

**Health and Wellbeing Board**  
**Minutes of the meeting held on Wednesday 27<sup>th</sup> September 2017 at 9.30am**  
**in the Edwards Room, County Hall**

**Present:**

Cllr Bill Borrett (in the Chair)	Norfolk County Council
Cllr Yvonne Bendle	South Norfolk District Council
Cllr David Bills	Norfolk County Council
Cllr Paul Claussen	Breckland District Council
Melanie Craig	NHS Great Yarmouth and Waveney CCG
Dr Joyce Hopwood	Voluntary Sector Representative
Sarah Jones	Norfolk County Council
Dr Ian Mack	West Norfolk CCG
Antek Lejk	North Norfolk CCG
Cllr Kevin Maguire	Norwich City Council
Cllr Elizabeth Nockolds	Borough Council of King's Lynn and West Norfolk
Cllr Maggie Prior	North Norfolk District Council
Dr Janka Rodziewicz	Voluntary Sector Representative
Dr Louise Smith	Norfolk County Council
Alex Stewart	Healthwatch Norfolk
Dr Gavin Thompson	Police and Crime Commissioner's Office
Catherine Underwood	Norfolk County Council
Tracy Williams	Norwich CCG

**Invited Guests also present:**

Christine Allen	James Paget University Hospital
Rt. Hon Patricia Hewitt	Independent Chair, STP Chair's Oversight Group
Tony Osmanski	East Coast Community Healthcare
Gary Page	Norfolk and Suffolk NHS Foundation Trust

**Officers present:**

Linda Bainton	Norfolk County Council
Jane Harper Smith	STP Programme Director
Alison Leather	Director of Quality, South Norfolk CCG
Jonathan Stanley	CAMHS Strategic Commissioner

**1 Apologies**

- 1.1 Apologies were received from Mr W Armstrong (Healthwatch), Cllr P Carpenter (Norfolk County Council), Cllr Andrew Proctor and Cllr Roger Foulger (Broadland District Council), ACC Paul Sanford (Norfolk Constabulary), Dr Wendy Thomson (Norfolk County Council), Cllr Andy Grant (Great Yarmouth Borough Council), Simon Evans Evans (NHS England), Roisin Fallon Williams (Norfolk Community Health and Care), Dan Mobbs (Voluntary Sector Representative), Lorne Green (Police and Crime Commissioner) and Jonathon Williams (East Coast Community Healthcare).

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

- 2.1 The Chairman welcomed Rt. Hon Patricia Hewitt to the meeting who had been invited in her capacity as Independent Chair, Norfolk & Waveney Sustainability & Transformation Plan (STP) Chairs Oversight Group.
- 2.2 The Board were informed that Vice Chair, Dr Ian Mack would be standing down as Chair of the West Norfolk CCG and therefore this would be his last meeting. Dr Mack had been a member of the Board since its very first meeting in April 2013 and had taken a full and active part in the Board's business. In particular Dr Mack had worked as one of the Board's two Vice Chairs ever since the role was introduced in July 2013. On behalf of the Board the Chairman placed on record his thanks for the significant contribution that Dr Mack had made to its work. It was noted that the Board would need to hold an election for the role of Vice Chair at its next formal meeting in February 2018.

## **3. Minutes**

- 3.1 The minutes of the Health and Wellbeing Board (HWB) held on 12<sup>th</sup> July 2017 were agreed as a correct record and signed by the Chairman.

## **4. Action points arising from the minutes**

- 4.1 The Board noted that the Chairman and Vice Chairs had met on 4 September 2017 in order to sign off the BCF Plan 2017-19 in time for its submission to NHSE on 11 September. The BCF submission had now been published on the Health and Wellbeing Board page of the website, and a briefing note for Board members had been circulated. The Chairman reminded the Board that a link to the BCF submission was provided at the bottom of the agenda.
- 4.2 In response to a query regarding concern that at a national level the LGA and ADASS (Association of Directors of Adult Social Services) had withdrawn their support for the BCF guidance, Catherine Underwood confirmed that she was aware that the process for approving plans was being undertaken and the assessment was that this was not impacting on the process locally.
- 4.3 The Chairman reminded the Board that further information had been provided to Board members regarding the following matters, which had been raised at the last meeting:
- Accidents and Deliberate Injuries in Children and Young People
  - Awareness amongst GPs about the Slimming World voucher scheme in GP practices
  - Health and Wellbeing Board Stakeholder event
  - Suicide Prevention learning Event

## **5. Declaration of Interests**

- 5.1 There were no interests declared.

## **6. Health and Wellbeing Board governance, system leadership and forward plan**

- 6.1 The annexed report (6) was received which outlined the governance arrangements currently in place for the Board, including membership, terms of reference, current ways of working, substructures and appointments to other bodies. It also outlined the Board's

relationship with other bodies and key partnerships and groups. The report invited the Board to consider and make comments on the current arrangements and to make a number of proposals.

**6.2 During the ensuing discussion the following issues were raised:**

- Members of the Board, and their partner organisations, were welcome to bring forward suggestions for consideration on the forward plan of future issues
- It was noted that it was vital that the Board had a significant role in working with the NHS and the social care system moving the health and wellbeing agenda forward, acknowledging that 'health' was more than health services, it was also about wellbeing. The fact that the Board was held in public added to its strength and the report represented an opportunity for the Board to cement this role further.
- An issue was raised about the fact that the voluntary sector were not represented at a Vice Chair level on the Board, nor were they represented on the STP. It was agreed that consideration would be given to this and it would be brought back to the next meeting.
- The Chairman said that the Health and Wellbeing Board website had now been improved and updated and previous reports could now be accessed by subject matter on the Health & Wellbeing Board page of the County Council's website.

**6.3 The Board RESOLVED to:**

- 1 Agree that the Rt. Hon Patricia Hewitt, recently appointed Chair of the N&W STP Oversight Group, be invited to join Board meetings (para 2.3) and that all appointments to the Board are reviewed by the partner organisation on an annual basis (para 2.4)
- 2 Agree the Board's updated terms of reference and recommend that Norfolk County Council be asked to consider amending its constitution accordingly (para 2.6 and Appendix B)
- 3 Agree the proposed terms of reference for the Chair and Vice Chairs Group, including encompassing the role of the Better Care Fund Sub Group and overseeing the development of the HWB's next Joint Health & Wellbeing Strategy (paras 2.12 & 2.14 and Appendix C)
- 4 Confirm the close of the Strategy Implementation Group (para 2.13)
- 5 Confirm the HWB's nominations to other committees (para 2.15)
- 6 Confirm all participant members sign up to the agreed ways of working as system leaders (para 4.3)
- 7 Agree the draft Forward Plan (para 5.3 and Appendix E)

**7 Sustainability and Transformation Plan (STP)**

**7.1 Introduction from the Independent Chair**

7.2 In introducing the report the Rt. Hon Patricia Hewitt thanked Dr Wendy Thomson for the early work that she had undertaken in the development of the STP and confirmed that she would remain on the STP Executive Team.

7.3 Ms Hewitt informed the Board that the Oversight Group was not a statutory body but had a key influencing role in bringing together a large number of statutory bodies from health and

social care. There was a focus on prevention and keeping people in their homes longer and the STP was about leading services towards that vision, promoting closer working and integration across the system. Ms Hewitt also referred to the need to improve public consultation and engagement as well as looking at ways to involve the voluntary sector in the work of the STP. She reiterated that the Oversight Group was not intended to provide a further level of bureaucracy in the system and had clear links to the Health and Wellbeing Board in that they both aimed to enable people to lead the healthiest lives possible.

#### 7.4 **STP Update - focus on implementation (report and presentation)**

7.5 In introducing the report, which outlined the main transformation deliverables, Antek Lejk said that the STP now needed to move to its next phase and focus on delivery and implementation. He confirmed that there was also a need to make changes to the governance and that the STP 'journey' needed to take our health system into much closer integration with our social care system. Mr Lejk stated that the immediate system priority for now, and the rest of the year, that the STP would be focused on was accident & emergency, however the challenge would be to not lose sight of the longer term priorities and the prevention agenda. He emphasised that all of the bodies on the Health & Wellbeing Board had a key role to play.

7.6 The STP Programme Director gave a presentation which provided a summary of key elements of the STP Implementation plan, which was due to be published shortly.

A copy of the presentation can be found on the County Council's website at:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/587/Committee/39/Default.aspx>

7.7 During the ensuing discussion the following issues were raised:

- While not all partner organisations would be involved directly on the STP Executive, everyone needed to be engaged in the delivery of STP workstreams.
- It was important to look at longer term prevention and the impact of good quality housing on improving both physical and mental health. In relation to prevention, HWB partners were encouraged to ask the question "How can my organisation help?"
- The role of the district councils in delivering some of the STP priorities was discussed as was the district councils engagement with the STP overall. Members noted that work was already being undertaken by some district councils, for example, around social prescribing in local communities.
- It was considered helpful for the HWB to have a report on what the different district councils did in relation to this as it could serve to encourage innovation and the sharing of good practice. It was agreed that a document be produced by all the district councils outlining what the current projects/activities being undertaken across Norfolk that were, or could be, supporting delivery of the STP.
- The Voluntary, Community and Social Enterprise Sector (VCSE) were keen to engage with the STP at all levels and, for example, had a role in relation to social

prescribing.

- In relation to further public engagement, there was a need to look at the learning from the Accountable Care Organisations (ACOs).
- The HWB noted that Waveney District Council were represented on the Suffolk Health and Wellbeing Board and were also a member of the Norfolk & Waveney STP Stakeholder Board.

#### **7.8 The Board resolved to:**

- 1) Note the report
- 2) Ask that the HWB/member organisations identify actions they could take to accelerate progress on delivering the changes necessary to deliver sustainable services.

#### **8. Local Transformation Plan for Norfolk and Waveney 2017-18 (Children and Young People's Mental Health)**

8.1 The annexed report (9) was received by the Board. It asked them to approve the refreshed CAMHS Local Transformation Plan (LTP) 2017-18 and endorse the proposed LTP priorities for the next two years.

8.2 During the ensuing discussion the following issues were raised:

- It was acknowledged that the key national expectation/target that by 2020/21 at least 35% of children with a diagnosable mental health problem would be able to access support and treatment, was still too low. In response the CAMHS Strategic Commissioner said that the ambition in the LTP for Norfolk and Waveney was that this target would be higher, although it was acknowledged that they could only do as well as they could within the resources available.
- In response to an issue raised it was acknowledged that there were too many pathways for children and young people and their parents and teachers to access care and treatment. The service was looking at ways to improve this and was looking at a re-design which would move away from the traditional 'Tiers' structure towards a single point of contact for advice, referrals etc. for people to access services.
- As part of the CAMHS re-design project consideration was being given to a potential new model of service delivery based on the 'Thrive' model. The Board asked to be consulted on the new 'Thrive' service model and to receive an update on the new governance arrangements as part of the Board's consideration of the CAMHS re-design at the May 2018 HWB meeting.
- Different mediums of support for children and young people with mental health needs were available, including social media and a peer to peer texting support number.
- It was noted that there were a number of factors that could increase the likelihood of

children and young people being more at risk of mental health problems, including poverty and poor housing.

- The Board were informed that a Government green paper on child and adolescent mental health was expected in December 2017, which would present mandatory waiting time standards. This was welcomed however it was acknowledged that locally waiting times were significantly better than the national average.
- It was noted that plans were underway to streamline overall governance arrangements through the proposal of a single, joint commissioning committee.

### **8.3 The Board RESOLVED to:**

- 1) Endorse the refreshed LTP
- 2) Recommend that the 5 CCGs and NHS England approve and sign off the Plan

## **9. Hospital Discharge in Norfolk**

9.1 The annexed report (8) was received. The report considered the importance of timely and effective hospital discharges in allowing people to continue to recover their wellbeing after a hospital stay and noted the evidence from a national review by Healthwatch of where difficulties may arise. It also provided summary data about delayed discharges from hospitals across the Norfolk system

9.2 During the ensuing discussion the following issues were raised:

- Following a query, it was agreed to circulate further information relating to the review of the involvement of the voluntary sector in the multi-disciplinary and multi-agency discharge teams in the High Impact Change (HIC) plan and the timescales involved.
- There was a need to be more proactive around ensuring the wellbeing of older people when they went back home as well as focussing on avoiding admissions to hospital in the first place.
- The need to build and maintain effective relationships between partner organisations was seen as being key to improving both admissions to and timely and effective discharges from hospital as it was clear that no one organisation was responsible.

### **9.3 The Board RESOLVED to:**

Consider the existing performance and commitments.

## **10. Transforming Care Partnership - Services for Adults with a Learning Disability**

10.1 The annexed report (10) was received which asked the HWB to receive and respond to the end of 1<sup>st</sup> year report of the Norfolk and Waveney Transforming Care Partnership (TCP).

10.2 During the ensuing discussion the following issues were raised:

- Members noted that the focus for next year was on the fact that it was an all-age programme, and the need to ensure consideration of the children and young people element, as well as on alternative housing solutions.
- The Care Act was clear about statutory responsibilities to support 'wellbeing'. It formed part of the conversations with those who received support and also being creative in considering ways to support them eg digital opportunities.
- The Board noted that there was a slightly lower life expectancy for people with learning difficulties and considered it useful to understand the level of Physical Health Checks across Norfolk. It was suggested that Health Overview & Scrutiny Committee could be asked to investigate the level of health checks being undertaken across Norfolk and what is being done about those people not coming forward for their checks.
- The Board were interested in the alignment between health needs and housing stock and agreed that the TCP housing strategy be circulated to all members.

### 10.3 **The Board RESOLVED to:**

Agree to endorse the next steps for CCG governing bodies and local authority partners, as recommended by the end of year report:

- 1) Development of a local Risk Share Agreement across NCC/Strategic Commissioning Committee, CCG's and Specialised Commissioning Group (SCG) for people with a learning disability and/or autism with challenging behaviour.
- 2) Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.
- 3) To support an increase in the use of integrated Personal Health and Social Care Budgets.
- 4) To transfer the Transforming Care database to BroadCare.
- 5) To agree a budget to support co-production for the remainder of the programme.

### 11. **Any other business**

- 11.1 The Chairman noted that there were a number of bodies who were either absent from the meeting or who had not nominated a substitute members. It was agreed to write to those bodies not represented at the meeting to remind them that they could nominate a substitute if they were unable to attend.

**The meeting concluded at 12.20am**

**Chairman**