

# Norfolk Health & Wellbeing Board

Date: **Thursday 21 July 2022**

Time: **09:30**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

## Representing

Borough Council of King's Lynn & West Norfolk  
Breckland District Council  
Broadland District Council  
Cambridgeshire Community Services NHS Trust  
East Coast Community Healthcare CIC  
East of England Ambulance Trust  
East Suffolk Council  
Great Yarmouth Borough Council  
Healthwatch Norfolk  
James Paget University Hospital NHS Trust  
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 Childrens Services and Education  
Norfolk County Council, Director of Public Health  
Norfolk County Council, Executive Director Adult Social Services  
Norfolk County Council, Executive Director Children's Services  
Norfolk County Council, Leader (nominee)  
Norfolk & Norwich University Hospital NHS Trust  
Norfolk & Suffolk NHS Foundation Trust  
Norfolk and Waveney Integrated Care Board (NHS)  
Norfolk and Waveney Integrated Care Board (NHS)  
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)  
Norfolk and Waveney Integrated Care Board (Chief Executive)  
North Norfolk District Council  
Norwich City Council  
Police and Crime Commissioner  
Queen Elizabeth Hospital NHS Trust  
South Norfolk District Council  
Voluntary Sector Representative  
Voluntary Sector Representative  
Voluntary Sector Representative

## Membership

Cllr Sam Sandell  
Cllr Alison Webb  
Cllr Fran Whymark  
Matthew Winn  
Ian Hutchison  
David Allen  
Cllr Mary Rudd  
Cllr Emma Flaxman-Taylor  
Patrick Peal  
Joanne Segasby  
Christine Futter  
Geraldine Broderick  
ACC Nick Davison  
Cllr Bill Borrett  
  
Cllr John Fisher  
  
Dr Louise Smith  
James Bullion  
  
Sara Tough  
  
Cllr Lana Hemsall  
Tom Spink  
Stuart Richardson  
Tracy Williams  
  
Dr Anoop Dhesi  
Rt Hon Patricia Hewitt  
  
Tracey Bleakley  
  
Cllr Virginia Gay  
Cllr Beth Jones  
Giles Orpen-Smellie  
Caroline Shaw  
Cllr Alison Thomas  
Emma Ratzer  
Dan Mobbs  
Alan Hopley

## Substitute

Cllr Elizabeth Nockolds  
Cllr Sam Chapman-Allen  
Cllr Roger Foulger  
  
Tony Osmanski  
  
Cllr Mark Jepson  
Cllr Donna Hammond  
Alex Stewart  
Anna Davidson  
  
Stephen Collman  
Supt Chris Balmer  
  
Debbie Bartlett  
  
Sarah Jones  
  
Sam Higginson  
  
Cllr Victoria Holliday  
  
Dr Gavin Thompson  
  
Cllr Florence Ellis  
Pete Boczeko  
Hilary MacDonald  
Daniel Childerhouse

## Additional members invited as guests:

Suffolk Health and Wellbeing Board

Cllr Beccy Hopensperger

**For further details and general enquiries about this Agenda please contact the Committee Officer:**

Jonathan Hall on 01603 679437 or email: [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

**Integrated Care Partnership**

Date: **Thursday 21 July 2022**  
Time: **on rise of the Health and Wellbeing Board**  
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

**Representing**

Borough Council of King's Lynn & West Norfolk  
Breckland District Council  
Broadland District Council  
Cambridgeshire Community Services NHS Trust  
Chair of Voluntary Sector Assembly  
East Coast Community Healthcare CIC  
East of England Ambulance Trust  
East Suffolk Council  
Great Yarmouth Borough Council  
Healthwatch  
James Paget University Hospital NHS Trust  
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 Childrens Services and Education  
Norfolk County Council, Director of Public Health  
Norfolk County Council, Executive Director Adult Social Services  
Norfolk County Council, Executive Director Children's Services  
Norfolk County Council, Leader (nominee)  
Norfolk & Norwich University Hospital NHS Trust  
Norfolk & Suffolk NHS Foundation Trust  
Norfolk & Waveney Integrated Care Board (Chair)  
Norfolk & Waveney Integrated Care Board (Chief Executive)  
North Norfolk District Council  
Norwich City Council  
Police and Crime Commissioner  
Primary Care Representatives (1)  
Primary Care Representatives (2)  
Primary Care Representatives (3)  
Primary Care Representatives (4)  
Primary Care Representatives (5)  
Queen Elizabeth Hospital NHS Trust  
South Norfolk District Council  
Suffolk County Council, Cabinet Member for Adult Care  
Suffolk County Council, Executive Director of People Services  
Voluntary Sector Representative (1)  
Voluntary Sector Representative (2)

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# Norfolk Health & Wellbeing Board and Integrated Care Partnership

Thursday 21 July 2022

Agenda

Time: 09:30 - 12:30

**08:45 - 09:25:** There will be a networking opportunity available prior to the start of the meeting in the Edwards Room, (next door to the Council Chamber) at County Hall, Norfolk County Council.

## Norfolk Health and Wellbeing Board

- |  |                                |           |
|--|--------------------------------|-----------|
| 1. Apologies   | Committee Officer              |           |
| 2. Chairman's opening remarks  | Chair                          |           |
| 3. HWB Minutes   | Chair                          | (Page 4)  |
| 4. Actions arising   | Chair                          |           |
| 5. Declarations of interests   | Chair                          |           |
| 6. Public Questions ( <a href="#">How to submit a question: HWB</a> )<br>Deadline for questions: <b>9am, Monday 18 July 2022</b> | Chair                          |           |
| 7. Urgent matters arising  | Chair                          |           |
| 8. Joint Strategic Need Assessment (JSNA) - Statutory responsibilities and Forward work programme (HWB)                          | Louise Smith/ Suzanne Meredith | (Page 12) |

## Integrated Care Partnership

- |  |                                |           |
|--|--------------------------------|-----------|
| 1. Apologies   | Committee Officer              |           |
| 2. Election of Chair for ICP   | Committee Officer              |           |
| 3. Election of Vice Chairs   | Chair                          |           |
| 4. Chairs Opening remarks  | Chair                          |           |
| 5. Minutes   | Chair                          |           |
| 6. Declarations of Interest  | Chair                          |           |
| 7. Public Questions ( <a href="#">How to submit a question: ICP</a> )<br>Deadline for questions: <b>9am, Monday 18 July 2022</b> | Chair                          |           |
| 8. Norfolk and Waveney ICP Governance (ICP)  | James Bullion/ Debbie Bartlett | (Page 15) |
| 9. Nomination of ICP Member to the ICB (ICP)   | Patricia Hewitt                | (Page 28) |
| 10. Integrated Care Strategy update (ICP)  | James Bullion/ Debbie Bartlett | (Page 32) |

## Break and formal close of ICP

## Further Group Discussion

- |  |                                |  |
|--|--------------------------------|--|
| 1. Discussion on findings from commissioned research regarding prevention. | James Bullion/ Debbie Bartlett |  |
|--|--------------------------------|--|

**Further information about the Health and Wellbeing Board** can be found on Norfolk County Councils website at: [About the Health and Wellbeing Board](#)

**Information regarding the Integrated Care Partnership** can be found on the Integrated Care System website at: [About the Integrated Care Partnership](#)

**Health and Wellbeing Board**  
**Minutes of the meeting held on 8<sup>th</sup> June 2022 at 09:30am**  
**in Council Chamber, County Hall Martineau Lane Norwich**

**Present:**

Cllr Bill Borrett  
 James Bullion  
 Cllr John Fisher (until 11.35am)  
 Cllr Alison Webb  
 Cllr Fran Whymark  
 Dr Louise Smith  
 Cllr Mary Rudd  
 Rachel Hawkins  
 Cllr Emma Flaxman-Taylor  
 Patrick Peal  
 Jonathan Barber  
 Christine Futter  
 ACC Nick Davison (until 11.19am)  
 Tracy Williams  
 Dr Anoop Dhesi  
 Graham Nice  
 Rt Hon Patricia Hewitt

**Representing:**

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council  
 Executive Director, Adult Social Services, Norfolk County Council  
 Cabinet Member for Children's Services and Education, Norfolk County Council  
 Breckland District Council  
 Broadland District Council  
 Director of Public Health, Norfolk County Council  
 East Suffolk Council  
 Cambridgeshire Community Services NHS Trust  
 Great Yarmouth Borough Council  
 Healthwatch Norfolk  
 James Paget University Hospital NHS Trust  
 Norfolk Care Association  
 Norfolk Constabulary  
 NHS Norfolk & Waveney CCG  
 NHS Norfolk & Waveney CCG  
 Norfolk Community Health & Care NHS Trust  
 Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate)  
 North Norfolk District Council  
 Police and Crime Commissioner  
 South Norfolk District Council  
 Queen Elizabeth Hospital NHS Trust  
 Voluntary Sector Representative  
 Voluntary Sector Representative

**Officers Present:**

Debbie Bartlett  
 Rachael Grant  
 Stephanie Guy  
 Jonathan Hall

Director, Transformation and Strategy, Adult Social Services, Norfolk County Council  
 Policy Manager, Adult Social Services  
 Advanced Public Health Officer  
 Committee Officer

**Speakers:**

Liam Bannon (Item 11)  
 Geoff Connell (ICP Item1)  
 Alison Gurney (ICP item x)  
 Paul Hemmingway (ICP item x)  
 Amy Lees (ICP Item 1)  
 Diane Steiner (Item 10)  
 Emily Woodhouse (Item 12)

Policy, Research & Equalities Officer, Office of the Police and Crime Commissioner for Norfolk  
 Director of Information Management Technology & Chief Digital Officer, Norfolk County Council  
 Programme Director, Public Health, Norfolk County Council  
 Associate Director of Communications & Engagement, Norfolk & Waveney CCG  
 Social Care Systems Manager, Norfolk County Council  
 Deputy Director of Public Health, Norfolk County Council  
 Business Development Manager, Healthwatch Norfolk

## **1. Election of Chair**

- 1.1 Jonathan Hall, Committee Officer, opened the meeting and invited nominations for the election of Chair of Health and Wellbeing Board (HWB). Cllr Bill Borrett was nominated by Cllr John Fisher and seconded by Dr Anoop Dhesi. There were no further nominations. All in agreement. Cllr Bill Borrett was elected as Chair for HWB for the ensuing year.

## **2. Election of Vice Chair**

- 2.1 Cllr Borrett advised that the HWB has two Vice Chair positions, however the Norfolk and Waveney CCG had yet to nominate their representatives to the Board, so only one election would take place for the election of vice chair from the District Council representatives.
- 2.2 Cllr Alison Thomas was nominated by Cllr Fran Wymark and seconded by Cllr Alison Webb. There were no other nominations. All in agreement. Cllr Alison Thomas elected as Vice Chair for the ensuing year.

## **3. Apologies for absence and details of substitutions**

- 3.1 Apologies were received from Cllr Sam Sandell, Tracey Bleakley, Ian Hutchinson, Emma Ratzer, Tom Spink and his substitute Sam Higginson, Cllr Beth Jones and her substitute Cllr Adam Giles, Cllr Virginia Gay (Cllr Victoria Holliday substituting), Matthew Winn (Rachel Hawkins substituting), Joanne Segasby (Jonathan Barber substituting), Geraldine Broderick and her substitute Stephan Collman (Graham Nice substituting) and Giles Orphen-Smellie (Dr Gavin Thompson substituting).
- 3.2 Also absent was Cllr Hemsall, Sue Cook, Cllr Hopfensperger, David Allen and Stuart Richardson.

## **4. Chair's Opening Remarks**

- 4.1 The Chair welcomed those present and advised that the meeting would be held in three segments as Health and Wellbeing Board (HWB) matters, joint matters for both HWB and Shadow Integrated Care Partnership (ICP) and then finally Shadow ICP only.

## **5. Minutes**

- 5.1 The minutes of the meeting held on 28<sup>th</sup> April 2022 were agreed as a true and accurate record, subject to an amendment that Cllr Mary Rudd had forwarded her apologies. The minutes were signed by the Chair.

## **6. Actions arising from minutes**

- 6.1 None

## **7. Declarations of Interest**

- 7.1 None

## **8. Public Questions**

- 8.1 No questions were received.

## **9. Urgent Arising Matters**

- 9.1 None

## **10. Director of Public Health Annual Report**

- 10.1 The HWB received the annexed report (10) which was introduced by Dr Louise Smith, Director of Public Health, Norfolk County Council.
- 10.2 Dr Smith advised that although Covid was still prevalent, cases had dropped to around 1 in 70 and the current variant caused only mild symptoms in most people. The report provided a data-based summary of the two-year period of Covid and its effects. Diane

Steiner, Deputy Director of Public Health, undertook a presentation which can be [viewed on the committee's website pages](#).

10.3 The following points were discussed and noted:

- All stakeholders within Norfolk and Waveney health sector, had worked together during the pandemic to great effect. Death rates were lower than both the regional and national averages as well as vaccination and testing rates being one of the highest in the country.
- It was hoped the learnings and connections made by stakeholders during the pandemic can be built upon and provide a platform for the new Integrated Care Partnership (ICP), which will be officially created in July 2022.
- The Board thanked Dr Smith for her report and for her calm reassurance across media platforms during the pandemic, reducing much of the anxiety around Covid 19.
- The pandemic highlighted inequalities and it was agreed that moving forward this is an area the HWB needed to target, together with prevention.
- The impact the pandemic had on care sector staff and their families was acknowledged, and that the sector had coped well with new practices and procedures for infection control.
- Dr Anoop Dhesi, a member of the HWB since its inception in 2013, suggested the Board's existence had demonstrated how better local public health initiatives and outcomes had been achieved and the pandemic had brought this position to the fore.
- The report was acknowledged as a useful fact-based tool to take back to stakeholders, such as District Councils, to aid future strategies and action plans.

The Chair concluded, and thanked Dr Anoop Dhesi who was attending the Board for the last time as a representative of Norfolk and Waveney CCQ, before they moved in to the new Integrated Care System (ICS) in July.

10.4 The HWB **agreed to** endorse the Director of Public Health's Annual report.

## **11. Domestic Abuse, Early Intervention and Prevention**

11.1 The HWB received the annexed report (11) which was introduced by Dr Gavin Thompson, Director of Policy, Commissioning and Communications, Office of the Police and Crime Commissioner for Norfolk. The report introduced and advised the HWB on the new Domestic Abuse Strategy for Norfolk, which is in the final phases of consultation and completion. The new strategy reflected the changing landscape in the county, including a growth in reported levels of abuse, new policy drivers and legislation coming into force, and learning from the impact of a concerted range of actions over the past five years.

A presentation was undertaken which can be [viewed on the Committee's website pages](#).

11.2 The following points were discussed and noted:

- It was acknowledged domestic abuse was an issue all stakeholders had to tackle and address together and the causes were multi faceted, with poor housing provided as an example which is outside of the Police and NHS control and budgets.
- The level of abuse in the 16 to 18 years old category was considered shocking and work was required around young adults, particularly male, around healthy relationships and behaviours. It was suggested that working with schools to engage at a very early stage was desirable and work around young people could be linked to the Children and Young People's Alliance initiative (Flourish), which was highlighted at the previous HWB meeting.
- Training, communication and partnership working were all considered to be key elements in helping to tackle the issue of domestic abuse.
- District authorities had all received a share of government funding of £1.8m to provide safer accommodation, with the strategy launched by the County Council in

December 2021. This funding transferred the need to vacate the family home from the victim onto the abuser. This avoids victims having to leave to find safer premises, which often meant a loss of connection with support networks and a change of schools for children.

- Primary care had a domestic abuse champion scheme working with district councils within the domestic abuse support network, which was working well.

### 11.3 The HWB agreed to:

- a) endorse and support the Domestic Abuse Strategy.
- b) identify specific areas where improved or new collaborations between the Board and Norfolk County Community Safety Partnership, can contribute to the delivery of the strategy and the outcomes.

## 12. Prevention Research, Feedback from Healthwatch Norfolk

12.1 The HWB received the annexed report (12), which was introduced by Patrick Peal, CEO Healthwatch Norfolk. The Chair congratulated Mr. Peal, on behalf of the committee, for being awarded a CBE in the recent honours list.

12.2 Healthwatch Norfolk (HWN) was commissioned by Norfolk County Council, on behalf of the HWB, to explore prevention activity in line with the refresh of the Joint Health & Wellbeing Strategy for 2018-22. The report gave an insight into the experiences of Norfolk and Waveney residents in relation to prevention activity and also highlights some of the prevention activity and best practice that had been taking place.

12.3 Emily Woodhouse, Business Development Manager, HWN, gave a presentation which can be [viewed at the committee's website pages](#).

The following points were discussed and noted:

- The definition of prevention as presented was thought to be simple, clear and concise and should be agreed upon by all stakeholders as part of the strategy.
- Prevention is often pushed to the backburner when more immediate, urgent actions are required and, as a result, resource is not always allocated to prevention activities.
- Prevention needs to be evaluated correctly so, when funding is allocated, it can be seen as being essential and add value for money as apposed to something desirable to do.
- It is hoped, within the new ICS, prevention will have more focus at system level.
- It was acknowledged, within primary care, the system had competing priorities – appointments and urgent care, continuing care for long term conditions, and lastly prevention. With pressures on the system, it was sometimes difficult to progress onto the prevention agenda.
- In Norfolk, IT platforms had played an important part in linking and focusing work and should be considered a success.
- The NHS had a proportional universalism approach (i.e. targeted monies where the best effects can be achieved, and this should be generally aimed at the lowest 20% of areas where the highest deprivation is seen).
- During the pandemic individuals lost their 'people networks' due to restrictions and, as a result, placed more pressure on primary care. These networks should be seen as having an important role to play in prevention.
- It was suggested, within the new ICB, the levers to encourage a focus on prevention should be established and the HWB should address this issue as part of the strategy.

## 12.4 The HWB **agreed to:**

- a) endorse the findings of the report.
- b) create an action plan for incorporating findings into the Strategy refresh.

### **The Chair closed the Health and Wellbeing Board meeting at 11.09am.**

The meeting moved on to Integrated Care Partnership (ICP) matters only and the Chair Designate reminded members that the meeting was being held in shadow form and any decisions or recommendations would require formal ratification at the first inaugural meeting of the ICP in July 2022.

## **13. Tell Your Story Once: Norfolk & Waveney Shared Care Record (ICP 1)**

13.1 The ICP received the annexed report (13) which was introduced by James Bullion, Executive Director of Adult Social Services, Norfolk County Council.

The NHS has mandated that every ICS across the country should develop and implement a full digital shared care record, so health and care professionals have a shared view of health and care information about an individual. In Norfolk & Waveney, the digital shared care record will be provided by Intersystems and take in information from partner organisations' line-of-business systems. Ten health and care partners in Norfolk & Waveney have signed a partnership agreement which made an active commitment to collaborative working, shared costs (apportioned appropriately), and sharing of information from their line-of-business systems into the digital shared care record. Work is due to start on this project imminently with a view to implementing the shared care record in Norfolk & Waveney in the latter half of 2022.

Geoff Connell, Director of Information Management Technology and Chief Digital Officer, and Amy Lees, Social Care Systems Manager, Norfolk County Council, gave a presentation which can be [viewed on the Committee's website pages](#).

13.2 The following was discussed and noted:

- It was thought effective training and communications was required on the subject, as when the programme is rolled out the sector does not want a high number of individuals to opt-out of the scheme.
- District councils and voluntary organisations were not included within the first phase of the project but, given the important roles they play in the sector, especially highlighted during the pandemic, it was suggested their inclusion was high priority moving forward. It was recommended third parties, such as East Anglian Air Ambulance, were also included with the scheme as well as out of area providers, such as the burns unit in Chelmsford.
- The system has one central IT system where data is pooled and individual organisations can download from, ensuring the most up to date information.
- Waveney had been included within the scheme administrated by Suffolk County Council, which began in 2019.
- By 2024, the systems will be linked across all ICS' in the country to provide an out of area service.

13.3

The ICP **agreed to:**

- a) Commit to taking this to their own organisational Boards, embedding this within their own organisations and actively championing the benefits of the integrated approach to information.

## ICP 2 Norfolk & Waveney People and Communities Approach

- 14.1 The ICP received the annexed (14) report which was introduced by Rt Hon Patricia Hewitt, Chair Designate, Norfolk and Waveney ICB and Chair, Norfolk and Waveney Health and Care Partnership.
- 14.2 ICS' are new partnerships between organisations which meet health and care needs across an area. These partnerships will help to coordinate services and to plan in a way that improves the health of people and communities and reduces inequalities between different groups. The purpose of the Norfolk and Waveney People and Communities approach is to outline the strategic approach being undertaken in Norfolk and Waveney ICS to working with people and communities, to enable the Partnership to achieve the ambition laid out in national guidance.

The vision is to improve the collective ability to listen to what people are saying across Norfolk and Waveney about what matters to them. This can be achieved by going out to the communities and by building on existing community engagement assets among the ICS partners, including the VCSE sector.

Paul Hemmingway, Associate Director of Communications & Engagement, Norfolk & Waveney CCQ, undertook a presentation which can be [viewed on the committee's website pages](#).

- 14.3 The following was discussed and noted:
  - The report was considered to be a radical change of direction, to be more community led. This change would require strong leadership and continued engagement into the future.
  - It was agreed the individual's voice needs to be heard, especially those individuals who find often their issues are left unresolved.
  - The work was considered to be laying the foundations for an exciting collaboration and different types of team work to support communities more widely. The approach would mean the system would learn from individuals in a different way. It was acknowledged individuals were the experts when it comes to user experiences.
  - The expectation was that learning from patient experience would help NHS budgets in the long term to provide a holistic care approach with the sector learning and working together.
- 14.4 The ICP **agreed to**:
  - a) agree the approach outlined to engaging with people and communities across Norfolk and Waveney.
  - b) support the ambitions set out in the People and Communities approach.

## 15. Health & Wellbeing Partnerships Progress

(ICP 3)

- 15.1 The ICP received the annexed report (15) which was introduced by Dr Louise Smith, Director of Public Health, Norfolk County Council.
- 15.2 The report updated the Shadow ICP on the latest developments in the establishment of the Local Health and Wellbeing Partnerships and provided an overview of activity and progress to date in establishing the Health and Wellbeing Partnerships, as part of Norfolk and Waveney's Integrated Care System.
- 15.3 Alison Gurney, Programme Director, Public Health, Norfolk County Council, presented the report and advised there was a strong commitment to the partnerships with the focus on District Councils. The CCG had placed a strong involvement in primary care and the wider health system. Public Health were committed to providing funding to support the partnership. Five key points had been established for the partnerships to deliver:
1. Using a population health and care perspective when considering how to address the wider determinants of health, improve prevention of avoidable illness, reduce inequalities, and align NHS and local government services and commissioning.
  2. Creating a local health and wellbeing profile that identifies long term trends, and plans how to address the root causes of health inequalities.
  3. Shape the local delivery of the Integrated Care Strategy for that partnership area.
  4. Development of an Integrated Care Strategy when considering how the Partnerships can shape and deliver that at a Place level.
  5. Partners are identifying resource within their own organisations to drive the Partnerships, including strategic priorities around the Better Care Fund, the Covid Recovery Fund and how our teams work in the Partnerships.

Workshops and meetings have taken place with partners with data being used as an evidence-based platform to guide conversations within the meetings and help support agreement. The targeting of deprivation and health inequalities impacted by covid was considered a priority.

Alison Gurney concluded by advising the partnership:

- must build on lessons learned from partners working together over the pandemic.
- acknowledge the importance of community engagement which must be ongoing and underpins the work of prevention.
- have patience whilst matters change and consider it may take time to get things right.

- 15.4 The following points were discussed and noted:
- The first meeting of the Health and Wellbeing Partnerships had been a very positive experience, and all had spoken with one voice. It was acknowledged no partner wished to work in a silo and collaborative working experienced during the pandemic was a platform to build on.
  - There was great expectation of the Partnerships moving forward and there was a delicate balance to be achieved with how 'Place Boards' will work within the wider ICS.
  - Data priorities from NHS colleagues were different to those which focused District Council colleagues. The networking achieved will be a strong benefit for the sector and ICP moving forward.

15.5 The Shadow ICP **agreed to:**

- Commit representatives from their organisations to attending the Health and Wellbeing Partnership meetings.
- Commit to bringing relevant projects and areas of joint work to the Health and Wellbeing Partnership meetings.
- Support the Health and Wellbeing Partnerships to produce local priorities and delivery plans.
- Commit to evolving and developing the partnerships to achieve shared vision, objectives, and joint accountability at each place.
- Endorse the proposed framework and associated activities for measuring success of the Health and Wellbeing Partnerships.
- Agree to receive an annual report on achievements of the Health and Wellbeing Partnerships from the HWB District Council sub-committee.

**Meeting Concluded at 12.18pm**

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

**Report title: Norfolk Joint Strategic Needs Assessment (JSNA) Update**

**Date of meeting: 21 July 2022**

**Sponsor**

**(HWB member): Dr Louise Smith, Director of Public Health**

**Reason for the Report**

The purpose of this paper is for the approval of the 2022/23 Norfolk Joint Health Strategic Needs assessment (JSNA) work programme.

**Report summary**

This report provides a recap on the statutory responsibilities of the Health and Wellbeing Board (HWB) in respect of the Joint Strategic Needs Assessment (JSNA), summarises recent Norfolk JSNA updates and outlines the 2022/23 work programme for approval.

**Recommendations**

The HWB is asked to:

- a) Acknowledge the revised statutory responsibilities of the Health and Wellbeing board in respect of the JSNA required by the Health and Care Act 2022.
- b) Approve the 2022-23 Norfolk JSNA work programme.

**1. Background**

1.1 Local authorities and Integrated Care Boards (ICBs) (previously Clinical Commissioning Groups) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board (HWB). The responsibility falls on the HWB as a whole and so success depends upon all members working together throughout the process. The HWB has received papers annually about Norfolk's JSNA and the forward programme of work.

**2. Norfolk's JSNA**

**Statutory responsibilities of the Health & Wellbeing Board in respect of the JSNA**

- 2.1 In Norfolk the JSNA is led by the Director of Public Health on behalf of the HWB. It is the process of assessing the current and future health and wellbeing needs of local populations in Norfolk to inform and guide the planning and commissioning of health, wellbeing and social care services. The JSNA is published on the Norfolk Insight website as a rolling programme of needs assessments, topic-based reports and data analysis. [To learn more about the JSNA go to the Norfolk insight website.](#)
- 2.2 The JSNA is a statutory responsibility of the HWB including its development, application, access and use by wider partners. [Go to the Gov.uk website to find the statutory guidance](#) which explains the duties and powers for HWBs in relation to the JSNA.
- 2.3 The Health and Care Act 2022 transfers the responsibilities of the Clinical Commissioning Groups, which will cease to exist, to the Integrated Care Boards (ICB) and states that a responsible local authority and each of its partner ICBs must have regard to joint strategic needs assessments in responsible local authority areas (1.26(6)). ICBs will need to take into account JSNAs as key building blocks of their own plans. This also applies to NHSE when

arranging the provision of health services in a responsible local authority. The HWB, at its meeting on 28 April 2022, agreed the amendments to the Health and Wellbeing Boards Terms of Reference required by the change in legislation.

- 2.4 The Health and Care Act 2022 also states that each time an Integrated Care Partnership receives an assessment of relevant needs (Joint Strategic Needs Assessment – JSNA) it must consider whether the current integrated care strategy should be revised (116ZB).

### **Recent updates to the JSNA**

- 2.5 The need to focus resources on the response to the Coronavirus (COVID-19) pandemic meant that work on the JSNA was largely paused in 2020. During 2021/22 work recommenced to ensure that Norfolk’s JSNA remained relevant and fit for purpose. Improvements were made to the website and the processes; old content was removed and new JSNA products produced and published.
- 2.6 Population, Health Inequalities and Healthcare Evaluation are the prominent themes on Norfolk’s JSNA, with content aligned to each of these to make navigation and finding products easier for users. By clicking on the JSNA schedule, partners can see the work timeline. Requests for health intelligence products, such as needs assessments or analysis papers, can be made by completing the online request content form. A blog capability has been added to the website to increase the visibility of published products.
- 2.7 The JSNA products produced in 2021-22 were aligned to joint strategic commissioning intentions, strategies, or a framework for action. Different products have been produced depending on the required need and are available on Norfolk Insight as self-serve slide decks, infographics or interactive dashboards. National products, data sources and links to other sources are also included where relevant. The following Norfolk JSNA products have recently been published:

#### **Population theme:**

- The Norfolk & Waveney Population Overview
- Isolation and Loneliness
- Tobacco – Summary Needs Assessment & Infographic
- Health & Wellbeing Profiles Interactive Power BI Dashboard
- Life Expectancy

#### **Health Inequalities theme:**

- Core20 Summary
- Health Inequalities toolkit
- Health Inequalities Interactive Power BI Dashboard
- Mental Health Needs Assessment.

- 2.8 The following products have also been approved for publication on Norfolk’s JSNA
- Director of Public Health Report on the Direct Impacts of Covid-19 in Norfolk 2021-2021.
  - SEND Needs Assessment.
- 2.9 For each of the published products there has been proportionate engagement and dialogue with key stakeholders to share and disseminate the key findings. All feedback received is being collated and used to improve future JSNA products as well as communication and engagement approaches.

## Norfolk JSNA work programme 2022-23

2.10 New JSNA products are planned which are aligned to joint strategic commissioning intentions, strategies or a framework for action relating to the following themes:

- Gypsy Roma Traveller,
- Oral Health,
- NHS Health Checks,
- Sexual and Reproductive Health,
- Prevention – obesity,
- Child Health,
- Eye Care,
- Overview of the Health of Norfolk population,
- Refresh of Population Overview to include the 2021 Census data,
- Refresh of interactive dashboards to include recently released national data.

2.11 The Healthcare Evaluation theme will provide a focus on prevention opportunities. A work programme is being developed collaboratively with the STP Strategic Planning and Transformation Group (SPTG) and the ICS transformation leads based on the agreed ICS system priorities of Urgent and Emergency Care, Cancer, Elective Recovery, and Mental Health. Analysts from the ICS and Public Health Teams are working jointly on this analysis focussing initially on Urgent and Emergency Care.

### Feedback and engagement

2.12 HWB members are encouraged to engage and provide feedback on the JSNA, its content and structure so that Norfolk's JSNA can best support HWB and ICB strategic commissioning intentions, strategies, or frameworks for action.

2.13 For general feedback or help with the JSNA please contact by email to [jsna@norfolk.gov.uk](mailto:jsna@norfolk.gov.uk)

### Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
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**Report title: Norfolk and Waveney Integrated Care Partnership Governance**

**Date of meeting: 21 July 2022**

**Sponsor**

**(ICP Member): James Bullion, Executive Director for Adult Social Services**

## **Reason for the Report**

The purpose of this paper is to ratify the proposed Governance of the Integrated Care Partnership (ICP) that had previously been agreed at the Shadow ICP meeting on 28 April 2022, ahead of the ICP formation on 1 July 2022.

## **Report summary**

The Norfolk and Waveney ICP came into being on 1 July 2022. In readiness for this, we sought agreement and consensus on the role, membership, and ways of working of the Integrated Care Partnership at the development day held on 23 February and at the Shadow meeting held on 28th April 2022.

Key elements of this work have been to agree the integral items such as membership and Terms of Reference and formalise an approach to the development and function of the Integrated Care Partnership.

## **Recommendations**

The ICP is asked to:

Ratify the recommendations made at the ICP development session on 23 February 2022 and at the Shadow ICP meeting on 28 April 2022.

These are:

- a) The Terms of Reference, which includes membership.
- b) The purpose, functions, and guiding principles.
- c) Secretariat and the development of a forward plan for the ICP.
- d) Coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing functions of the Health and Wellbeing Board.

## **1. Background**

- 1.1 The Health and Care Act (2022) sets out a requirement for each ICS to establish an Integrated Care Partnership (ICP), and for this partnership to prepare an integrated care strategy, unless they consider the existing joint local health and wellbeing strategy is sufficient, which the Integrated Care Board (ICB) will have to have regard for when developing their plans.
- 1.2 The Integrated care partnership engagement guidance says that:- *“ICPs will be influential, driving forces within ICSs, fostering partnerships, and using their leverage to ensure ICBs and local authorities have regard to the integrated care strategy. The roles of the ICP and the ICB are distinct and complementary in supporting the objectives of the ICS. The ICB is an organisation designed to align the planning and operation of NHS care and is accountable for NHS expenditure. The ICP is where the ICB, local authority, and wider community come together. It is a forum for wider system partners to agree shared objectives, work on joint challenges, and support places and organisations that comprise the system in the interests of*

communities. To create the dynamic relationship and collaborative leaderships between ICBs and ICPs that will be critical to the success of ICSs as a whole, and already exists in some areas, we expect:

- ICBs and local authorities will establish the ICP and be statutory members, in partnership with wider system stakeholders.
- ICSs will ensure the constitution and governance of the ICB and ICP is aligned, and agreed by local government and other partners responsible for delivering the priorities of the ICP's integrated care strategy – for example,
- ICBs, local government and other stakeholders – will also be members of the ICP and therefore able to hold each other to account.
- ICBs and local authorities will have regard for the ICP's integrated care strategy when developing their plans and priorities and should consider how assurance can be provided to the ICP on delivery.
- ICBs, local authorities and other partners should share intelligence with the ICP in a timely manner to ensure the evolving needs of the local health service are widely understood and opportunities for at scale collaboration are maximised.”

1.3 [To read the Integrated Care Partnership Engagement Guidance in more detail please go to the gov.uk website.](#)

1.4 The Norfolk and Waveney ICP will, therefore, have a critical role to play in the ICS. Facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

1.5 The Department for Health and Social Care (DHSC), NHS England and NHS Improvement (NHSEI) and the Local Government Association (LGA) have jointly developed the expectations for ICPs set out below. These are intended to help maximise the value that ICPs can give back to local communities and provide a strong foundation to build understanding and consensus on the role, membership, and ways of working of the Partnership.

The 5 expectations taken from Guidance are:

- ICPs are a core part of ICSs, driving their direction and priorities.
- ICPs will be rooted in the needs of people, communities, and places.
- ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
- ICPs will support integrated approaches and subsidiarity.
- ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

1.6 **Integrated Care Partnership in Norfolk and Waveney:** The legislation has been framed in a deliberately permissive way allowing flexibility in developing arrangements which work best in local areas.

1.7 On 23 February 2022, a development session was held to discuss the formation of the Norfolk and Waveney ICP and to establish its membership and guiding principles. This was a very successful event and attended by nearly 70 councillors, council officers, health colleagues and voluntary, community and social enterprise (VCSE) sector representatives.

1.8 At the ICP workshop held in November 2021, and at the subsequent ICP development day, on 23 February 2022, it was also agreed that we should support the principle of simplicity in our system governance arrangements and avoid duplication in the health and wellbeing system as a whole. It was recommended that the focus should be on using and building on existing structures and processes, including the Norfolk Health and Wellbeing Board (HWB)

but also recognising the expanded geography of the Integrated Care System to include Waveney.

- 1.9 The Norfolk and Waveney Integrated Care System is in a relatively unusual position of being largely coterminous with the Norfolk HWB, which since May 2018 has also included formal representation from the Waveney area, leaving the system in a good position and starting point for the formal establishment and membership of the ICP.

## 2. Establishing the Norfolk and Waveney ICP

- 2.1 **Proposed purpose and functions:** The Health and Care Act (2022) sets out a primary role for Integrated Care Partnerships in developing an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable.
- 2.2 In supporting this primary purpose, the guidance published by DHSC, NHSE/I and the LGA proposes the following functions for the Partnership to:
- Drive priorities from an assessment of needs and assets at place and based on JSNAs.
  - Align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes.
  - Facilitate joint action to improve health and care services, influence the wider determinants of health, focus on reducing inequalities and preventing ill health, and address the consequences of the pandemic for communities.
  - Support place-based and neighbourhood level engagement and promote the mobilisation of resources and assets in the community.
  - Ensure the system is connected to the needs of every community it includes.
- 2.3 Working to this remit it is proposed a role for the partnership will be to coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing requirements of the HWB and its strategy.
- 2.4 The secretariat function of the ICP will be carried out by Norfolk County Council and it is proposed that a yearly forward plan be developed and kept for the ICP.
- 2.5 **Guiding expectations and principles:** The ICP will play a key role in nurturing the culture and behaviours of the system. At the development day, on 23 February 2022, the partnership recommended a set of guiding principles to support, complement and builds on the below:
- In their development, ICPs are encouraged to consider the NHSEI's ICS Design Framework, which sets out the principles for ICPs. [Go to NHS England to view the ICS Design Framework in more detail.](#)
  - The outputs from the ICP development workshop held in November 2021 were reported to the HWB at Decembers 2021 meeting. [Go to the Norfolk CMIS website to access the full report shown on page 31 of the papers.](#)
- 2.6 The recommended guiding principles for Norfolk and Waveney ICP are as follows:
1. Partnership of equals – to find consensus and make decisions including working though difficult issues, where appropriate.
  2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.

3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
  4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
  5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.
- 2.7 **Membership of the ICP:** The existing Norfolk Health and Wellbeing Board is well established and has been functioning well across a range of partners that will also be involved in the ICP.
- 2.8 At the ICP development day, on 23 February 2022, it was recommended to build on these existing arrangements so the Norfolk and Waveney ICP and the existing Norfolk HWB will have a common membership. For the ICP there will be the addition of colleagues from Suffolk, as the geography of the ICS includes Waveney, whereas the Norfolk HWB does not.
- 2.9 The proposed membership of the ICP is contained within the Terms of Reference at **Appendix A**.
- 2.10 **Terms of Reference:** It has been recommended that there will be streamlined arrangements for holding ICP meetings and the ICP will meet on the same day as the Norfolk HWB. The meetings will run consecutively, initially with the same frequency. These have already been successfully held in Shadow form in April and June 2022.
- 2.11 The ICP will meet in public with minutes and papers available online.
- 2.12 The proposed Terms of Reference for the governance of the ICP is included as **Appendix A** to this report.

### Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Debbie Bartlett	01603 303390	<a href="mailto:Debbie.Bartlett@norfolk.gov.uk">Debbie.Bartlett@norfolk.gov.uk</a>



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## **Appendix A**

### **Norfolk and Waveney Integrated Care Partnership (ICP)**

#### **Terms of Reference and Procedure Rules**

##### **1. Context and Role of the Integrated Care Partnership**

The role of the Integrated Care Partnership (ICP) in Norfolk and Waveney is to promote the close collaboration of the health and care system, building on the existing Norfolk Health and Wellbeing Board and other partnerships with the expanded geography that includes Waveney, to ensure better health and care outcomes for all our residents.

It provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The ICP is a statutory committee of both the Integrated Care Board and Norfolk and Suffolk County Council's under the Health and Care Act 2022, it plays a central role in the planning and improvement of health and care in Norfolk and Waveney and will support place-based partnerships.

It drives and enhances integrated approaches and collaborative behaviours at every level and promotes an ethos of working in partnership with people and communities, and between organisations to address challenges that the health and care system cannot address alone.

Together, the ICP will generate an Integrated Care Strategy to improve health and care outcomes and experiences for our residents, for which all partners will be accountable.

##### **2. Principles**

The Norfolk and Waveney ICP will operate under these guiding principles:

1. Partnership of equals – to find consensus and make decisions including working through difficult issues, where appropriate.
2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.
3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

##### **3. Membership**

The Membership of the ICP mirrors the existing Norfolk Health and Wellbeing Board, with additional membership to consider Waveney and place partnerships. Whilst it is important for the ICP to engage with a wide range of stakeholders and understand the differing viewpoints across the system and communities, membership will be kept to a productive level.

The membership for the Norfolk and Waveney ICP is attached at appendix A.

##### **4. Appointment of Chair**

The Chair of the ICP will be selected from among the members of the ICP and agreed jointly by the ICB, and Norfolk and Suffolk Local Authorities.

This appointment process will take place at the start of the meeting with an officer informing members of the need to elect a chair. Nominations will then be called and then seconded. If more than one nomination is received this will be dealt with by way of a majority vote of those present. If

only one nomination is forthcoming the officer will then ask for any objections. If objections are received, a vote will take place which will be carried by a majority vote by those present. Once this process takes place and the nomination is passed, the Chair then commences the meeting. If the nomination is rejected, the whole process will commence again until agreement by majority of those present is reached.

The Chair will be appointed at the first meeting of the ICP and annually at a meeting of the ICP thereafter.

The Chair will be expected to:

- be able to build and foster strong relationships in the system
- have a collaborative leadership style
- be committed to innovation and transformation
- have expertise in delivery of health and care outcomes
- be able to influence and drive delivery and change

The ICP will appoint three Vice Chairs drawn from its membership. These will also be appointed at the first meeting of the ICP and annually thereafter.

## **5. Duties and Responsibilities**

The ICP is a core part of the Norfolk and Waveney Integrated Care System, driving their direction and priorities.

The ICP will be rooted in the needs of people, communities, and places.

The ICP will help to develop and oversee population health strategies to improve health outcomes and experiences.

The ICP will support integrated approaches and subsidiarity.

The ICP will take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

The ICP will work to embed safeguarding as everyday business across the Norfolk and Waveney Integrated Care System.

The ICP will develop an Integrated Care Strategy which the ICB, Norfolk and Suffolk County Council's will be required by law to have regard to when making decisions, commissioning, and delivering services.

The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to, helping people live more independent, healthier lives and safer lives for longer, free from abuse and harm, taking a holistic view of people's interactions with services across the system and the different pathways within it, addressing inequalities in health and wellbeing outcomes; experiences and access to health services; improving the wider social determinants that drive these inequalities, including employment, housing, education environment, safeguarding, and reducing offending; improving the life chances and health outcomes of babies, children and young people, and improving people's overall wellbeing and preventing ill-health.

The ICP will provide a forum for agreeing collective objectives, enable place-based partnerships and delivery to thrive alongside opportunities for connected scaled activity to address population health challenges.

The ICP will set the strategic directions and workplans for organisational, financial, clinical, and informational integration, as well as other types.

## **6. Authority, Accountability, Reporting and Voting Arrangements**

The ICP is tasked with developing a strategy to address the Health, Social Care and Public Health needs of their system, and of being a forum to support partnership working. The ICB and Local Authorities will have regard to ICP Strategies when making decisions. The ICP has no executive powers, other than those specifically delegated in these terms of reference. Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. The ICP is able to discuss and agree recommendations for approval by the constituent members' statutory bodies. Its role is primarily one of oversight and collective co-ordination.

The aim will be for decisions of the ICP to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support, or otherwise, for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.

Meetings of the ICP will be open to the public unless the matter falls within one of the categories of information, outlined in Appendix B. In this instance, the ICP may determine public participation will be withdrawn for that item.

Meetings will be live streamed and recorded, to be made available to the public afterwards.

Minutes of the meeting will be taken and approved at the next meeting of the ICP.

Final minutes will be made available on the websites of the ICB, Norfolk and Suffolk County Councils.

## **7. Attendance**

Members are expected to attend 75% of meetings held each year. It is expected that members will prioritise these meetings.

Where it is not possible for a member to attend, they may nominate a named deputy to attend meetings in their absence and must notify the Secretariat, at [norfolkandwaveneyicp@norfolk.gov.uk](mailto:norfolkandwaveneyicp@norfolk.gov.uk), who that person will be.

Members and those presenting must attend meetings in person.

The quorum, as described at section 8, must be adhered to for all meetings, including urgent meetings.

Attendance will be recorded within the minutes of each meeting and monitored annually.

## **8. Quorum**

A quorum will be reached when at least the Chair and four members from different partnership organisations are present.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

In the unlikely event that a member has been disqualified from participating in the discussion of an item on the agenda, for example by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

## **9. Notice and Frequency of Meeting**

Generally, meetings will be held four times a year but more frequently if required for specific matters.

As a matter of routine, an annual schedule of meetings will be prepared and distributed to all members. In other specific instances, or in cases where the date or time of a meeting needs to be changed, notice shall be sent electronically to members at least five working days before the meeting. Exceptions to this would be in the case of emergencies or the need to conduct urgent business.

An agenda and any supporting papers specifying the business proposed to be transacted shall be delivered to each member and made available to the public five working days before the meeting, potential exception being in the case of emergencies or the need to conduct urgent business. Supporting papers, shall accompany the agenda.

Secretariat support to the ICP will be provided by Norfolk County Council.

## **10. Public Questions**

The public are entitled to ask questions at meetings of the ICP and questions should be put in writing and sent by email at least two working days before the meeting. If the question relates to urgent matters, and it has the consent of the Chair to whom the question is to be put, this should be sent by 4pm on the day before the meeting.

Questions should be sent to the Chair, at [norfolkandwaveneyicp@norfolk.gov.uk](mailto:norfolkandwaveneyicp@norfolk.gov.uk), and will be answered as appropriate, either at the meeting or in writing.

The Chair on behalf of the ICP may reject a question if it:

- a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
- b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision.

### **Who may ask a question and about what**

A person resident in Norfolk and Waveney, or who is a non-domestic ratepayer in Norfolk and Waveney, or who pays Council Tax in Norfolk and Waveney, may ask at a public meeting of the ICP through the Chair any question within the terms of reference of the ICP about a matter for which the ICP has collective responsibility or particularly affects the ICP. This does not include questions for individual ICP members where responsibility for the matter sits with the individual organisation.

### **Rules about questions:**

**Number of questions** – At any public ICP meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the ICP in any six-month period.

**Other restrictions** – Questions are subject to a maximum word limit of 110 words. Questions that are in excess of 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

**Supplementary questions** – One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question which s/he does not consider compliant with this requirement.

**Rules about responses:**

The Chair shall exercise his/her discretion as to the response given to the question and any supplementary.

**Not attending** – If the person asking the question indicates they will not be attending the ICP meeting, a written response will be sent to the questioner.

**Attending** – If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

**Supplementary questions** – The Chair may give an oral response to a supplementary question or may require another Member of the ICP or Officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

**Written response** – If the person who has given notice of the question is not present at the meeting, or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

**Rejection of a question**

A question may be rejected if it:

- a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
- b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision; or
- c) requires the disclosure of confidential or exempt information, as defined in the Access to Information Procedure Rules.

**11. Managing Conflicts of Interest**

A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

The ICP specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Norfolk and Waveney population and health and care. Therefore, members will not be excluded from engaging in discussions that will benefit the system as a whole.

Members of the ICP shall adopt the following approach for managing any actual or potential material conflicts of interest:

- To operate in line with their organisational governance framework for managing conflicts of interest/probity and decision making.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- To work in line with the ICS system objectives, principles, and behaviours.
- Members are to ensure they advise of instances where the register of members interest for the Norfolk and Waveney system requires updating in relation to any interests that they have.

In advance of every ICP meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from their governance advisor.

At the beginning of each meeting of the ICP, members and attendees will be required to declare any interests that relate specifically to a particular item under consideration. If the existence of an interest becomes apparent during a meeting, this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

Elected members will be bound by their own codes of conduct and provisions for declaration of interests.

## **12. Working groups**

To assist with performing its role and responsibilities, the ICP is authorised to establish working groups and to determine the membership, role, and remit for each working group. Any working group established by the ICP will report directly to it.

## **13. Other Boards**

As a key part of the health and care system the ICP will seek active engagement and collaboration with the Norfolk and Waveney ICB, Norfolk and Suffolk Health and Wellbeing Boards, Place Boards, Health and Wellbeing Partnerships, Safeguarding Adults Boards, Safeguarding Childrens Partnerships, County Community Safety Partnerships, Autism Partnership Boards, and the Learning Disabilities Partnership Boards.

## **14. Review**

The ICP will review these terms of reference at least annually or more regularly if needed, considering policy changes in respect of the Integrated Care System.

## Appendix A

### Membership of the Integrated Care Partnership

1. Borough Council of King's Lynn & West Norfolk
2. Breckland District Council
3. Broadland District Council
4. Cambridgeshire Community Services NHS Trust
5. Chair of the Voluntary Sector Assembly
6. East Coast Community Healthcare CIC
7. East of England Ambulance Trust
8. East Suffolk Council
9. Great Yarmouth Borough Council
10. Healthwatch
11. James Paget University Hospital NHS Trust
12. Norfolk Care Association
13. Norfolk Community Health & Care NHS Trust
14. Norfolk Constabulary
15. Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention
16. Norfolk County Council, Cabinet member for Children's Services and Education
17. Norfolk County Council, Director of Public Health
18. Norfolk County Council, Executive Director Adult Social Services
19. Norfolk County Council, Executive Director Children's Services
20. Norfolk County Council, Leader (nominee)
21. Norfolk & Norwich University Hospital NHS Trust
22. Norfolk & Suffolk NHS Foundation Trust
23. Norfolk & Waveney ICB, Chair
24. Norfolk & Waveney ICB, Chief Executive Officer
25. North Norfolk District Council
26. Norwich City Council
27. Police and Crime Commissioner
28. Primary Care representatives (1)
29. Primary Care representatives (2)
30. Primary Care representatives (3)
31. Primary Care representatives (4)
32. Primary Care representatives (5)

33. Queen Elizabeth Hospital NHS Trust
34. South Norfolk District Council
35. Suffolk County Council, Cabinet Member for Adult Care
36. Suffolk County Council, Executive Director of People Services
37. Voluntary sector representatives (1)
38. Voluntary sector representatives (2)

## **Appendix B**

### **Categories of Information**

Information relating to any individual.

Information which is likely to reveal the identity of an individual.

Information relating to financial or business affairs of any particular person (including the authority holding that information).

Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising.

Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

## Report title: Nomination of the ICP member on the NHS Norfolk and Waveney Integrated Care Board (ICB)

Date of meeting: 21 July 2022

### Sponsor

(ICP member): Rt Hon Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB

### Reason for the Report

To agree a nominee or a list of nominees to be the Integrated Care Partnership member on the Board of NHS Norfolk and Waveney Integrated Care Board.

### Report summary

It has been agreed that a member of the Integrated Care Partnership (ICP) will be on the Board of NHS Norfolk and Waveney Integrated Care Board (ICB). At its first meeting, the ICP needs to agree a nominee or a list of nominees to be its member on the ICB Board and this paper sets-out the process for doing so.

### Recommendations

The ICP is asked to:

- a) Agree a nominee or a list of nominees to be its member on the Board of NHS Norfolk and Waveney ICB.

## 1. Background

1.1 The Health and Care Act (2022) established 42 NHS Integrated Care Boards in England on 1 July 2022. Each ICB has a unitary Board, which amongst other things is responsible for:

- Formulating strategy for the organisation (taking into account the ICP's Integrated Care Strategy).
- Holding the organisation to account for delivery of the strategy.
- Being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable.
- Shaping a healthy culture for the organisation and the wider ICS partnership.

1.2 There will be 16 members of the Board of NHS Norfolk and Waveney ICB:

- a) Chair,
- b) Chief Executive,
- c) 2 Partner members NHS trusts and foundation trusts,
- d) 1 Partner member primary medical services,
- e) 2 Partner members local authorities,
- f) 4 Non-executive Members,
- g) Director of Finance,
- h) Medical Director,
- i) Director of Nursing,
- j) Member from the VCSE Assembly Board,
- k) Member from the Integrated Care Partnership.

## 2. The ICP member on the ICB Board

- 2.1 Section 3.1 of the ICB's Constitution sets out the eligibility criteria for being a member of the organisation's Board. Each member of the ICB must:
- Comply with the criteria of the "fit and proper person test".
  - Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles).
  - Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

[To access the Norfolk and Waveney ICB Constitution in full go to the NHS England website.](#)

- 2.2 In addition, the ICP member must also fulfil the following additional eligibility criteria:
- Be a member of the Integrated Care Partnership Committee; and
  - Any criteria set out in NHS England's guidance from time to time.

- 2.3 Individuals will not be eligible if:
- Any of the disqualification criteria set out in 3.2 apply (see Appendix A).
  - Any criteria as set out in NHS England guidance applies.

## 3. The appointment process for the ICP member

### 3.1 At the ICP meeting on 21 July 2022:

- Each individual member of the ICP will be invited to make nominations.
- Each nomination must be seconded by one other member of the ICP.
- Eligible members may nominate individuals from their own organisation or another organisation.
- The Chair of the ICP can also be the ICP member on the ICB Board.
- All ICP members will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm deemed to constitute agreement. This will be determined by a simple majority being in favour with nil responses taken as assent. If they don't agree, the nomination process will be re-run until a majority acceptance is reached on the nominations put forward.

### 3.2 Following the ICP meeting:

- All nominees on the list agreed by the ICP will be interviewed by a panel consisting of the Chair and Chief Executive of NHS Norfolk and Waveney ICB.
- Even if there is only one nominee, there will still be an interview to assess the suitability of the nominee against the requirements of the role.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.
- The preferred candidate will be subject to a fit and proper person check before the Chair of the ICB confirms them as the ICP member on the ICB Board.

### Officer Contact

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## **Appendix A: Disqualification criteria for board membership as set-out in the Constitution of NHS Norfolk and Waveney ICB**

### **3.2 Disqualification criteria for board membership**

- 3.2.1 A Member of Parliament.
- 3.2.2 A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.
- 3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—
- a) in the United Kingdom of any offence, or
  - b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
- 3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).
- 3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
- 3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
  - b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
  - c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
  - d) of misbehaviour, misconduct or failure to carry out the person’s duties.
- 3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was:
- a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated
  - b) the person’s erasure from such a register, where the person has not been restored to the register
  - c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or

- d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:

- a) Section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
- b) Section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

## Report title: Integrated Care Strategy update

Date of meeting: 21 July 2022

### Sponsor

(ICP member): James Bullion, Executive Director for Adult Social Services

### Reason for the Report

The Integrated Care Strategy is a key element in the Norfolk and Waveney Integrated Care System (ICS). It is intended to set out the challenges and opportunities which can best be overseen by the Integrated Care System, which look beyond traditional organisational boundaries at complex, long-term issues which need integrated approaches to succeed. In April, the Health and Wellbeing Board and shadow Integrated Care Partnership (ICP) agreed to bring together the Norfolk and Waveney Integrated Care Strategy with the Health and Wellbeing strategies for Norfolk and Suffolk. Officers were asked to bring back initial priorities and plans for developing the strategy during 2022/23 to this meeting.

### Report summary

At the development day on 23 February 2022 and at the Health and Wellbeing Board (HWB) and Shadow ICP on 28 April 2022, there was a consensus to bring together the Norfolk and Waveney Integrated Care Strategy with the Health and Wellbeing strategies for Norfolk and Suffolk. The Shadow ICP has also taken stock of the guidance issued so far for the Integrated Care Strategy and agreed there is a clear cross-over between this and a Health and Wellbeing Strategy, giving an opportunity to harness the collective leadership of the ICS around shared high-level health and wellbeing priorities.

The key benefits of this were seen to be:

- Reducing duplication and consolidating strategies.
- Norfolk and Suffolk's respective Health and Wellbeing Strategies are already well embedded and adopted and provide a strong strategic framework.
- Integrated Care Strategy introduces specific shared priorities which collectively the ICP will be held accountable for.
- Emerging place and neighbourhood structures supported by population-based evidence through a comprehensive public health offer.

The ICP have also been presented with findings from commissioned research from BritainThinks and Healthwatch Norfolk to help understand the impact of Norfolk's Joint Health and Wellbeing Strategy and gain insight into people's understanding of, and their attitudes to, prevention across both Norfolk and Waveney. The Shadow ICP also discussed and endorsed the People and Communities Approach for working with, and listening to, local people going forward.

We are expecting national guidance in July regarding the Integrated Care Strategy. Therefore, the plans and details in this report are subject to change based on any guidance issued.

### Recommendations

The ICP is asked to:

- a) Agree the themes/priorities set out in section 2.
- b) Agree the proposed next steps to engage with local partnerships and partners on these themes/priorities.
- c) Agree to receive an update on progress of the Integrated Care Strategy in November, after we have received further national guidance.

## 1. Background

- 1.1 The establishment of the ICP offers the opportunity to prioritise the issues which cut across the whole system and can only be achieved through collaboration.
- 1.2 The guidance issued so far states:
- ‘*Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable.*’
  - ‘*...the integrated care strategy should set out the challenges and opportunities which are likely to be best overseen by ICPs, as opposed to the other parts of systems (places, local authorities and ICBs).*’
  - ‘*ICPs will need to be aware of and engaged with the work already being undertaken at place and the strategies that have been drawn up by HWBs, system people boards and other relevant system structures. They should not seek to overrule or replace existing place-based plans.*’
  - ‘*We expect the work of developing, refining and formally agreeing a complete integrated care strategy to continue after April [now July] as this will need to involve significant engagement in the local area. The strategy will also need to take account of existing JSNAs produced by HWBs in their places.*’

[To read this guidance in more detail go to Gov.uk to find the Integrated care partnership engagement guidance.](#)

## 2. Progress Update

- 2.1 Looking at the ICS goals and the HWB priorities for Norfolk and Suffolk, the Integrated Care Strategy can provide the next layer of detail – bringing together priorities against which practical, measurable actions and outcomes can be developed, and the wider partners at system- and place-level can get behind. This is illustrated in the diagram below.



- 2.2 To identify what the next level of priorities could be, officers have looked at the priorities from the strategies of partners at system- and place-level across Norfolk and Waveney, as well as national system strategies. The focus has been on themes which are not within the remit of a single part of the system but require a collaborative approach to improvement.
- 2.3 Three common themes/priorities emerged from this analysis, which officers believe will have the most impact in making a difference to our communities and the wider system. These are:
- Good, positive mental health.
  - Life chances of children and young people (integrating findings and recommendations from *Flourishing in Norfolk, Childrens and Young Peoples Partnership Strategy*. [Go to Norfolk County Council website to read the Flourishing in Norfolk Strategy](#).)
  - Informal carers.
- 2.4 In discussion with chairs and senior officers from the district Health and Wellbeing Partnerships, there was also a request to consider housing and physical activity as priorities.

### **3. Engagement with communities and partners**

- 3.1 To take the strategy further from this emergent thinking, and to better enable different people, groups, and organisations to play an active role in its development, we would like to engage with people, partners, and communities. In doing this, we want to:
- Start a discussion about whether the priorities highlighted above feel like the right themes for the strategy.
  - Work through how priorities could be addressed at a local place-level, alongside other already identified priorities.
- 3.2 It is important that Health and Wellbeing Partnerships take a central role in this engagement approach, both as participants because we want to hear the views of those around the table, but also as partners able to engage with their local communities.
- 3.3 It is proposed that we ask Health and Wellbeing Partnerships to help us shape this engagement over the next couple of months, before engaging with the wider communities between September and November 2022. Colleagues from the ICS will help to develop an engagement offer to support partners achieve this.

### **4. How we could engage with communities and partners**

- 4.1 The guidance about developing our Integrated Care Strategy promotes strong and effective engagement with people, communities, and ICS partner organisations. It is not prescriptive about how this should be done, but our engagement will be in line with our '*Working with people and communities*' approach, discussed at the Shadow ICP meeting in June 2022.
- 4.2 There has already been a wealth of engagement carried out previously that we can build on. This includes the recent research and engagement conducted by Healthwatch Norfolk and BritainThinks to inform the refresh of the Norfolk Joint Health and Wellbeing Strategy, as well as other work completed during the pandemic, such as interviews with HWB members.
- 4.3 We propose our engagement is carried out in two phases:
- i. The first phase of engagement would be to help us develop a draft strategy, as well as provide insight to help implement it effectively. To make the best use of our

resources and people's time, we also propose taking the opportunity to ask people more about our people and communities' approach as we look to develop that further and learn from our experience. We would use a mixed methodology for this engagement, to better enable different people, groups, and organisations to take part. This includes using trusted communicators to reach communities who traditionally have quieter voices. As well as an online element using a variety of innovative techniques.

- ii. The second phase of engagement would be to sense check and help finalise the draft strategy, and to ensure it links well with other key strategies and priorities across the system, not least the ICB's five-year plan that also needs to be completed by April 2023. This engagement would be likely to take place between January and February 2023.

### Officer Contact

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