

Health and Wellbeing Board

Minutes of the meeting held on 10 March 2021 at 09:30am on Microsoft Teams (virtual meeting)

Present:

Cllr Yvonne Bendle
Cllr Bill Borrett*

Geraldine Broderick
Alan Brown
James Bullion
Cllr Alison Cackett
Adam Clark
Jonathan Clemo
Pip Coker
Melanie Craig

ACC Nick Davison
Dr Anoop Dhesi*
David Edwards
Cllr John Fisher
Cllr Emma Flaxman-Taylor
Cllr Virginia Gay
Rt Hon Patricia Hewitt
Alan Hopley
Ian Hutchison
Hilary MacDonald
Cllr Elizabeth Nockolds
Mark Robbins
Dr Louise Smith
Gavin Thomson
Sara Tough
Cllr Alison Webb
David White
Cllr Fran Whymark
Tracy Williams

Representing:

South Norfolk District Council
Cabinet member for Adult Social Care, Public Health and Prevention,
Norfolk County Council (NCC)
Norfolk Community Health & Care NHS Trust
Queen Elizabeth Hospital NHS Trust
Adult Social Services, (NCC)
East Suffolk Council
Norwich City Council
Voluntary Sector Representative
Norfolk & Suffolk NHS Foundation Trust
Norfolk and Waveney Health and Care Partnership (Executive Lead)
& NHS Norfolk & Waveney CCG (Clinical Commissioning Group)
Norfolk Constabulary
NHS Norfolk & Waveney CCG
Healthwatch Norfolk
Cabinet member for Childrens Services and Education, NCC
Great Yarmouth Borough Council
North Norfolk District Council
Norfolk and Waveney Health and Care Partnership (Chair)
Voluntary Sector Representative
East Coast Community Healthcare CIC
Voluntary Sector Representative
Borough Council of King's Lynn & West Norfolk
Cambridgeshire Community Services NHS Trust
Director of Public Health, NCC
Office of the Police and Crime Commissioner for Norfolk
Children's Services, NCC
Breckland District Council
Norfolk & Norwich University Hospital NHS Trust
Broadland District Council
NHS Norfolk & Waveney CCG

Officers Present:

Hollie Adams
Hannah Bailey

Paula Boyce
Christopher Butwright
Nick Clinch
Stephen James
Sarah Oldfield
Anne-Louise Ollett
Nicole Rikard
Bethany Small
Lewis Spurgin
Jamie Sutterby
Stephanie Tuvey

Role / Organisation

Committee Officer, Norfolk County Council
Policy Manager Health and Wellbeing Board & Adults Wellbeing,
Norfolk County Council (NCC)
Strategic Director, Great Yarmouth Borough Council
Assistant Director Public Health Prevention & Policy, NCC
Assistant Director Social Care & Health Partnership Commissioning
Breckland District Council
Policy and Partnerships Officer, Broadland & South Norfolk Council
Advanced Public Health Information Officer, NCC
East Suffolk District Council
Commissioning Manager, Adult Social Services, NCC
Senior Epidemiologist, Public Health, NCC
South Norfolk District Council
Advanced Public Health Officer (Health & Wellbeing Board)

1. Apologies

- 1.1 Apologies were received from Tony Goldson (Norfolk and Waveney Health and Care Partnership Oversight Board), Lorne Green (Gavin Thompson substituting, Rachel Hawkins (Mark Robbins substituting), Sam Higginson (David White substituting), Anna Hills, Cllr Beth Jones (Adam Clark substituting), Dan Mobbs (Hilary MacDonald substituting), Cllr Mary Rudd (Cllr Alison Cackett substituting), Caroline Shaw (Alan Brown substituting), Josie Spencer (Geraldine Broderick substituting) and Jonathan Warren (Pip Coker substituting).
- 1.2 Also absent were Cllr Stuart Dark, Neville Hounsome (Norfolk and Waveney Health and Care Partnership Oversight Board) and Sanjay Kaushal.

1a Point of order

- 1a.1 The Committee agreed to take item 6, "Public Questions" first, and then return to the running order of the agenda.

2. Public Questions

- 2.1 Two public questions and one supplementary question had been received and the responses to these questions had been uploaded and circulated: [click here to view questions and responses](#).
- 2.2 Clare Smith asked a supplementary question at the meeting. To view this, [please view the list of public questions and responses](#)

3. Chair's Opening Remarks

- 3.1 The Chair thanked all Members and officers for attending the meeting, noting the difficult times being experienced across the system because of the Covid-19 pandemic.

4. Minutes

- 4.1 The minutes of the meeting held on 14 October 2020 were agreed as an accurate record.

5. Actions arising from Minutes

- 5.1 A presentation by NSFT was suggested for a future meeting.
- 5.2 The welcome support given by volunteers across Norfolk with the pandemic effort was noted.

6. Declarations of interest

- 6.1 No interests were declared.

7. Health and Wellbeing Board Covid-19 update

- 7.1.1 The Health and Wellbeing Board received the report and presentation providing an update

on Covid-19 health impacts in Norfolk and a verbal update on the local vaccination programme.

- 7.1.2 Lewis Spurgin, Senior Epidemiologist at Norfolk County Council, gave a presentation to the Health and Wellbeing Board on the health impacts of Covid-19 in Norfolk; [see appendix A](#):
- Norfolk had seen fewer cases of Covid-19 compared to the region and nationally
 - A slightly larger second wave had been recorded in Broadland, Great Yarmouth and Norwich than in the other districts in Norfolk.
 - Recorded higher rates of infection in females could be related to differences in employment and would be investigated further.
 - Work would be carried out looking into differences in infection rates among different ethnicities.
 - Looking at infection rates in localities had shown higher infection rates in most deprived areas.

7.2 Cllr Fran Whymark arrived at 9.53. Melanie Craig arrived at 10:00

- 7.3.1 Melanie Craig gave a verbal update on the local vaccination programme:
- Data on vaccinations was published nationally each Thursday.
 - She thanked everyone involved in the local vaccination programme for their hard work.
 - Flexibility was starting to be brought into delivery of the vaccination scheme, such as use of more community pharmacies and the introduction of drive through models.
 - Norfolk County Council had provided two buses from Norse which would be used as mobile vaccination centres to access areas where people were less able to come forward to existing vaccination site and employment sites.

- 7.3.2 Vice Chair Tracy Williams gave a verbal update on the inclusion programme:
- The health inclusion group were reviewing the vaccination programme to ensure groups of the population such as homeless people, Gypsy Roma Travellers, migrants, and people with protected characteristics under the disability act were included.
 - Experience of providing the flu vaccine to these groups would be used in the inclusive approach to providing the Covid-19 vaccination; such as use of buses as mobile vaccination centres and delivering the vaccine via hostels.
 - There was a focus on ensuring that people with learning disabilities, autism or a severe mental illness received their vaccination; visiting vaccination centres could be daunting or difficult for these people as they could be busy and noisy, so accessible clinics would be opened. Pre-vaccination questions would be completed before arrival at the clinic so that individuals could come to the clinic just for the vaccination. People could attend these clinics with a family member or carer if they wanted.
 - All carers receiving carers allowance were being contacted to advise them that they could receive a vaccination. A campaign was being launched to ask carers to register, either online or via phone, in order that they could receive their vaccination
 - Officers were working with Norfolk and Suffolk Gypsy Roma Traveller service to encourage the Gypsy Roma traveller community to take up their vaccinations. All private sites and encampments had been contacted and given information about who was eligible for vaccinations and when. Funding was being used for outreach teams to provide information on sites about how to book and access vaccination centres.

- 7.4 The following points were discussed and noted:
- The good collaboration across the health and care system during the pandemic was noted.
 - Cllr Webb, Breckland District Council, raised issues about the Swanton Morley vaccination clinic; some Dereham residents were unable to access the clinic due to

the low frequency of buses. The Chair reported that the bus service had increased the frequency of buses to support the vaccination programme.

- Melanie Craig reported that there had been a high uptake of the vaccine in the over 80 age group; more vaccination sites were being opened now that it was possible to provide vaccinations in a wider range of sites and more localised sites.
- Information on receipt of vaccines for carers was asked to be sent to District Councils to circulate to residents.
- Vice-Chair Tracy Williams confirmed that the CCG had met with colleagues at Gapton Hall traveller site and knew of the Great Yarmouth Borough Council community champions and the funding received here, some of which would be used to support Gypsy Roma Travellers.
- The Executive Director of Children's Services updated the Board that primary school pupils had returned to school on Monday 8 March 2021 and secondary school pupils would have a staggered return in the week beginning Monday 8 March 2021. Attendance and testing consent had so far been high, and schools were well prepared to manage testing arrangements. Data would not be available until the end of the week, but estimated attendance was around 90%. Feedback had been positive, and the Executive Director of Children's Services thanked all schools and parents.
- The Director of Public Health reported that contact tracing and support would continue for people who needed it. Adults going into workplaces should receive regular tests and there was an ambition that families would be able to book and be supplied with Covid-19 testing kits through a click and collect style system. Companies with over 250 staff were being supported by Government to set up staff testing.
- The Executive Director of Adult Social Services paid tribute to Norfolk Care Association (NorCA) and Norfolk and Suffolk Care Support (NSCS) who had helped with arrangements for the care provider workforce and care continuity during the high levels of staff absence of the Covid-19 pandemic.
- The Chair noted that future peaks depended on adherence to guidelines and therefore the importance of continuing to communicate national and local messages and re-enforcing their importance.

7.5 The Health and Wellbeing Board

- a) **Received** a presentation on Covid-19 Health impacts on Norfolk.
- b) **Received** a verbal update on the local vaccination programme.

8. **NHS Norfolk and Waveney Clinical Commissioning Group Annual Report**

8.1.1 The Health and Wellbeing Board received the report setting out the draft narrative for the NHS Norfolk and Waveney Clinical Commissioning Group (CCG) 2020/21 annual report about how they had supported and contributed to the delivery of Norfolk Health and Wellbeing Board's priorities (as set out in the Joint Health and Wellbeing Strategy).

8.1.2 Dr Anoop Dhesi of NHS Norfolk and Waveney CCG introduced the report to the Health and Wellbeing Board:

- One year ago, the five Norfolk CCGs merged to form the Norfolk and Waveney CCG; this was a move towards an Integrated Care System (ICS) with more collaboration and accountability across the system, and responsibility for providing community services.
- The first priority in the report of having a single sustainable system was highlighted, with partners working together to deliver services for the population in the most effective and sustainable way.
- The healthcare system had been providing services in a different way since the beginning of the pandemic, such as providing virtual and digital healthcare services.

This had accelerated part of the huge transformation change envisaged in the Long-term Plan.

- Joint working and collaboration between organisations within the health sector, local authority, district and borough councils had developed over the past year, and this had been excellently demonstrated in the successful delivery of the vaccination programme.

8.2 The following points were discussed and noted:

- The Executive Director of Adult Social Services welcomed the narrative and noted the link between outcomes and race, income and disability and therefore welcomed the commitment to the health inequalities agenda and hoped that this would be at heart of the ICS.
- Tracy Williams highlighted the enthusiasm across system partners to continue to drive the partnership approach to addressing health inequalities.
- The Chair thanked the Board in recognition that the four fundamental pillars of the Joint Health and Wellbeing Strategy are still so relevant, 3 years after the work to develop the strategy took place.

8.2 The Health and Wellbeing Board **AGREED** the narrative set out in the NHS Norfolk and Waveney CCG annual report.

9. Developing Norfolk and Waveney's Integrated Care System

9.1.1 The Health and Wellbeing Board received the report updating the Board on the development of the Norfolk and Waveney Integrated Care System (ICS).

9.1.2 Rt Hon Patricia Hewitt, the Chair of Norfolk and Waveney Health and Care Partnership, and Melanie Craig, Executive Lead of Norfolk and Waveney Health and Care Partnership, introduced the report to the Health and Wellbeing Board:

- Rt Hon Patricia Hewitt stressed the importance of building on the partnership working which had developed during the pandemic vaccination response and thanked all partners for their work.
- The contribution of district and borough councils to the ICS and combatting health inequalities and their close working with primary care networks was noted.
- Due to workload of the pandemic and vaccination programme it was not possible to finalise arrangements for a new ICS Partnership Board for April 2021. Therefore, the membership of the Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group would be rolled over as an Interim Partnership Board while discussions around structure and governance of the ICS continued. The Interim Partnership Board would hold meetings in public from April 2021 every other month.
- The ICS was a partnership with leadership at every level, and the Health and Wellbeing Boards and their strategies were crucial in setting the ICS framework and holding the ICS to account locally.
- The Department of Health and Social Care White Paper had been published in January 2021. Changes in governance and accountability in line with the proposed legislation would be brought in if it was passed. Further guidance was being awaited on the transition in Spring 2021 followed by a transition to become an ICS in line with the new legislation in 2022.
- Dental, optometry, pharmacy and GP practice services were nationally commissioned at that time but, with the new legislation, would become the responsibility of the ICS and allow services to become more integrated.
- There was a move towards integration and collaboration; legislation would allow partners to move away from competition and regulation, which would help the NHS to

integrate with itself, social care, public health and other organisations.

- It was noted as vital to focus on the health and care outcomes for people across the county as well as ICS governance and framework.
- Primary Care Network Clinical Directors and teams had integrated and collaborated with partners across the system

9.2 The following points were discussed and noted:

- The long-standing deficit of the Norfolk and Waveney NHS budget was noted; negotiations with the NHS and Treasury were in progress and therefore the 2020-21 budget was being rolled over into the 2021-22 financial year. Despite Norfolk having pockets of deprivation, as the area was not deprived as a whole it was not likely to be the focus of future funding allocations; partners would need to continue transforming services to be more efficient in the way they used resources.
- The reform of Social Care was still outstanding meaning that there was not equality related to the resources that Social Care could bring to the partnership.
- The Executive Director of Adult Social Care noted the good work of the Discharge to Assess process, however there was a local and national challenge around how this could continue without funding.
- The Board expressed concern on how the white paper proposals on procurement aligned with the general direction of travel for social care procurement in the future from the green paper. The Council and the NHS were both submitting responses to the proposals.
- The Norfolk and Norwich University Hospital representative was concerned that setting up a separate ICS board would duplicate bureaucracy by having a parallel body to the HWB. The Chair of Norfolk and Waveney Health and Care Partnership clarified that it was proposed to have an ICS NHS Body and an ICS partnership board and more work was needed to discuss how these would work alongside the Health and Wellbeing Board and other parts of system.
- Vice-Chair Cllr Bendle noted that the new ICS structure would make it easier for partners to work together and within Primary Care Networks.
- Voluntary Sector Representative Alan Hopley reported that voluntary sector partners were pleased that they would be represented on the new ICS board and hoped that they would be equitable partners.
- The Executive Director of Children's Services pointed out that there was little reference in the white paper to children and young people but noted the strong local Children's system which was seeking to work collaboratively with partners.
- The proposals in the white paper to ensure District and Borough Councils would continue to be involved in the ICS was noted as positive.
- The Chair welcomed the enthusiasm and support for the process expressed by Members of the Board and felt that the health outcomes could be delivered through partners working together. He also noted that the national plan for Social Care was key to ensure parity moving forward.
- The Chair discussed the County Council's response to the green paper as discussed at bullet point 4 above and suggested that the HWB endorse this approach. The Executive Director of Adult Social Care suggested that the Norfolk County Council submission to the green paper was amended to say that Health and Wellbeing Board Partners saw the contradiction between the two approaches and the need for alignment. The Health and Wellbeing Board **agreed** with this approach.
- The Director of Public Health noted that proposals for the creation of a National Institute of Health Protection and reorganisation of Public Health was another area where the Board was awaiting information on health reforms and **asked** the Executive Director of Adult Social Care to add this into the NCC response to the green paper.

10.2 The Health and Wellbeing Board

- a) **RECOGNISED** the progress made by our partnership as we become an integrated care system.
- b) **SUPPORTED** the proposed engagement process to develop our partnership working at a more local level.

11. Joint Strategic Needs Assessment Work Plan for 2021/2211

- 11.1.1 The Health and Wellbeing Board received the report presenting a summary of work completed during 2020/2021 and proposed work programme for the Joint Strategic Needs Assessment (JSNA) for 2021/22.
- 11.1.2 The Director of Public Health gave a brief introduction to the report:
 - A huge amount of work had been carried out on needs assessment which was publicly available: <https://www.norfolkinsight.org.uk/jsna/document-library/health-and-wellbeing-profiles/>
- 11.2 The following points were discussed and noted:
 - Vice-Chair Tracy Williams requested this data at a primary care level. The Director of Public Health replied that mapping this data at a primary care level was possible but would need to be done manually therefore she suggested that Middle Layer Super Output Area data was used to build up the data.
 - Cllr Nockolds, Borough Council of King's Lynn & West Norfolk, noticed that there was no reference to healthy eating, activity levels and other related data, noting the impact of obesity on the pandemic. The Advanced Public Health Information Officer replied that the working group met monthly to plan work and welcomed comments on where priorities should lay.
- 11.3 The Health and Wellbeing Board
 - a) **ACKNOWLEDGED** for information the progress report for 2020/2021
 - b) **REVIEWED** and **ENDORSED** the proposed JSNA workplan for 2021/2022
 - c) **SUPPORTED** the JSNA working group to deliver the workplan through the liaison group.

12. Norfolk's Better Care Fund: Opportunities for the Future

- 12.1.1 The Health and Wellbeing Board received the report providing an update on the progress of the Better Care Fund (BCF) Review, asking the Health and Wellbeing Board to set the priorities to which the BCF would deliver moving forward, and an update on formally required "End of Year" reconciliation information for national submission.
- 12.1.2 The Assistant Director Social Care & Health Partnership Commissioning gave a presentation to the Health and Wellbeing Board; [see Appendix B](#):
 - The BCF funding was split between health and social care
 - It was intended to share the work of the BCF more openly, and re-baseline it so that full services could be funded. Funding full services would allow outcomes attributable to the BCF to be identified.
 - The BCF was system focussed at that time, and there was an ambition to use it to help places develop and to look at how funding could be shaped by place.
 - There were likely to be national changes to the BCF focussed on prevention, discharge and flow.
 - There were plans to refocus the BCF to be less target based and focus more on system-based priorities and include services relevant to areas including housing.

12.2 The following points were discussed and noted:

- The Norwich City Council representative felt that identifying local priorities would help to shape nuances at local level while still having similarities across the system.
- The Executive Director of Adult Social Services noted that the BCF amount in the report was the minimum as set out by Government; partners could choose to put more funding into the fund to do work as determined by local priorities.
- Vice Chair Cllr Bendle thanked Norfolk County Council and Norfolk and Waveney CCG for the funding to continue with District Direct. Additional Covid Outbreak funding had helped South Norfolk District Council to carry out work at local hospitals.
- The Chair noted the approach to aligning the focus with system priorities. He discussed that the focus on the inequalities and prevention agenda which had been a theme throughout the meeting would be key for this work.

12.3 The Health and Wellbeing Board

- a) **CONSIDERED** the report and directed future delivery priorities of the BCF programme.
- b) **AGREED** to receive “End of Year” reconciliation information on the 20/21 BCF and delegated, to the Chair & Vice-Chairs, decision making on submission to the national team if reconciliation is required between HWB meetings.

12.4 The Chair noted the constructive attitude towards positive working by all present at the meeting and thanked all for their hard work.

The Meeting Closed at 11:49

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



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