ICP and HWB of driving integration, enabling resilient communities, addressing inequalities, and prioritising prevention would be developed further with colleagues from ICB to present a transitional strategic strategy to the ICP in November 2022.
 - The ICP has the discretion to evolve and develop the strategy as time progress to ensure members have full engagement and deal with local priorities.
- 6.2 The following points and comments were discussed:
- There was support for the suggested approach to the development of the strategy.

- A suggestion of having an overarching vision statement to pull the strategy together was made.
- It was thought the strategy could be more encouraging to work collaboratively with both the voluntary and not-for-profit sectors.
- District Councils are engaged in the process and a group has been established to ensure district strategies are considered and adjusted and help shape the overall strategy.

6.3 The ICP **resolved** to:

- **Agree** to a transitional and combined Joint Health and Wellbeing Strategy for Norfolk and Integrated Care Strategy for Norfolk and Waveney that will be kept live and updated over the next 12 months, following comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney.

Meeting Concluded at 12.15pm

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