

Health and Wellbeing Board
Minutes of the meeting held on 04 March 2020 at 09:30am
in the Edwards Room, County Hall.

Present:

Cllr Yvonne Bendle
Jonathan Clemo
Melanie Craig
David Edwards
Cllr John Fisher
Cllr Emma Flaxman-Taylor
Alan Hopley
Cllr Beth Jones
Dan Mobbs
Cllr Elizabeth Nockolds
Cllr Mary Rudd
Dr Louise Smith
Dr Liam Stevens
Cllr Alison Webb
Jonathan Williams
Tracy Williams
Cllr Fran Whymark
Julie Wvendth

Representing:

South Norfolk District Council
Voluntary Sector Representative
Sustainability & Transformation Partnership (Executive Lead) & NHS
Norfolk & Waveney CCGs
Healthwatch Norfolk
Cabinet member for Childrens Services and Education, NCC
Great Yarmouth Borough Council
Voluntary Sector Representative
Norwich City Council
Voluntary Sector Representative
Borough Council of King's Lynn & West Norfolk
East Suffolk Council
Director of Public Health, NCC
NHS Great Yarmouth & Waveney CCG
Breckland District Council
East Coast Community Healthcare CIC
NHS Norwich CCG
Broadland District Council
Norfolk Constabulary

Officers Present:

Hollie Adams	Committee Officer, Norfolk County Council
Chris Butwright	Head of Public Health Performance & Delivery, Norfolk County Council
Steve James	Breckland District Council
Jocelyn Pike	Director of Special Projects, Norfolk and Waveney Health and Care Partnership
Hannah Shah	Public Health Policy Manager (Health and Wellbeing Board), Norfolk County Council
Diane Steiner	Deputy Director of Public Health, Norfolk County Council
Angela Fletton	Public Health Commissioning Manager, Norfolk County Council

1. Apologies

- 1.1 Apologies were received from Cllr Bill Borrett, Dr Hilary Byrne, Patricia Hewitt, Sam Higginson, Caroline Shaw, Sara Tough, Dr Paul Williams and Matthew Winn.
- 1.2 Also absent were James Bullion, Cllr Stuart Dark, Dr Anoop Dhesi, Cllr Virginia Gay, Lorne Green, Anna Hills, Alan Hopley, Dr Sanjay Kaushal, Josie Spencer, Sara Tough, Prof Jonathan Warren.
- 1.3 Vice-Chair Tracy Williams in the Chair

2. Chair's Opening Remarks

- 2.1 The Chair:
- Welcomed new members Cllr Beth Jones and Cllr Flaxman-Taylor to the Board
 - Updated Members on the Health and Wellbeing Board conference due to take place on 25 March 2020, 9.30-14.00, at the Assembly House in Norwich on the theme of

'Prioritising Prevention'. The keynote address would be given by Richard Murray, Chief Executive of the King's Fund.

3. Minutes

- 3.1 The minutes of the meeting held on 30 October 2019 were agreed as an accurate record and signed by the Chair.

4. Actions arising from minutes of 30 October 2019

- 4.1 **Paragraph 10.3. Point c):** In order to support a model of shared learning between housing and health it had been agreed that an eLearning package would be developed aligned with another eLearning package at Norfolk County Council to reduce duplication and encourage uptake.
- 4.2.1 **Paragraph 10.3 Point d) and Para 11.3 Point b):** A single model had been achieved with common interventions across Norfolk. The combined District Direct schemes at Norfolk and Norwich University Hospital, James Paget Hospital and Queen Elizabeth Hospital had dealt with around a thousand referrals. District Direct had been expanded to community hospitals and work was underway to develop the model at Hellesdon Hospital.
- 4.2.2 Vice-Chair Cllr Bendle asked for assurance from the Clinical Commissioning Groups (CCGs) that funding would be secured for the District Direct project for a further year; The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that the CCGs had agreed to fund this for a further year.
- 4.3 **Paragraph 11.3 bullet point 1:** Details of the Mental Health Housing Summit had been sent to Board members which was due to take place on 1 April 2020 at the King's Centre, Norwich.

5. Declarations of Interests

- 5.1 No interests were declared.

6. Public Questions

- 6.1 One public question was received, and the answer circulated; see appendix A to these minutes.

7. Children & Young People's Mental Health Services

- 7.1 The Health and Wellbeing Board (HWB) received the report giving an update on progress made in the transformation of children and young people's mental health services in Norfolk and Waveney.
- 7.2 There was an Ofsted/CQC inspection of Norfolk County Council's Special Educational Needs and Disability provision taking place at the time of the meeting, therefore Officers from Children's Services had been unable to attend the meeting to present the paper.
- 7.3 The following points were discussed and noted:
- Cllr Beth Jones asked whether the 24-hour crisis provision would be specialist provision; a written answer would be provided to Cllr Jones.

- The Health and Wellbeing Board **invited** the Executive Director of Children's Services and Officers from Children's Services to attend a future meeting to discuss this issue, noting the importance of the subject.

7.4 The Health and Wellbeing Board **RESOLVED** to **ENDORSE** the direction of travel for the transformation of Children and Young People's Mental Health Services

8. Healthy Lifestyles & Behaviour Change –Transformation Programme

8.1.1 The Health and Wellbeing Board (HWB) received the report giving Board Members sight of the approach, recognising that all organisations had an interest in improving the health of the Norfolk population.

8.1.2 The Deputy Director of Public Health and the Public Health Commissioning Manager gave a presentation to the Board (please see presentation via [this link](#)):

- Different approaches would be considered to ensure a larger reach within targeted groups
- There were common factors across the population which could be targeted to improve health and reduce demand on services
- There was a proposal to work with community groups to support improving outcomes
- The Director of Public Health arrived at 9.49
- Officers were working with colleagues in primary care to target health inequalities
- There would be work on digital interventions and using the website to impact on behaviour change through resources and facilitating relationships with organisations
- Training would be developed for professionals on behaviour change including a toolkit on nudge theories to encourage healthy behaviours. A bespoke development session would be delivered for leaders on delivering behaviour change

8.2 The following points were discussed and noted:

- The Chair endorsed the approach and asked how hard to reach groups would be targeted; the Deputy Director of Public Health replied that work was being done with Primary Care to target work demographically, as well as geographically. Prioritising workforces who worked with particular communities would support with targeting work.
- There was a discussion about the approach to diabetes in the East of England. At that time, 85% of resources were dedicated to point of treatment, and only 2% dedicated to prevention and therefore queried whether enough was being invested in prevention.
- It was noted that charities working to target social isolation would benefit from taking part in this piece of work
- A discussion was held about evaluating success of the project; the Deputy Director of Public Health agreed that it would be a challenge to evaluate the success of this approach, but reassured Members that there was a workstream looking into how this would be done.
- The importance of District Councils in this work was pointed out and a discussion held about the role that leisure centres could play in the approach; Vice-Chair Cllr Bendle suggested that the District Councils Sub-Committee could look into the opportunities for leisure centres to be involved in the prevention and behaviour change approach.
- The role of poverty on population health was noted, and its impact on peoples' ability to access services such as leisure centres and healthy food. The Deputy Director of Public Health replied that people in poverty would be targeted directly and through work with community groups through a holistic approach, avoiding a "blame game".
- Liam Stevens discussed the term "hard to reach group"; he felt that the term placed the responsibility to be reached on the people, rather than on the professionals to reach them, and suggested that a more appropriate term was "those most in need".

- Cllr Rudd shared creative approaches to helping people stay active in East Suffolk.
- A suggestion was made that there needed to be a cultural shift in organisations dealing with the health of public to demonstrate behaviours beneficial to health.
- The Director of Public Health summed up the discussion:
 - This strategy was an individualistic behaviour-based set of strategies, focussing on individual lifestyle choices.
 - The council had not yet been notified of the Public Health grant for 2021 therefore the strategy was based on the budget announcements made in September 2019.
 - There was an ambition for a tiered approach of training; support to patients would be available digitally and via health coaching to recognise the different approaches needed for different people.

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

- a) **Endorse** the agreed approach.
- b) **Endorse** the engagement of Health and Wellbeing Board members in a bespoke development session for senior leaders on incorporating behaviour change at a policy level to support population level health improvement.
- c) **Embed** the approach within their own organisations by promoting behaviour change training for frontline workers.
- d) **Utilise** opportunities to promote messages and activities that support the prevention agenda within the workforces of member organisations.

9. Joint Health & Wellbeing Strategy – One-Year On

9.1 The Health and Wellbeing Board (HWB) received the report providing an opportunity to review progress of the Joint Health and Wellbeing Strategy launched in late 2018 and agree future action to support its delivery.

9.2 The following points were discussed and noted:

- The inclusion of the district council sub-committee case study was noted as positive.
- Involving Local Delivery Groups in the planning moving forward was suggested.
- A discussion was held about measuring success of the strategy by looking at behaviour change, for example, whether organisations were working in partnership more. It was felt that the case studies included in the report demonstrated that they were. The Head of Public Health Performance & Delivery agreed that ongoing self-evaluation was important and felt that more challenging conversations were now being held.
- Vice-Chair Cllr Bendle noted the difficulty of evaluating prevention, however, believed that prevention work carried out so far had saved money and could be extended further.
- Jon Clemo left the meeting at 10:31
- Prevention work would continue with more discussion on roles for organisations in communities as anchor institutions and thinking about public sector spend, supply chains, being leaders in communities and how organisations contributed to and could increase health and wellbeing in public areas.
- The Director of Public Health discussed the reports on progress of the Better Care Fund (BCF) spend; the Executive Director of Adult Social Care was looking to receive more input on development of the BCF strategy from the Health and Wellbeing Board.

9.4 The Health and Wellbeing Board

- a) **CONSIDERED** the progress made to achieving the ambitions of the Joint Health and Wellbeing Strategy and **COMMITTED** to taking further action to drive forward and embed the ambitions of the Joint Health and Wellbeing Board Strategy within partners own organisations and partnership activity.
- b) **DISCUSSED** and **AGREED** the proposed areas of focus for the HWB in 2020/21

(outlined in section 3.4 of the report).

The Board held a break from 10:35 until 10.58

9b Coronavirus/Covid-19 verbal update

- 9b.1 The Director of Public Health gave an update to the Board on Coronavirus
- Coronavirus, or Covid-19, was a respiratory spread virus which started in China in early January 2020. An epidemiological peak had been seen in China and the numbers of reported cases there were now dropping. Outbreaks had been seen in other countries in recent weeks.
 - Chief Medical Officers had put out briefings and the lead for response came from the Government. The Cabinet Office for Briefings (COBRA) had discussed the response and a joint action plan setting out the phases of response had been published by the Chief Officers of the UK.
 - The Norfolk Resilience Forum would plan for risks to health and the Norfolk population.
 - The national response at that time was containment. As such, information was being promoted on hand washing and “Catch it, Bin it, Kill it”, and advice was available on the Department of Health website on what to do following travel to affected areas
 - Public Health was working with organisations to get information and advice to the public on handwashing, what to do if concerned, exposed or testing was required. Community testing facilities had been set up.
 - A communications approach was being developed in line with national guidance.
- 9b.2 The following points were discussed and noted
- Vice-Chair Cllr Bendle requested that district councils received the most up to date information to distribute to parish councils.
 - Alan Hopley also requested that messages be circulated to voluntary organisations who wanted to give consistent and accurate messages to staff working with the public
 - The Executive Lead, Norfolk and Waveney Health and Care Partnership encouraged Board members to use reliable sources of information such as the NHS and World Health Organisation websites; the NHS was actively planning for every eventuality.

10. CCG Annual Reports 2019/20 Sign-Off – Draft extracts relating to the Joint Health & Wellbeing Strategy

- 10.1 The Health and Wellbeing Board (HWB) received the report setting out the draft narrative from each Clinical Commissioning Group (CCG) in Norfolk and Waveney, prepared for their 2019/20 Annual Reports, about how they have supported and contributed to the delivery of HWB priorities (as set out in the Joint Health and Wellbeing Strategy).
- 10.2 The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that local level reporting (from the Local Delivery Groups) would be taken up as part of the 2020/21 report.
- 10.3 The Health and Wellbeing Board **AGREED** the narratives.

11a. Health & Care Partnership for Norfolk & Waveney: a) Health and Care System Plan 2019-2024 update

- 11a.1 The Director of Special Projects, Norfolk and Waveney Health and Care Partnership, gave a presentation to the Board (please see presentation via [this link](#)):

- The Plan was submitted in November 2019 and good local and regional feedback was received; Norfolk and Waveney's plan had been recognised nationally as having the best level of public engagement.
- Officers were now in the process of writing the 2020/21 operational plan, based on the 3 system goals in the Health and Care System Plan.
- There would be investment in out of hospital care, GPs in primary care and increase in GP appointments.
- It was necessary to meet the mental health investment standard, therefore investment in mental health would be increased.
- Of the 133 objectives, prevention was the main theme.

11a.2 The following points were discussed and noted:

- Alan Hopley updated the Board on the voluntary sector assembly which would be launched shortly; the assembly aimed to be fully engaged with local delivery groups and would involve key workstreams on topics, such as reducing hospital admissions. It would work with the Sustainability and Transformation Partnership (STP), Norfolk County Council and other key groups and organisations to develop its approach to community engagement.
- Dan Mobbs raised issues for poorly paid carers such as debt and right to reside; the Director of Special Projects, Norfolk and Waveney Health and Care Partnership, replied that officers wanted the wider workforce to feel empowered and encouraged Mr Mobbs to inform the chapter being written on this area.
- Engagement with frontline clinical staff about delivery was discussed; it would be required to demonstrate in each chapter how staff were engaged with and how each piece of work would be clinically led.
- The Director of Special Projects, Norfolk and Waveney Health and Care Partnership, confirmed that there had been discussions about extending the work of the Ageing Well project to work with district councils. She **agreed** to ask Josie Spencer to provide more information to the Board on this piece of work.

11a.3 The Health and Wellbeing Board **NOTED** the presentation.

11b Health & Care Partnership for Norfolk & Waveney: General Update

11b.1 The Health and Wellbeing Board (HWB) received the report providing an update on the progress of the Norfolk and Waveney Health and Care Partnership, including the financial position and performance of our system, how mental health and community teams were being aligned to our Primary Care Networks, support for people to age well and digital transformation. The Executive Lead, Norfolk and Waveney Health and Care Partnership, introduced the report:

- The three acute hospitals in Norfolk and Waveney had the poorest digital systems in the country and investment was being put into improving this.
- In primary and community care, including Norfolk and Suffolk Foundation Trust (NSFT) and general practice, there was good digital infrastructure and additional funding had been received to progress it further.
- There was a commitment for patients to access GP appointments digitally by 1 April 2020. In practices where internet appointment booking had been introduced, waiting lists for GP appointments had reduced from around 4 weeks to 72 hrs and it had helped GPs better manage demand.
- The status of "Digital Accelerator Site" for the East of England had been awarded to Norfolk. This came with £0.25m funding for the current financial year, 2019-20, and £0.5m for the next 4 years to implement changes. £1.1m had been allocated to change Lloyd George notes to digital records.

11b.2 The following points were discussed and noted

- The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed there were plans to integrate across mental health and primary care by co-locating psychiatric nurses and therapists as part of GP teams who would remain part of the Mental Health Trust. Data would be connected across the two organisations either by the Mental Health Trust using SystmOne or by looking into different options.
- The Executive Lead, Norfolk and Waveney Health and Care Partnership, agreed to discuss with Cllr Alison Webb concerns raised at a surgery in her area over wait times on the digital system.

11b.3 The Health and Wellbeing Board:

- a) **CONSIDERED** what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face.
- b) **AGREED** to **SUPPORT** the continued development of our Primary Care Networks, including the planned integration of mental health and community teams.
- c) **AGREED** to **SUPPORT** the continued development of our Network Escalation and Avoidance Teams so that we can deliver the two-hour urgent community response and two-day reablement commitments in the NHS Long Term Plan.

The Meeting Closed at 11.54

Chair
Health and Wellbeing Board



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5. PUBLIC QUESTIONS TO HEALTH AND WELLBEING BOARD: WEDNESDAY 4 MARCH 2020

5.1 Question from Sue Vaughan

The Marmot Review, 10 Years On, describes disturbing trends in health inequalities nationally and lists actions needed to improve equity.

Using the Norfolk JSNA Database, can you detect any trends which cause concern in the areas highlighted by Professor Marmot and if so, please can these be made public along with a description of what you can add to the Joint Health and Wellbeing Strategy to further address the inequalities?

For those issues where it is only central government that can begin to reverse the damage caused by austerity, it would be good to let the public know what you will be saying to Mr Johnson and his team.

Response from Chairman of Health and Wellbeing Board

We publish a Joint Strategic Needs Assessment for Norfolk which is publicly available and has information about the health and wellbeing of Norfolk's population. Through the DPH Annual Report we have explored the trends in Norfolk; the 2018 report explored the health profile of people living in Norfolk, and the recently published 2019 report examines what it is like for children and young people growing up in the County. Both reports are publicly available on the Norfolk Insight website. Also within the public domain, Public Health England Health Inequalities Dashboard provides information on the areas highlighted by Professor Marmot, and the dashboard provides the function to drill down to county level data.

The Joint Health and Wellbeing Strategy already identifies 'tackling inequalities in communities' and 'prioritising prevention' as a two of the three strategic priorities for our system which we are seeking to address. The recent Sustainability and Transformation Partnership's draft five-year Health and Care System Plan 2019-24 has also been developed to reflect these priorities, and has identified as one of its three key goals "To make sure that people can live as healthy a life as possible" with approaches to address the wider determinants of health and to reach out to people who are at greater risk of becoming ill to address some of the health inequalities we have in Norfolk and Waveney.