# Norfolk Health & Wellbeing Board

Date: **Wednesday 08 March 2023**
Time: **09:30 - 12:30**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

| Representing | Membership | Substitute |
|---|---|---|
| Borough Council of King's Lynn & West Norfolk | Cllr Sam Sandell | Cllr Elizabeth Nockolds |
| Breckland District Council | Cllr Alison Webb | Cllr Sam Chapman-Allen |
| Broadland District Council | Cllr Fran Whymark | Cllr Roger Foulger |
| Cambridgeshire Community Services NHS Trust | Matthew Winn | Anna Gill |
| East Coast Community Healthcare CIC | Ian Hutchison | Tony Osmanski |
| East of England Ambulance Trust | David Allen | |
| East Suffolk Council | Cllr Mary Rudd | Cllr Mark Jepson |
| Great Yarmouth Borough Council | Cllr Emma Flaxman-Taylor | Cllr Donna Hammond |
| Healthwatch Norfolk | Patrick Peal | Alex Stewart |
| James Paget University Hospital NHS Trust | Joanne Segasby | Anna Davidson |
| Norfolk Care Association | Christine Futter | |
| Norfolk Community Health & Care NHS Trust | Lynda Thomas | Stephen Collman |
| Norfolk Constabulary | ACC Nick Davison | Supt Chris Balmer |
| Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention | Cllr Bill Borrett | |
| Norfolk County Council, Cabinet member for Childrens Services and Education | Cllr John Fisher | |
| Norfolk County Council, Director of Public Health | Dr Louise Smith | |
| Norfolk County Council, Executive Director Adult Social Services | James Bullion | Debbie Bartlett |
| Norfolk County Council, Executive Director Children's Services | Sara Tough | Sarah Jones |
| Norfolk County Council, Leader (nominee) | Cllr Lana Hempsall | |
| Norfolk & Norwich University Hospital NHS Trust | Tom Spink | Sam Higginson |
| Norfolk & Suffolk NHS Foundation Trust | Stuart Richardson | |
| Norfolk and Waveney Integrated Care Board (NHS) | Tracy Williams | |
| Norfolk and Waveney Integrated Care Board (NHS) | Dr Satish Singh | |
| Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair) | Rt Hon Patricia Hewitt | |
| Norfolk and Waveney Integrated Care Board (Chief Executive) | Tracey Bleakley | |
| North Norfolk District Council | Cllr Virginia Gay | Cllr Victoria Holliday |
| Norwich City Council | Cllr Adam Giles | |
| Police and Crime Commissioner | Giles Orpen-Smellie | Dr Gavin Thompson |
| Queen Elizabeth Hospital NHS Trust | Chris Lawrence | |
| South Norfolk District Council | Cllr Alison Thomas | Cllr Florence Ellis |
| Voluntary Sector Representative | Emma Ratzer | Pete Boczko |
| Voluntary Sector Representative | Dan Mobbs | Hilary MacDonald |
| Voluntary Sector Representative | Alan Hopley | 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

# Integrated Care Partnership

Date: **Wednesday 08 March 2023**
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)

**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

# Norfolk Health & Wellbeing Board and Integrated Care Partnership

**Wednesday 08 March 2023**
**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.*

| | | | |
|---|---|---|---|
| 1. | Apologies | Committee Officer | |
| 2. | Chair's opening remarks | Chair | |
| | **Norfolk Health and Wellbeing Board** | | |
| 3. | HWB Minutes | Chair | (Page 4) |
| 4. | Actions arising<br>Ratification of the Transitional Integrated care Strategy and Joint Health and Wellbeing Strategy | Chair | |
| 5. | Declarations of interests | Chair | |
| 6. | Public Questions (How to submit a question: HWB)<br>Deadline for questions: **9am, Friday 3 March 2023** | Chair | |
| 7. | Urgent arising matters | Chair | |
| 8. | Better Care Fund – Adult Social Care Discharge Fund (HWB) | James Bullion/ Bethany Small | (Page 15) |
| 9. | Norfolk and Waveney Integrated Care Board Annual Report (HWB) | Tracey Bleakley | (Page 26) |
| 10. | Director of Public Health Annual report (HWB) | Louise Smith/ Diane Steiner | (Page 30) |
| 11. | Five Year Joint Forward Plan (HWB) | Tracey Bleakley | (Page 78) |
| | **Integrated Care Partnership** | | |
| 1. | ICP Minutes | Chair | (Page 4) |
| 2. | Actions arising | Chair | |
| 3. | Declarations of Interest | Chair | |
| 4. | Public Questions (How to submit a question: ICP)<br>Deadline for questions: **9am, Friday 3 March 2023** | Chair | |
| 5. | Amendments to the ICP Terms of Reference (ICP) | James Bullion | (Page 81) |
| 6. | Norfolk and Waveney NHS system Capital Distribution (2023/2024) (ICP) | Tracey Bleakley/ Steven Course | (Page 91) |
| 7. | Strategic Workforce Priorities for the ICS (ICP) | Tracey Bleakley/ Ema Ojiako | (Page 95) |

**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 and Integrated Care Partnership**
**Minutes of the meeting held on 9 November 2022 at 09:30am**
**in Council Chamber, County Hall Martineau Lane Norwich**

| **Present:** | **Representing:** |
|---|---|
| Cllr Alison Webb | Breckland District Council |
| Cllr Fran Whymark | Broadland District Council |
| Cllr Mark Jepson | East Suffolk Council |
| Patrick Peal | Healthwatch Norfolk |
| Alex Stewart | Healthwatch Norfolk |
| Joanne Segasby | James Paget University Hospital NHS Trust |
| Rt Hon Patricia Hewitt | Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair) |
| Tracey Bleakley | Norfolk and Waveney Integrated Care Board (Chief Executive) |
| Christine Futter | Norfolk Care Association |
| Andrew Williams | Norfolk Community Health & Care NHS Trust |
| Assistant Chief Constable Nick Davison | Norfolk Constabulary |
| Cllr Bill Borrett | Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention |
| Cllr John Fisher | Norfolk County Council, Cabinet member for Children's Services |
| Dr Louise Smith | Norfolk County Council Director of Public Health |
| James Bullion | Norfolk County Council Executive Director, Adult Social Services |
| Sam Higginson | Norfolk & Norwich University Hospital NHS Trust |
| Tracy Williams | Norfolk & Waveney Integrated Care Board |
| Cllr Virginia Gay | North Norfolk District Council |
| Cllr Adam Giles | Norwich City Council |
| Cllr Alison Thomas | South Norfolk District Council |
| Anna Gill | Cambridgeshire Community Services NHS Trust |
| Chris Lawrence | Queen Elizabeth Hospital NHS Trust |
| Alan Hopley | Voluntary Sector Representative |
| **Guests Members** | |
| Cllr Beccy Hopfensperger | Suffolk Health and Wellbeing Board |
| Bernadette Lawerence | Suffolk County Council |
| **Officers Present:** | |
| Debbie Bartlett | Director, Transformation and Strategy, Adult Social Services, Norfolk County Council |
| Stephanie Butcher | Policy Manager Health and Wellbeing Board |
| Rachael Grant | Policy Manager Public Health |
| Stephanie Guy | Advanced Public Health Officer |
| Jonathan Hall | Committee Officer |
| **Speakers:** | |
| Nathan Adams | Young person with lived experience |
| Marcus Bailey | Winter Director, Norfolk and Waveney Integrated Care Board |
| Mark Burgis | Director of Patients and Communities, Norfolk and Waveney Integrated Care Board. |
| Nicholas Clinch | Assistant Director of Social Care and Health Partnerships, Adult Social Care |
| Alison Gurney | Programme Director – Lead for Place Partnerships & Health Protection |

| | |
|---|---|
| Suzanne Meredith | Deputy Director of Public Health |
| Chris Robson | Chair, Norfolk Safeguarding Children Partnership |
| Bethany Small | Commissioning Manager, Social Care and Health Partnerships |
| Diane Steiner | Deputy Director of Public Health |

**Norfolk Health and Wellbeing Board**

**1. Apologies**

1.1 Apologies were received from Paula Boyce, Cllr Sam Sandell, Dan Mobbs, Emma Ratzer, Dr Satish Singh, Tom Spink (Sam Higginson substituting) Cllr Emma Flaxman Taylor, Graham Nice (Andrew Williams substituting), Cllr Mary Rudd (Cllr Mark Jepson substituting) Sara Tough

Also absent were Stuart Richardson, Ian Hutchison, Giles Orpen-Smellie, and David Allen.

**2. Chair's opening remarks**

2.1 The Chair welcomed all present and advised that the Integrated Care Partnership (ICP) meeting would follow directly. In addition the Chair advised:

- Carer's Voice Norfolk & Waveney were launching their Carer's identify passport on Carer's Rights Day on 24th November 2022. Members were welcome to join an online session to explain how the passport would work in practice.
- The Wellness On Wheels bus (WOW) was parked on the forecourt of the building and members would have an opportunity to visit the bus after the ICP meeting ahead of its launch.
- The Warm and Well campaign was launched on 7 November 2022 and has been funded by and involved most of the member organisations represented within HWB.

**3. Minutes**

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

**4. Actions arising**

4.1 None.

**5. Declarations of interest**

5.1 No interests were declared.

**6. Public questions**

6.1 One public question had been received but had been forwarded to the Integrated Care Board (ICB) for an answer as it was not relevant to the HWB.

**7. Urgent Matters Arising**

7.1 None.

**8. Norfolk Safeguarding Childrens Partnership Annual Report**

8.1 The Health and Wellbeing Board received the annual report which summarises the local arrangements for safeguarding children. The HWB has governance oversight of the Norfolk Safeguarding Childrens Partnership (NSCP) and the report detailed the

Partnership's activities, achievements and challenges for the period July 2021 to June 2022.

8.2 Chris Robson, the Chair of the NSCP and Nathan Adams, a person with lived experience of the Partnership's involvement, undertook a presentation that is available on the Board's website pages.

8.3 The following points and comments were discussed and noted:

- The initiative to support fathers - the inclusive father project - was welcomed as it was felt this was an area that had been neglected in the past. Over 96% of births are registered by both parents and the initiative filled a gap which for many years had been thought relevant only to mothers and children.
- Primary and Community services carry out a lot of early intervention and support to avoid issues escalating to increasing need for resources. It was felt that this was not adequately mentioned and the report could highlight this better. Chris Robson took an action to look at the role of Primary and Community services in early intervention in the report to ensure this is mentioned.
- It was suggested that promoting careers in Social Care at schools would be beneficial in advertising the sector. Although the media often highlighted bad cases of where care had failed, there were many hundreds of cases where great results had been achieved which underpinned what a good career being in Social Care was and how this made a real difference to individuals in their lives. These outcomes needed to be highlighted further at every opportunity with young people. Christine Futter and Chris Robson to discuss opportunities to promote careers in Social care.
- The voluntary sector could play a large part in promotion of access to training and good practice. Alan Hopley and Chris Robson to liaise regarding promoting access to training and safe practice in the VCSE.

8.4 **The HWB resolved to:**

- Endorse the contents of the NSCP 2021/22 annual report.

9. **Pharmaceutical Needs Assessment**

9.1 The Health and Wellbeing Board received the report which detailed the annual Pharmaceutical Needs Assessment (PNA). There is a requirement for the HWB to approve the assessment before it could be published. There is also a legal requirement to undertake this assessment and publish the findings within three years of any previous publication. The report records the assessment of the need for NHS pharmaceutical services within Norfolk and details when and where services are available, any changes likely to affect future needs and identifies current or future gaps in pharmaceutical services.

9.2 The report was presented by Suzanne Meredith, Deputy Director of Public Health who advised:

- The assessment had found no gaps in pharmaceutical provision currently or within the next three years.
- Although the assessment is only published every three years, monitoring took place on a regular basis and updates were produced to ensure it remains current.
- The Waveney area was not covered in the report and was included within the report for the Suffolk Health and Wellbeing Board.
- Currently there are 157 dispensing community pharmacies and 15 GP practice pharmacies in Norfolk.

- Norfolk's number of pharmacies per population of 100,000 was close to the national average.
- The PNA does not assess quality of services provided. It was acknowledged that there were national issues in the supply of some drugs and medicines which were also being experienced locally and that this issue could be pursued by Norfolk Health Overview and Scrutiny Committee (HOSC).

10.15am Bernadette Lawrence (Suffolk County Council) enters the meeting.

9.3 The following points and comments were discussed:

- There is a strategy for community pharmacies and the services being developed across the ICB
- If members of the ICP hear of issues around pharmacies/patients who are unable to access specific medications please contact the medical Director of the ICB Frankie Swords..
- The representative from Norfolk and Norwich University Hospital Trust (NNUH)l felt that a 24/7 pharmacy in Norfolk would fill a gap in need regarding opening hours. People often turned up to A&E departments during out of hours requiring medicine or treatment that a pharmacy could have provided. However, it was acknowledged that, especially for rural communities, a 24/7 pharmacy meant people would require access to private transport to get there.
- It was felt that pharmacies would have to provide more services in the future to help with the burden of increasing demand on health care services.
- Challenges remain for patients as some pharmacies were sending prescriptions away for dispensing rather than having onsite facilities. This often led to delays in receiving medication, especially urgent requests.
- Boots the Chemist had started charging care providers with the cost of delivery. This cost was being met by the care providers and over a period of time this is becoming a considerable amount of money for a health related cost.

9.3 **The HWB resolved to:**

- Approve the PNA for publication as part of the Norfolk Joint Strategic Needs Assessment.
- Note the concerns about difficulties people in some areas are experiencing, in relation to reliable opening hours of pharmacies and supply of medicines and recommend this is taken forward by Healthwatch Norfolk and the Health Overview and Scrutiny Committee.

10 **Norfolk Drug & Alcohol Partnership Formation and Governance**

10.1 The HWB received the report which informed members on the plans for developing a new strategic substance misuse partnership. The strategy would require the formation of a multi -agency partnership to meet the proposed goals of enforcement, treatment, and prevention.

Diane Steiner Deputy Director of Public Health presented the report and advised:

- The proposed strategy was in line with the Government's 10 year strategy released in September 2021, and it was anticipated that local partnerships would form to help achieve the aims.
- There was a desire to be ambitious in the aims of the partnership to tackle the issues of drug and alcohol dependency in Norfolk and built on the already existing initiatives within the county.

- The cost to the local economy because of drug and alcohol misuse could not be underestimated across all levels.
- The partnership strategy would cover the footprint of Norfolk (Waveney would be covered by Suffolk HWB), Dr Louise Smith, Director of Public Health would lead the partnership for Norfolk and the Norfolk HWB would provide governance oversight.
- Service users would be embedded into the pathways adopted by the partnership so their voice would be heard. It was acknowledged that mental health issues often accompany addiction and that treatment plans would include all needs of the service users.

10.2 The following points and comments were discussed:

- The action to tackle both addiction and mental health issues at the same time was welcomed as usually the two issues were interlinked and could not be separated for the purposes of treatment and recovery.
- The partnership should not just be aimed at younger people and often those in the age bracket of 50+ were experiencing need for treatment. Housing and employment also needed to be considered within the mix of service provision to enable users to recovery holistically.
- Young people were being seen more regularly with alcohol issues and early prevention in the pathway was required by the partnership to ensure greater demand for services is not required downstream. The partnership would need to consider how best to include prevention services.
- The partnership was experiencing difficulty in getting clinical engagement. Clinical treatment is key to the partnership but clinical sites had been difficult to engage. The issue would need to be overcome if the strategy was to be successful.
- The CQC had lifted restrictions on the CGL service provider following recent updates that sufficient progress had been made on required actions.
- The joint needs assessment and the commissioning of services arising from the assessment would be undertaken countywide. Learnings from Project ADDER in the Greater Norwich area would be rolled out across the county.
- Representatives from the voluntary sector encouraged the partnership to reach out and involve them as much as possible as their experience and knowledge in this area would be vital to making the partnership successful.
- Whilst it was acknowledged that residential treatment was expensive there was not conclusive evidence that this was any more effective than other treatment plans. There were limitations within the private sector providing these services and it was recommended that the preferred route was with the County Council's own commissioned service Change Grow Live (CGL).
- The Chair of NHOSC (also a HWB member) agreed that HOSC would take up the issue of service users being asked to tackle their addiction problems before receiving any mental health treatment with NSFT.
- It was suggested that the strategy of the partnership could be aligned with a number of other strategies particularly with regard to safeguarding of both adults and children. The Norfolk County Council Children's Services own Flourish initiative was thought to be a good example of where the partnership could embrace over arching strategies to best effect.

10.3 **The HWB resolved to:**

- Agree the proposal for the formation of the Norfolk Drugs and Alcohol Partnership to increase our ability to respond to drugs and alcohol issues by combining prevention, treatment, and enforcement:
    - Reporting to the Health and Wellbeing Board to provide elected official and senior leader oversight.
    - With a footprint of the county of Norfolk.
    - With the Director of Public Health as the Senior Responsible Owner and
    - The partnership is to cover alcohol as well as drugs.
- Agree to delegate the ratification of the Terms of Reference for the Norfolk Drugs and Alcohol Partnership to the Chair of the Health and Wellbeing Board.
- Advise on priorities for the new Norfolk strategic partnership.

11 **Better Care Fund 2022/23**

11.1 The HWB received the report which provided the submission details of the 22/23 Better Care Fund (BCF) plan. Bethany Small, Commissioning Manager, Social Care and Health Partnerships and Nick Clinch, Assistant Director of Social Care and Health Partnerships, Adult Social Care presented the report and advised:

- The plan was the final submission following discussions that took place at the last meeting of HWB.
- The BCF plans had been created using the five priorities of the BCF and the principles agreed by HWB.
- The plan included expected performance against the four BCF metrics, BCF income and spend, as well as detailing approaches to keeping people well at home and supporting discharges and how carers would be supported and inequalities addressed.
- BCF would be targeted for use at place level and each Health and Wellbeing Partnership received concurrent funding for projects which matched the aims of the BCF.
- For the first time a plan of capacity and demand has been requested which looks at system capacity for discharge and care and expected demand.
- The next stages included how feedback would be received from service users on how the BCF had helped meet the aims. Healthwatch Norfolk had agreed to help with this. In addition, both the ICB and other local authorities had also supported the need to feed back how BCF was making a difference. This learning would be a key part of preparation for submissions in the future.

11.2 The following points and comments were discussed:

- Nick Clinch will speak to the Norfolk County Council commissioners of the advice and information services about the complexity and how the service could be delivered better at place level and how this could be included within future BCF plans.
- Breckland District Council at the moment has over 500 applications awaiting approval from Disability Facilities Grant (DFG) as the amount of the fund, although increased, cannot meet increased demand. This meant that people were stuck in hospital because adaptions to their homes required for their discharge would not happen. The average application was around £7k.
- Sam Higginson, the NNUH representative, requested that demand and capacity modelling was completed to establish how BCF could be better utilised for future years and that more effective integration between NHS and local government and statutory organisations and the voluntary sector was

required. Nick Clinch to initiate discussions and work on demand and capacity modelling around discharge.

- Patricia Hewitt said the only way to meet the health and care needs of our population is much more effective integration between the statutory services and the VCSE. Even if we are not going to find enormous sums of money to invest in the BCF from 1 April 2023 we should be setting an objective and an ambition to increase the pooling of funding resource over the next 3-5 years, with a start from the 1st April 2023.Nick Clinch to take this forward.
- Examples were provided where social prescribers were having a real impact within their local communities and were seen as an important part of the service provision and often dealt with complex needs.
- The sharing and quality of data was thought vital to ensure that blockages to services were not taking place and ended up costing providers more money.
- The data on capacity and demand included within the submission was not recognised by Joanne Segasby (JPUH). Nick Clinch to review capacity and demand data to ensure lining up prior to BCF submission. Data variances between the three acute Trusts due to data collection methods needs to be looked at. NNUH, QEH and JPUH to work on aligning data sets for for the next financial year.

11.3 **The HWB resolved to:**

Approve the BCF submission for 2022/23 which included:

1. A narrative plan, describing our approach to integration, discharge, housing, and health inequalities.
2. An excel template, describing the BCF income and expenditure, our planned performance against the four key metrics and affirmation that we are meeting the national conditions as set out in the current BCF Planning Guidance.
3. A Capacity and Demand plan for supported discharge and intermediate care services. (it was suggested the data should be revisited before submission)

**The Health and Wellbeing board closed at 11:14am**

## Norfolk and Waveney Integrated Care Partnership

**1. Minutes**

1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 21 September 2022 were agreed as an accurate record and signed by the Chair.

2. **Actions Arising**

2.1 None

**3. Declarations of Interest**

3.1 None

**4. Public Questions**

4.1 No public questions had been received.

**5. Social Care & Integrated Care Board Winter Planning Report**

5.1 The ICP received the report.

5.2 Nick Clinch, Assistant Director, Social Care & Health Partnership Commissioning, Mark Burgis, Director of Patients and Communities, Norfolk & Waveney ICB and Marcus Bailey, Winter Director. Norfolk & Waveney ICB undertook a joint presentation that is available on the ICP's website pages.

5.3 The following points and comments were discussed:

- It was acknowledged that pressures normally seen at winter now seem to be a year round occurrence at all acute hospitals and service demand across the system. The NNUH had been running with an additional 100 patients which made bed spaces in wards uncomfortable.
- The pressures on the Social Care sector were getting insurmountable and recruitment to caring roles was extremely difficult. More investment was required as without adequate levels of Social Care in place the system will collapse. The cost of living crisis was hitting care staff hard and vacancy rates in Norfolk were at an all time high and well above the average for UK.
- NORCA representative met with Andrew Proctor on 8 November over issues with workforce in the Care Sector. We must acknowledge that without Social Care, Health cannot function either. The Care Academy starts on Monday 14 November and it has been the hardest its ever been to recruit to it. Unless we address the workforce issues in Social Care, Social Care providers will not be able to continue to provide services.
- The ICB representative confirmed communications regarding winter pressures and planning were being launched very shortly. Tracey Bleakley to send the winter campaign materials to disseminate to the ICP secretariat. ICP secretariat to disseminate campaign materials to all ICP members. All ICP members to share this information across their organisations and to the wider public.
- It was requested that future Winter plans should include co production from staff members at the front line who often had solutions and ideas to problems that arose.
- £11m of non recurrent funding drops out of the system in February 2023 and it will be increasingly important to work collaboratively across all sectors and consider a medium term strategic plan on how we manage resources. More money needs to go into Social Care next year and a shift in investment is needed. .
- Central government had set two biggest NHS priorities of a reduction in Category 2 ambulance response times and ambulance hand over times at acute hospitals..
- It was hoped that learning from the pandemic can be carried through to plans such as winter pressures and that a different approach to managing risks within the system was required with a pooling of resources and more collaborative working especially as the new ICB / ICS takes shape. Working at community place level would add some reliance to the system.

- The voluntary sector has an important part to play as they often know first hand what was working well and what was not. The VCSE to be included in the development of the Winter Plan for 2023/24.
- The process of discharging someone from hospital needs to be examined, simplified, and stripped of any unnecessary stages.
- Whilst it was suggested that social care workers could be classed as key workers for the purposes of social housing, the shortage of social housing meant that this would have limited impact, especially as demands for social housing will increase. District Councils were struggling to meet the demands of those within the emergency housing category, let alone other categories.
- International recruitment of care sector workers had been successful although it is complex and expensive. The care sector, working with NHS colleagues who were also undertaking international recruitment, had been very valuable and was an example of where collaboratively working had produce good results.

**The ICP resolved to:**

- Endorse the plan and work being carried out across social care and health to support the system and residents of Norfolk and Waveney during the coming months, and for partners to commit to working collaboratively to promote and support the plan.

12.05pm Cllr Webb left the meeting.

**6. Health and Wellbeing Partnerships update**

6.1 The ICP received the report which provided an overview of activity and progress to date of the Health & Wellbeing Partnerships (HWP) within Norfolk & Waveney's ICS.

6.2 Alison Gurney, Programme Director, Public Health presented the report and detailed some case studies of achievements of HWP's working together for a common purpose that had achieved good outcomes so far. All Covid Recovery Fund monies had been allocated to projects across the HWPs in Norfolk which were now in place and working well. Each HWP had committed to a undertake a maturity self assessment from a place level approach. These assessments, undertaken with some variations according to the Partnerships approach, had identified collaborative working and best practices to adopt. The BCF had supported projects within the Kings Lynn district and the HWP working together had produced bids for BCF funding. Those projects had been successfully launched and were strengthening. Recruitment of joint funded posts between Broadland, South Norfolk and Great Yarmouth HWPs had been successful and all posts were now filled and operating well. In September 2021 the first meeting of the Waveney HWP took place where priority setting was the main agenda item to establish their strategies and how these fitted in to the wider health care objectives. The next steps were for all HWP's to have clear objectives and action plans. Public Health colleagues were working with HWP's at place level in Norfolk to help shape and form those strategies and objectives. To support that work, Public Health in Norfolk were offering some funding and officer support for the next 2 years for the Norfolk HWP's. The HWPs had a desire to develop their strategies at place level to bring their work into greater focus.

6.3 The following points and comments were discussed:

- Anna Gill from Cambridgeshire Community Services raised that in locality working how do we keep an eye on service users with high needs but low incidences who may not meet the thresholds of everyone's cognizance in a local area, such as those young people with complex health needs transitioning from children's to adults services. Tracey Bleakley to t consider bringing a paper to the ICP on this issue.
- Place is a key delivery platform for the whole health care system and the ICP were encouraged to note the progress being made within the HWPs.

6.4 **The ICP resolved to:**

- Support the Health and Wellbeing Partnerships to develop local strategies and delivery plans.
- Endorse the delivery of the Public Health offer for Norfolk for 2023 – 2025.

## 7. Transitional Integrated Care Strategy & Joint Health & Wellbeing Strategy

7.1 The ICP received the report which provided an overview of the agreements already made by the ICP to produce a transitional combined strategy for the Integrated Care Partnership (for Norfolk and Waveney) with the joint Health & Wellbeing strategy (for Norfolk).

7.2 Debbie Barlett, Director, Transformation and Strategy, Adult Social Services, presented the report and advised:

- The document collated previous discussions and agreements at ICP meetings, guidance from Department of Health and Social Care and analysis of system wide priorities.
- The strategy had been set at a high strategic level to enable the stakeholders within the system to action their priorities without being out of alignment with over-arching objectives.
- The strategy is centered on four themes previously agreed by ICP: Driving integration, prioritsing prevention, addressing inequalities and Enabling resilient communities.
- The strategy is transitional as formal guidance was still awaited.
- The next stage will be for the ICP to discuss the challenges and priorities relating to the four themes at a development day on 7th December 2022.

7.3 The following points and comments were discussed:

- Members were pleased to see the development of the strategy had been undertaken with great care with good detail and at a level which was compatible for all of the system. It was felt the strategy was an enabling strategy.
- There were concerns that the document referred to 'pockets of poverty' in Norfolk whereas in reality poverty was much more widespread and prevalent across Norfolk. Debbie Bartlett to alter wording in the strategy with reference to 'pockets of poverty'

7.4 **The ICP resolved to:**

- Agree the transitional Integrated Care Strategy for Norfolk and Waveney and Joint Health and Wellbeing Strategy for Norfolk.
- Agree that all Members will take the Transitional Strategy through their own Governance arrangements, and feedback the actions their organisations will be taking in the coming year to deliver against the Integrated Care Strategy's key challenges and priority actions at the next ICP, in March 2023.

- Agree that this is a transitional and active document which will be kept updated and progressed.

**Meeting Concluded at 12.23pm**

**Bill Borrett, Chair,**

**Health and Wellbeing Board and Integrated Care Partnership**

## Report title: Better Care Fund – Adult Social Care Discharge Fund

## Date of meeting: 08 March 2023

## Sponsor (HWB member): James Bullion, Executive Director of Adult Social Services, Norfolk County Council

## Reason for the Report

In November 2022, an additional Adult Social Care Discharge Fund (ASC Discharge Fund) was announced as part of the Better Care Fund. Norfolk has a fund of £9.67m, split between NHS Norfolk and Waveney Integrated Care Board (ICB) and Norfolk County Council, for ratification by the Norfolk Health and Wellbeing Board.

## Report summary

The Health and Wellbeing Board approved our overall Better Care Fund submission for 2022/23 on 9 November 2022. After this the new Adult Social Care Discharge Fund was announced, with a specific focus on improving hospital flow by enabling people to be discharged to an appropriate setting. The Adult Social Care Discharge Fund is constituted of four specific National Requirements for its use:

- Discharge of patients from hospital to the most appropriate location for their ongoing care;
- Discharge to Assess (D2A) and provision of homecare;
- Boost general adult social care workforce capacity through staff recruitment and retention;
- Complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

Local spend plans for the fund have been developed in accordance with Better Care Fund Guidance, but also with a number of core principles in mind, particularly taking in to account the recurrent nature of this funding into 2023/24 and 2024/25 and existing local priorities.

## Recommendations

The HWB is asked to:

a) Receive and ratify the Adult Social Care Discharge Fund spend plans.

## 1. Background

1.1 On 9 November 2022 the Health and Wellbeing Board approved Norfolk's overall Better Care Fund (BCF) submission for 2022/23 which was formed of:

- A narrative plan, describing our approach to integration, discharge, housing and health inequalities.
- An excel template, describing the BCF income and expenditure, our planned performance against the four key metrics and affirmation that we are meeting the national conditions asset out in the current BCF Planning Guidance.
- A Capacity and Demand plan for supported discharge and intermediate care services.

1.2 In late November 2022 the *Adult Social Care Discharge Fund* was announced, as an additional fund forming part of the Better Care Fund. The value of the fund in Norfolk is £9.67m, with funding split between NHS Norfolk and Waveney ICB and Norfolk County Council. The funding must also be pooled into our local BCF section 75, that forms the technical agreement between the NHS and County Council for the pooling of the BCF. The

fund is one of a number of recent government announcements since November 2022 relating to Urgent and Emergency Care, summarised below:

1. **Adult Social Care Discharge Fund (November 2022):** *Interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing* care.
2. **Hospital Discharge Fund guidance (January 2023):** *Capacity in care homes (plus associated clinical support) for patients with no criteria to reside in hospital but who cannot be discharged.*
3. **Delivery Plan for recovering Urgent and Emergency Care services (January 2023):** *A delivery plan for recovering urgent and emergency care services, aimed at reducing hospital waiting times and improving care.*

1.3 The ASC Discharge Fund is constituted of four specific National Requirements for its use:

- Discharge of patients from hospital to the most appropriate location for their ongoing care;
- Discharge to Assess (D2A) and provision of homecare;
- Boost general adult social care workforce capacity through staff recruitment and retention;
- Complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

1.4 The fund must be focussed specifically on activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required.

1.5 The ASC Discharge Fund, alongside the other national announcements on Urgent and Emergency Care, come at a time of increased winter pressures. The COVID-19 pandemic has placed strain on Norfolk's health and social care system. In addition, winter often brings with it untoward events such as widespread infectious diseases including pandemic flu which can affect our population and staff alike. This winter has presented greater challenges than in previous years. In line with other systems, the Norfolk care market is experiencing unprecedented pressures, including: workforce shortages nationally; rising demand from community and hospital referrals; recovering from pressures on community-based social care caused by the COVID-19 pandemic.

1.6 A top priority is improving our discharge arrangements and the flow of patients through our hospitals and back into the community. The ASC Discharge Fund has provided additional opportunity in our system to support with this important area – creating additional capacity and supporting the timely discharge of people who no longer need to stay in hospital.

## 2. Adult Social Care Discharge Fund in Norfolk

2.1 As well as using funding in line with the BCF Guidance, the following core principles have been followed in prioritising use of the ASC Discharge Fund:

- Larger scale changes that deliver sustainable delivery;
- Focus on supporting our existing local strategic approaches, including:
  - Improve retention and recruitment of home-based workforce
  - Maximise capacity in home support
  - Capability and capacity in recovery
  - Emphasis on intermediate care (spanning all ranges of complexity)
- An expectation, short, medium and long term, of improvement in the number of people being discharged.

2.2 Whilst this funding focuses on supporting discharge from hospitals, the ASC Discharge Fund will also be used for initiatives supporting Primary Care, Mental Health and Learning Disabilities.

2.3 The ASC Discharge Fund is recurrent funding, over 2023/24 and 2024/25. The recurrency of this funding has helped us build a programme where the services being funded support a model of intermediate care and HomeFirst approach that supports our local ambitions, including: delivery of local discharge processes; increasing capacity for complex home-based support; preventing, reducing and delaying long-term packages of care; and investing in the care workforce and flow out of intermediate care.

2.4 **Schemes:** The ASC Discharge Fund has enabled additional capacity in our system to support more people to be discharged, bolstering our workforce and expanding support in the community. Norfolk and Waveney ICS is committed to continue working together to manage these challenges and system partners across all sectors are implementing new ways of working, launching new initiatives and support local people, their families and carers.

2.5 A large number of schemes have been enabled through the ASC Discharge Fund, with some specific examples demonstrating innovative new approaches or opportunity to expand on plans already in place in our system winter plan (Go to norfolkcc.cmis.uk.com to view meeting papers from November 2022, *Integrated Care Partnership*):

- Housing with Care Flats – Deployment of 21 flats since November 2022, within Housing with Care, as step down to support acute and community hospital discharge and flow out of intermediate care (Norfolk County Council; Broadland Housing & Saffron; Norse Care; County Kitchen Foods, Norfolk & Waveney ICB).
- Home Support Enhanced Discharge Incentive – 10 additional discharges per week via additional financial support to homecare providers to pick up new packages within 24 hours, covering increased complexity and discharge requirements (Norfolk County Council, Home Support providers).
- Home Support Rate Increase – Increase of £1.08 to the hourly rate to increase workforce and enable providers to take on additional work that supports flow in to, and through, community care, supporting increased discharge activity (Norfolk County Council).
- Carers Hardship Support – Additional Information and advice support for unpaid and family carers at point of discharge (acute and community) – focused on winter hardship support (Citizens Advice Bureau and Carers Matters Norfolk).
- New Step-up/down model from 2023/24 – additional investment in VCSE from April 2023, to support step-up and down in the community.
- Bed based intermediate care capacity – 158 intermediate care beds commissioned across Norfolk and Waveney to support patients leaving hospital with associated 'wrap around' workforce support from primary care, therapy and social work.
- Virtual Ward expansion – increased hospital stepdown through supported discharge and ongoing home-based health monitoring.
- Non-Emergency Patient Transport – increased provision to support discharge of patients from hospital and reduce transport related delays.

2.6 Alongside these measures, it is important to note other actions being taken as part of the ICS winter plan that in conjunction with the ASC Discharge Fund have supported our population (see Appendix 1).

2.7 **Impact:** As a result of continued focus on discharge, reducing ambulance handover delays, and support in the community, we have achieved positive benefits, as a system, working together, across two interlinked areas – community-based support, and urgent and emergency care performance.

2.8 Community-based support:

- A significant reduction in the 'Interim Care List' – our primary measure of availability of home support. Since January 2022 (17/01/22), there has been a reduction of 75%

in people on the interim care list.

- Increase in capacity in services in our community supporting hospital discharge, including home support, housing with care flats, VCSE.
- GP Out of Hours contacts rose from 8,000 per month in September 2022 to 12,000 in December 2022.

2.9 **Urgent and Emergency Care:**

- Lower ambulance conveyance to hospital rates – rate reduced from 62.6% in Dec 2019 to 58.3% in Dec 2022 (equates to 2,872 less ambulances conveyed).
- Lower Emergency Department conversion rates – an average of 22% of patients actually attending an Emergency Department are admitted (compared to national average – 28.8% over last 6 weeks).
- Lower Emergency Department emergency admissions – average monthly reduction of 8.2% across the ICS for the year to date compared to 2019.
- An 8.4% reduction in the overall number of patients in our hospitals with no Criteria to Reside (Non-CTR) has been seen between October 2022 (average 618) and February 2023 (average daily 570).
- However there has been an increasing percentage of the Non-CTR patients that are discharged daily from 31% (Sept 22) to 54% (Feb 23).

## 3. Adult Social Care Discharge Fund Submissions

3.1 For the ASC Discharge Fund we were asked to submit two templates, one showing how NHS Norfolk and Waveney ICB split their funding between Norfolk and Suffolk, and a second which focused on the planned programmes and expenditure. The contents of these templates are summarised below.

3.2 **ICB Distribution Template (Appendix 2)**
This ICB Distribution Template shows how Norfolk and Waveney ICB split the ASC Discharge Fund spend between Norfolk and Suffolk.

3.3 **ASC Discharge Fund 2022/23 Funding Template (Appendix 3)**
This template details the planned spend in Norfolk by programme and scheme type. A summary of the information in each worksheet is:

- Cover: A cover page for the document, including who is submitting the return and contact details of key stakeholders.
- Expenditure: A very detailed summary of the services and projects funded by the ASC Discharge Fund, including where the money has come from, a description of the schemes being funded, which sector the commissioner has come from, and the category of the scheme being delivered.
- Scheme Types and Guidance: Guidance to completing the document, alongside details of the scheme types that can be picked, and how to allocate them on the Expenditure tab.

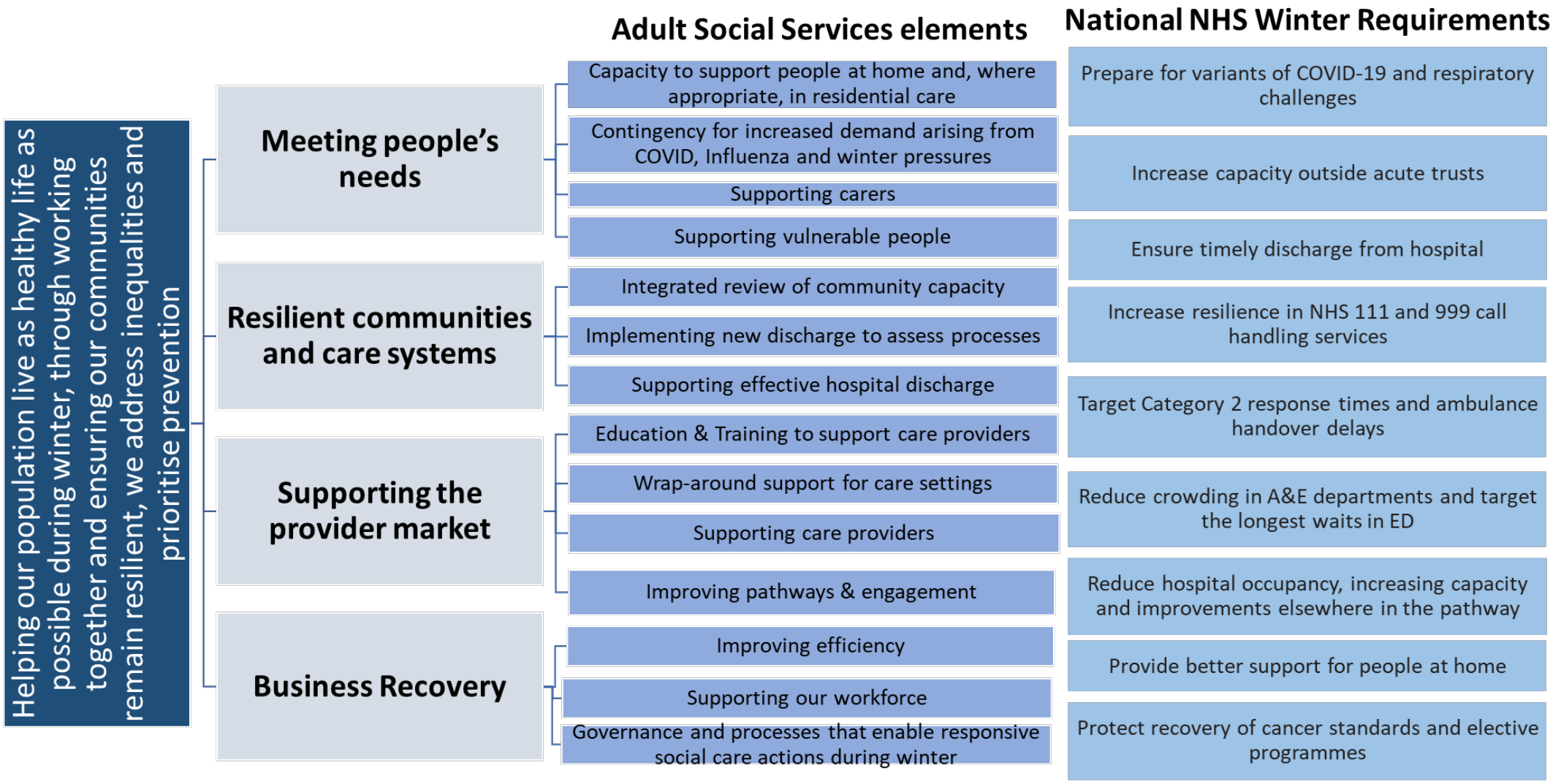
**Officer Contact**
If you have any questions about matters contained in this paper please get in touch with:


Name: Nick Clinch Tel: 01603 223329 Email: nicholas.clinch@norfolk.gov.uk
Name: Marcus Bailey Tel: 07445 297699 Email: marcus.bailey@nhs.net


IN TRAN communication for all

If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

**Item 8 Appendix 1:**



# Adult Social Care Discharge Fund - ICB distribution

**Guidance**

| |
|---|
| 60% of the Adult Social Care Discharge Fund has been allocated to ICBs. The funding must be pooled into Better Care Fund plans and it's use agreed with local authority partners. It is for systems to agree how to distribute this funding at HWB level, based on their assessment of need. |
| Separate spending plans, covering the detailed use of the funding (both ICB allocated and grants paid to local authorities) should be completed for each HWB and returned by 16 December. This form is for ICBs to confirm the distribution of ICB allocated funding across HWBs within their footprint |

| |
|---|
| ICB name |
| Total allocation |
| Name of person completing this form |
| Contact email |
| ICB lead for improving discharge data collection (optional) |

**HWB**

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|---|
| Norfolk |
| Suffolk |
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| Total (Must equal allocation) |

# Item 8 Appendix 2

| |
|---|
| |
| NHS Norfolk and Waveney ICB |
| £6,963,372.73 |
| Colin Bright |
| colinbright@nhs.net |
| |

**Funding**

| |
|---|
| £6,189,372.73 |
| £774,000.00 |
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| |
| £6,963,372.73 |

**Discharge fund 2022-23 Funding Template**

**2. Cover**

HM Government

NHS

**Version 1.0.0**

**Item 8 Appendix 3**

*Please Note:*

*- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.*

*- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".*

*- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.*

*- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.*

| | |
|---|---|
| **Health and Wellbeing Board:** | Norfolk |
| **Completed by:** | Nick Clinch |
| **E-mail:** | nicholas.clinch@norfolk.gov.uk |
| **Contact number:** | 01603 223329 |

**Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):**

| | |
|---|---|
| **Confirm that use of the funding has been agreed (Yes/No)** | Yes |
| **Job Title:** | |
| **Name:** | |

**If the following contacts have changed since your main BCF plan was submitted, please update the details.**

| | Role: | Professional Title (e.g. Dr, Cllr, Prof) | First-name: | Surname: | E-mail: |
|---|---|---|---|---|---|
| ***Area Assurance Contact Details:** | Health and Wellbeing Board Chair | County Councillor | Bill | Borrett | bill.borrett.cllr@norfolk.gov.uk |
| | Integrated Care Board Chief Executive or person to whom they have delegated sign-off | Chief Executive | Tracey | Bleakley | t.bleakley@nhs.net |
| | Local Authority Chief Executive | Head of Paid Service | Tom | McCabe | tom.mccabe@norfolk.gov.uk |
| | LA Section 151 Officer | Executive Director, | Simon | George | simon.george@norfolk.gov.uk |
| *Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process --> | Assistant Director, Social Care & Health Partnership Commissioning | Assistant Director | Nicholas | Clinch | nicholas.clinch@norfolk.gov.uk |
| | Commissioning Manager, Social Care & Health Partnership Commissioning | Commissioning Manager | Bethany | Small | bethany.small@nhs.net |
| | | | | | |

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

# Discharge fund 2022-23 Funding Template

**5. Expenditure**

Selected Health and Wellbeing Board: Norfolk

| Source of funding | | Amount pooled | Planned spend |
|---|---|---|---|
| LA allocation | | *£3,482,232* | £3,482.232 |
| ICB allocation | NHS Norfolk and Waveney ICB | *£6,189,372* | |
| | | *Please enter amount pooled from ICB* | |
| | | *Please enter amount pooled from ICB* | |

*Yellow sections indicate required input*

| Scheme ID | Scheme Name | Brief Description of Scheme (including impact on reducing delayed discharges). | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Estimated number of packages/beneficiaries | Setting | Spend Area | Commissioner | Source of Funding | Planned Expenditure (£) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| N&W WIN 5 | Evolve Beds | Evolve is an established provider with a jointly funded (NCC/NHS) discharge | Bed Based Intermediate Care Services | Other | Step down to mh specialist temporary | 1 placement per week | | Mental Health | Norfolk | Local Authority Grant | £114.42 |
| N&W WIN 8 | Residential Step Down Bed | The funding would be used to buy a block bed for 6 months with The Hollies | Bed Based Intermediate Care Services | Other | Step down to residential from acute mh | 0.5 placement per week | | Mental Health | Norfolk | Local Authority Grant | £19.18 |
| N&W WIN 28 | Step-down Housing with Care Flats | Deployment of flats, within Housing with Care, as step down. Increasing community capacity to support acute | Bed Based Intermediate Care Services | Step down (discharge t | Independent Living | 1.25 placements per week | | Social Care | Norfolk | Local Authority Grant | £352.00 |
| N&W WIN 58 | Beach View Surge | P2 Capacity - Call-off arrangement of 5 beds to support hospital discharge | Bed Based Intermediate Care Services | Other | Step down to residential from acute in patient | 1 placement per week | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £66.75 |
| N&W WIN 62 | Nordelph ICB Beds | Dedicated additional night-time staffing to increase number of AO2 patients that | Bed Based Intermediate Care Services | Other | Step down to residential from acute in patient | 4 placements per week | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £47.00 |
| N&W WIN 63 | Hickerthrift | Extension of Dementia capacity to support P2 discharge of cognitively | Bed Based Intermediate Care Services | Other | Step down to residential from acute in patient | 6 placements per week | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £160.00 |
| N&W WIN 93 | Orchard House | Additional 5 surge beds to support P2 discharges of patients with cognitive | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 5 placements per week | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £252.00 |
| N&W WIN 122 | Pathway 2/3 Beds | Increase in community bed capacity to support - 4 additional beds at Dell | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 4 beds | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £40.15 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| N&W Bed 104a | Cresta Lodge - Poringland (Beds) | Cresta Lodge - Poringland (Beds) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 5 beds | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £99.75 |
| N&W Bed 104b | Cresta Lodge - Poringland (Primary Care) | Cresta Lodge - Poringland (Primary Care) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | Represented in 104a | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £9.50 |
| N&W Bed 105a | Manor House Blofield (Beds) | Manor House Blofield (Beds) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 4 beds | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £84.00 |
| N&W Bed 105b | Manor House Blofield (Primary Care) | Manor House Blofield (Primary Care) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | Represented in 105a | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £23.00 |
| N&W Bed 106a | Glendon House Cromer (Beds) | Glendon House Cromer (Beds) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 5 beds | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £120.00 |
| N&W Bed 106b | Glendon House Cromer (Primary Care) | Glendon House Cromer (Primary Care) | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | Represented in 106a | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £46.00 |
| N&W Bed 108 | Additional bed at All Hallows | Additional bed at All Hallows | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 1 bed | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £13.75 |
| N&W Bed 109 | Additional bed at Dell House | Additional bed at Dell House | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 1 bed | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £15.63 |
| N&W Bed 110 | Replacement dementia beds in the west (cost to | Replacement dementia beds in the west (cost to include Primary Care - maybe | Bed Based Intermediate Care Services | Step down (discharge to assess pathway 2) | | 6 beds | | Community Health | NHS Norfolk and Waveney ICB | ICB allocation | £160.00 |

**Scheme types and guidance**

**This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.**

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

| **Scheme types/services** | **Sub type** | Notes | home care? |
|---|---|---|---|
| Assistive Technologies and Equipment | 1. Telecare<br>2. Community based equipment<br>3. Other | You should include an expected number of beneficiaries for expenditure under this category | Y |
| Home Care or Domiciliary Care | 1. Domiciliary care packages<br>2. Domiciliary care to support hospital discharge<br>3. Domiciliary care workforce development<br>4. Other | You should include an expected number of beneficiaries for expenditure under this category | Y |
| Bed Based Intermediate Care Services | 1. Step down (discharge to assess pathway 2)<br>2. Other | You should include an expected number of beneficiaries for expenditure under this category | N |
| Reablement in a Person's Own Home | 1. Reablement to support to discharge – step down<br>2. Reablement service accepting community and discharge<br>3. Other | You should include an expected number of beneficiaries for expenditure under this category | Y |
| Residential Placements | 1. Care home<br>2. Nursing home<br>3. Discharge from hospital (with reablement) to long term care<br>4. Other | You should include an expected number of beneficiaries for expenditure under this category | N |
| Increase hours worked by existing workforce | 1. Childcare costs<br>2. Overtime for existing staff. | You should indicate whether spend for this category is supporting the workforce in:<br>- Home care<br>- Residential care<br>- Both | Area to indicate setting |
| Improve retention of existing workforce | 1. Retention bonuses for existing care staff<br>2. Incentive payments<br>3. Wellbeing measures<br>4. Bringing forward planned pay increases | You should indicate whether spend for this category is supporting the workforce in:<br>- Home care<br>- Residential care<br>- Both | Area to indicate setting |
| Additional or redeployed capacity from current care workers | 1. Costs of agency staff<br>2. Local staff banks<br>3. Redeploy other local authority staff | You should indicate whether spend for this category is supporting the workforce in:<br>- Home care<br>- Residential care<br>- Both | Area to indicate setting |
| Local recruitment initiatives | | You should indicate whether spend for this category is supporting the workforce in:<br>- Home care<br>- Residential care<br>- Both | Area to indicate setting |
| Other | | You should minimise spend under this category and use the standard scheme types wherever possible. | Area to indicate setting |
| Administration | | Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area | NA |

## Report title: NHS Norfolk and Waveney ICB Annual Report

## Date of meeting: 08 March 2023

## Sponsor (HWB member): Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney Integrated Care Board

## Reason for the Report

NHS Integrated Care Boards (ICBs) must include a narrative in their annual reports about how they have contributed to the delivery of the priorities of their local Health and Wellbeing Boards. Boards must also be consulted in the preparation of these narratives.

## Report summary

NHS Norfolk and Waveney ICB has drafted the narrative set out in this paper for their 2022/23 annual report about how they have supported and contributed to the delivery of the priorities of the Norfolk and Suffolk Health and Wellbeing Boards (as set out in their respective Joint Health and Wellbeing Strategies).

## Recommendations

The HWB is asked to:

a) Comment on the draft narrative and propose any amendments they would like made.

## 1. Background

1.1 NHS Integrated Care Boards (ICBs) are required to consult health and wellbeing boards about the part of their annual report which sets out how they have contributed towards delivery of the Joint Health and Wellbeing Strategy. NHS Norfolk and Waveney ICB is sharing the below extract of their annual report with the Board for comment.

1.2 The final version of the ICB's annual report for 2022/23 is not due to be submitted to NHS England until June 2022.The narrative remains draft and subject to minor changes up to that point.

## 2. The draft narrative

2.1 Here is the draft extract from NHS Norfolk and Waveney ICB's annual report for 2022/23:

### 2.1.1 Joint Health and Wellbeing Strategies

NHS Norfolk and Waveney ICB is an active member of both the Norfolk and Suffolk Health and Wellbeing Boards. The ICB has worked to support the four priorities in Norfolk's Joint Health and Wellbeing Strategy, as well as the cross-cutting themes in Suffolk's strategy.

### 2.1.2 Norfolk priority: Driving integration
### Suffolk cross-cutting theme: Greater collaboration and system working

In line with the Health and Care Act (2022), NHS Norfolk and Waveney Integrated Care Board (ICB) was designed to strengthen collaboration and further integration, not just between local NHS organisations, but with council colleagues and the voluntary, community and social enterprise (VCSE) sector. To support and enable integration, the NHS ICB Board

and its committees have partners on from a wide range of backgrounds and from different parts of the system.

Building on our well-established local relationships and the success of our health and wellbeing boards, the ICB has worked with partners to establish the Norfolk and Waveney Integrated Care Partnership. ICB staff have also worked with colleagues from the Partnership to develop our first Integrated Care Strategy for Norfolk and Waveney. The ICB is using the priorities in the strategy to guide the development of its first five-year Joint Forward Plan; helping to ensure that the ICB's work is coordinated and in line with that of system partners.

As a system, we are strengthening integration at all levels. The ICB has:

- Continued to support the development of our 17 Primary Care Networks (PCNs) and integrating our workforce.
- Worked with partners to establish the five Place Boards, which have brought together colleagues from across health and care to integrate services at a more local level.
- Been an active partner in the eight local health and wellbeing partnerships, working with district councils, VCSE organisations and others to address the wider determinants of health.
- Supported greater collaboration between providers operating in the acute, community and mental health sectors.

Our Integrated Care System is not fundamentally about structures and governance though. It is about relationships between people, communities, colleagues and the organisations that make up our Integrated Care System. To drive integration, we have invested in these relationships. For the ICB's part, this has included:

- A focus on how the ICB and our system works with local people and communities, helping us to build a better understanding of local health and care needs.
- Greater collaboration with the voluntary sector, for example through the VCSE Assembly.
- An organisational development programme to ensure the actions and behaviours of everyone who works for the ICB supports and enables collaboration and integration.

Importantly, we are taking decisions and making changes to integrate services and it is these changes that will really improve people's health, wellbeing and care. Examples include:

- **Collaborating to reduce waits for planned care:** During the pandemic, the number of patients waiting longer for treatment grew for multiple reasons; by June 2022 there were no patients waiting two years or more for routine care in our area. Achieving this target was only possible thanks to close collaboration between our three acute hospital trusts, making effective use of all available capacity, and through strengthening our relationships and mutual aid arrangements across healthcare systems.

- **Introducing a carers passport:** In November 2022, our Carers Identity Passport was launched, supported by all our local NHS trusts and East Coast Community Healthcare. This was introduced in response to carers telling us, as a system, how we could better support carers and families by involving them earlier when we are planning for a patient's discharge and listening to them about what would work best for the people they know and love.

- **Sharing data better to make it easier for frontline health and care professionals to understand people's conditions and to treat them:** We have made good progress with two key projects in our Digital Strategy. Firstly, the Norfolk and Waveney Shared Care Record Proof of Principle is live following successful system testing. The Shared Care

Record is a way of bringing together a person's records from the different organisations involved in their health and social care. These are then visible to frontline health and social care professionals, at the point of care. Secondly, the green light has been given to start the procurement of an electronic patient record for our three acute hospital trusts.

### 2.1.3 Norfolk priority: Prioritising prevention
### Suffolk cross-cutting theme: Prevention: stabilising need and demand

The ICB has worked with a wide range of partners to make real progress with the prevention agenda, both through the use of population health management techniques and by commissioning preventative services. Examples include:

- **Protect Norfolk and Waveney:** Protect NoW has continued to make strong progress and delivered a range of population health management projects over the past year. This is helping our system to provide more anticipatory and preventative care.

- **Active NoW:** Health and care professionals working with patients who could benefit from being more physically active now have a consistent, simplified way to refer patients into physical activity through Active NoW. The programme supports inactive patients who do less than 30 minutes of exercise each week, as well as patients living with a long-term health condition that could be managed or improved by being more active.

- **The Wellness of Wheels Bus:** To make it easier for people to get services, support and information, particularly people who do not access services in more traditional ways, we have introduced the Wellness on Wheels Bus. It visits communities across Norfolk and Waveney offering services such as vaccinations and screening, along with health and financial advice.

- **Health and Care Wellbeing Hubs:** We have opened our first hub in Norwich, which in addition to giving COVID-19 vaccinations, is also offering access to wider health support, lifestyle and wellbeing advice, and welfare support services.

- **Green Plan:** The ICB helped to develop the system's Green Plan for 2022-25, which sets-out the commitment of local health and care services to reducing harmful carbon emissions, which will save lives and improve health now, and for future generations.

### 2.1.4 Norfolk priority: Addressing inequalities
### Suffolk cross-cutting theme: Reducing inequalities

The COVID-19 pandemic highlighted some of the health and wider inequalities that persist in our society. As a system we are committed to working together to address these inequalities.

As outlined above, the ICB is working with partners to reduce health inequalities by:

- Using population health management techniques.
- Improving access to services, for example via the Wellness on Wheels Bus and the introduction of our Health and Care Wellbeing Hubs.
- Collaborating through our place boards and local health and wellbeing partnerships to improve access to and the quality of healthcare, as well as to address the wider determinants of health.
- Establishing a Patients and Communities Committee, whose remit includes examining how the ICB is reducing health inequalities.

Our collective work as a system is helping us to deliver the measures in the NHS Long Term Plan, the five priority actions to address inequalities that were identified as part of the health service's response to the pandemic and our work to deliver Core20PLUS5.

### 2.1.5 Norfolk priority: Enabling resilient communities
### Suffolk cross-cutting theme: Connected, resilient and thriving communities

The ICB is committed to supporting people to live independent healthy lives in their community for as long as possible, through promotion of self-care, early intervention, and digital technology where appropriate.

At set out above, we are using population health management techniques to provide more anticipatory care and early intervention. We are also using technology to empower people to manage their health and wellbeing better, for example by giving people greater visibility and control over their treatment and care journeys – this is a key aim of our new Digital Transformation Strategy.

Vital to creating more resilient communities is building capacity in the voluntary, community, faith and social enterprise sector. The ICB values the work of the sector and wants to work with the sector as a trusted partner. The ICB has worked with both the sector and other partners to establish the VCSE Assembly, as well as to involve colleagues from the sector in the governance of the ICB, including by having a VCSE member on the ICB Board.

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

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communication for all

If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

**Report title: Director of Public Health Annual Report 2022 – How does health vary in Norfolk?**

**Date of meeting: 08 March 2023**

**Sponsor (HWB member): Dr Louise Smith, Director of Public Health, Norfolk County Council**

## Reason for the Report

To highlight the importance of place in addressing health needs, to demonstrate how the new Office for National Statistics (ONS) Health Index can be used to understand the health needs of local areas and to provide examples of actions taken by Health and Wellbeing Partnerships as laid out in the Director of Public Health's Annual Report for 2022.

## Report summary

The Director of Public Health's Annual Report 2022 explores how health varies by place in Norfolk, resulting in different areas having different needs.

Drawing on the new ONS Health Index, it explores how health is not only determined by behaviours such as smoking, alcohol consumption, physical activity or diet but is also heavily influenced by people's environment, including living conditions, income, crime, and social factors such as loneliness and isolation. It shows how these wider determinants of heath and behavioural factors affect different areas differently and therefore the importance of taking actions locally to address the specific needs of a particular place to help people live longer and healthier lives.

The report looks at variation across and within Norfolk, and then for each district, city and borough in Norfolk. It also illustrates how Health and Wellbeing Partnerships in each area are taking action to address health needs in their areas.

## Recommendations

The HWB is asked to:

a) Approve the publication of the DPH Annual Report on the Joint Strategic Needs Assessment (JSNA) website.

## 1. Background

1.1 The Director of Public Health's Annual Reports are an independent assessment of the state of health and wellbeing of the population of Norfolk. The report covering 2020-2021 considered the direct impacts of Covid-19 in Norfolk and how those impacts were felt differently by various groups of Norfolk residents. This year's report explores how health and wellbeing can vary by place.

## 2. Director of Public Health Annual Report 2022 – How does health vary in Norfolk?

2.1 Key findings are:

- Health varies from one place to another – measures covering a whole county or district can hide variation amongst smaller areas.

- How long people live for, what people die from and what makes people ill throughout life is dependent on many different things, including income, employment and living conditions, as well as healthy behaviours and healthcare.

- Health in a local area also depends on who lives there – for example, if people are on average younger or older.

- On average, Norfolk districts and boroughs are healthier compared to others in England. However, there are some areas where health is poorer, such as in parts of Great Yarmouth or King's Lynn.

- Looking at what the numbers tell us can help to prioritise which actions to take to improve health. Even where a place appears to have good overall health, there are often opportunities to improve health in smaller patches within that area.

2.2 See Appendix 1 for a copy of the Annual report.

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

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# How does health vary by place in Norfolk?

2022

Norfolk County Council
Public Health

# Contents

# Acknowledgements

I would like to thank all of the contributors to this Annual Report, especially Diane Steiner, Josh Robotham, Ellie Wynne, Sally Newby, Andreas Sutter, Tim Winters and members of the seven local Health and Wellbeing Partnerships.

Thanks are also due to all those in Norfolk striving to improve health in their local areas and communities. This report sets out to share the many ways in which their efforts can make a difference.

# Foreword

I am pleased to introduce the Director of Public Health's Annual Report for 2022. This year the report focuses on local places and the impact location has on health outcomes.

The Covid pandemic had its greatest impact on people who already had the poorest health. We can see marked differences in health in people living in different areas in Norfolk. And the answer to that is to work in local areas which is why we have established a Health and Wellbeing Partnership in each local area.

This report describes the variation in health across different areas and showcases local initiatives that are seeking to address that. I would like to thank everyone working in local areas to promote and improve the health of our residents here in Norfolk.

**Bill Borrett**
Cabinet Member for Adult Social Care,
Public Health and Prevention

# Introduction

The theme of this year's report is health in local places. The past few years have been like no others and in my annual report last year (2020-2021) I looked at the direct impact Covid had had on the county of Norfolk. We saw the impact that Covid had on those already in poorer health, with poorer areas and families worse affected.

People's health often varies from one place to another. Health and wellbeing aren't only affected by what people do – for example, eating healthy food or quitting smoking. They can also be affected by the places around us, like living in an area with low levels of crime, safe places to enjoy the outdoors, good jobs and quality housing. That's why it's important to look at what's needed in specific places to help people live longer and healthier lives – and this can vary from one place to another.

So, firstly this report looks at why health varies between areas, and how we can measure that. In the second half, the report looks in detail at how health varies in different parts of Norfolk. Information on the differences in health in local areas can help local people decide how to prioritise what they do.

Throughout the pandemic, we saw communities rise to the challenges we faced. Services and individuals worked together to support each other and the most vulnerable in our communities. We want to keep this going and that is why I am pleased that I have been able to support the setting up of Health and Wellbeing Partnerships in each local area.

There are seven Health and Wellbeing Partnerships (HWPs), one each for Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich, and South Norfolk. Examples of the work the HWPs are doing are included in each of the district chapters in this report.

**Dr Louise Smith**
Director of Public Health

# Why does health vary between areas?

There are many reasons why health varies between different areas. The quality and availability of healthcare has some impact. How people behave has an even bigger impact. And the biggest impact is from things like education, employment and crime[1]. All these add up to have an overall impact on someone's health and wellbeing.

Some things that impact on your health – such as your age – can't be changed. In public health, we tend to focus on things that can be changed to improve health. These are often grouped together as shown in the diagram below[2]:

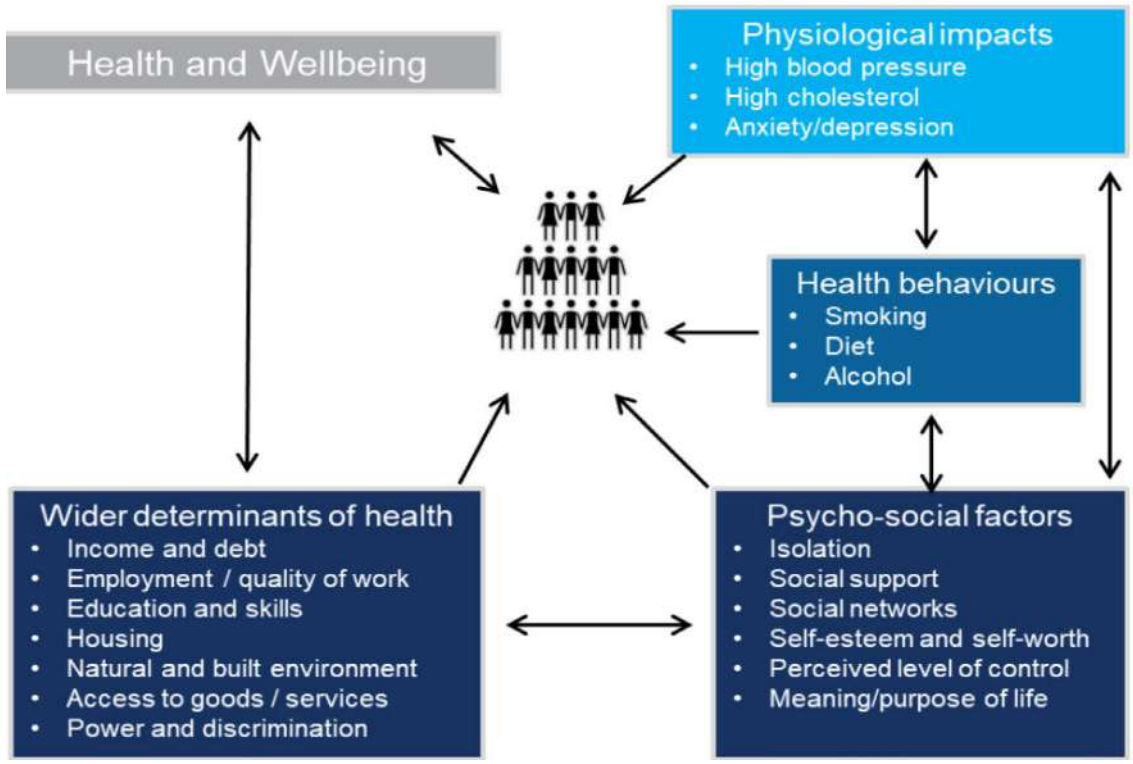


Figure 1: System map of the causes of health inequalities
(Source: Place-based approaches for reducing health inequalities: main report, PHE).

Often, these 'factors' influence each other. For example, getting enough exercise (a person's behaviour) can be tricky if there are no safe places to exercise (a 'wider determinant of health'). Lack of exercise could then lead to physical health problems ('physiological impacts').

[1] The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2022

[2] Public Health England. Place-based approaches for reducing health inequalities: main report, 2021

# How does health vary in Norfolk?

## Community differences

Areas can be compared by combining information on income, employment, disability, education, crime, housing and the environment[3] (this is called the Index of Multiple Deprivation or IMD).

There are 42 areas across Norfolk and Waveney (the patch our local NHS covers) that are some of the least well-off ('deprived') in the country. Great Yarmouth and Norwich have more people living in these deprived areas than the rest of the county. More deprived areas tend to have worse health on average than less deprived areas.

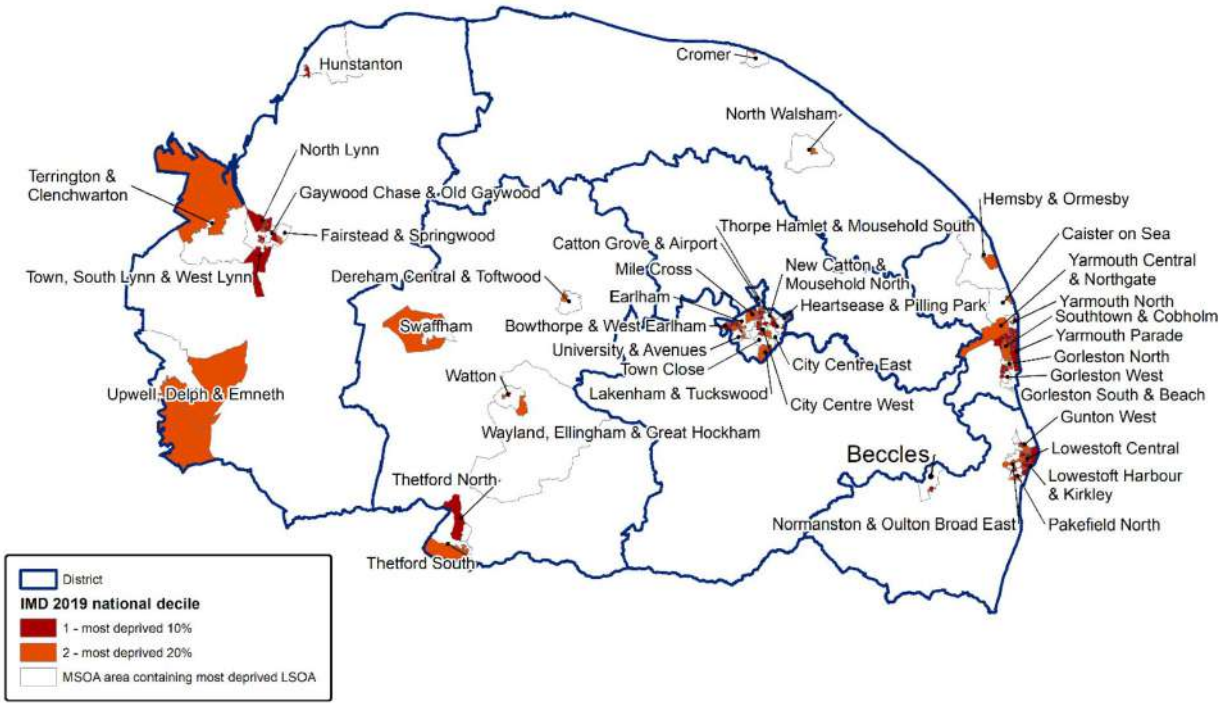


Figure 2: Areas within the 20% most deprived in England according to the Indices of Multiple Deprivation 2019 (Source: English indices of deprivation 2019).

[3] For more information visit: Ministry of Housing, Communities & Local Government. English Indices of Deprivation, 2019

**Table 1: Number of people living in the most deprived areas**

| District | Most deprived areas | Second most deprived areas | Less deprived areas |
|---|---|---|---|
| Breckland | 2,500 | 12,300 | 126,500 |
| Broadland | 0 | 0 | 131,900 |
| Great Yarmouth | 26,900 | 12,800 | 59,500 |
| King's Lynn & West Norfolk | 12,100 | 11,200 | 127,900 |
| North Norfolk | 0 | 2,800 | 102,400 |
| Norwich | 27,400 | 28,100 | 86,700 |
| South Norfolk | 0 | 0 | 143,100 |
| Waveney | 16,000 | 11,800 | 90,700 |
| Norfolk & Waveney | 84,900 | 78,900 | 868,800 |
| England | 5,603,900 | 5,697,200 | 45,249,000 |

(Source: Office for National Statistics 2020 mid-year estimates).

## Life expectancy and causes of death

Life expectancy refers to the number of years a person can expect to live. It helps to show how healthy a group of people is. In Norfolk, life expectancy is 80 years for men and 84 years for women (2018-20) – these are better than the national average.

However, life expectancy is lower in more deprived areas in Norwich, King's Lynn and Great Yarmouth. Men living in the most deprived areas of Norfolk on average live nearly eight years less than men in less deprived areas. For women, the difference is around six and a half years.

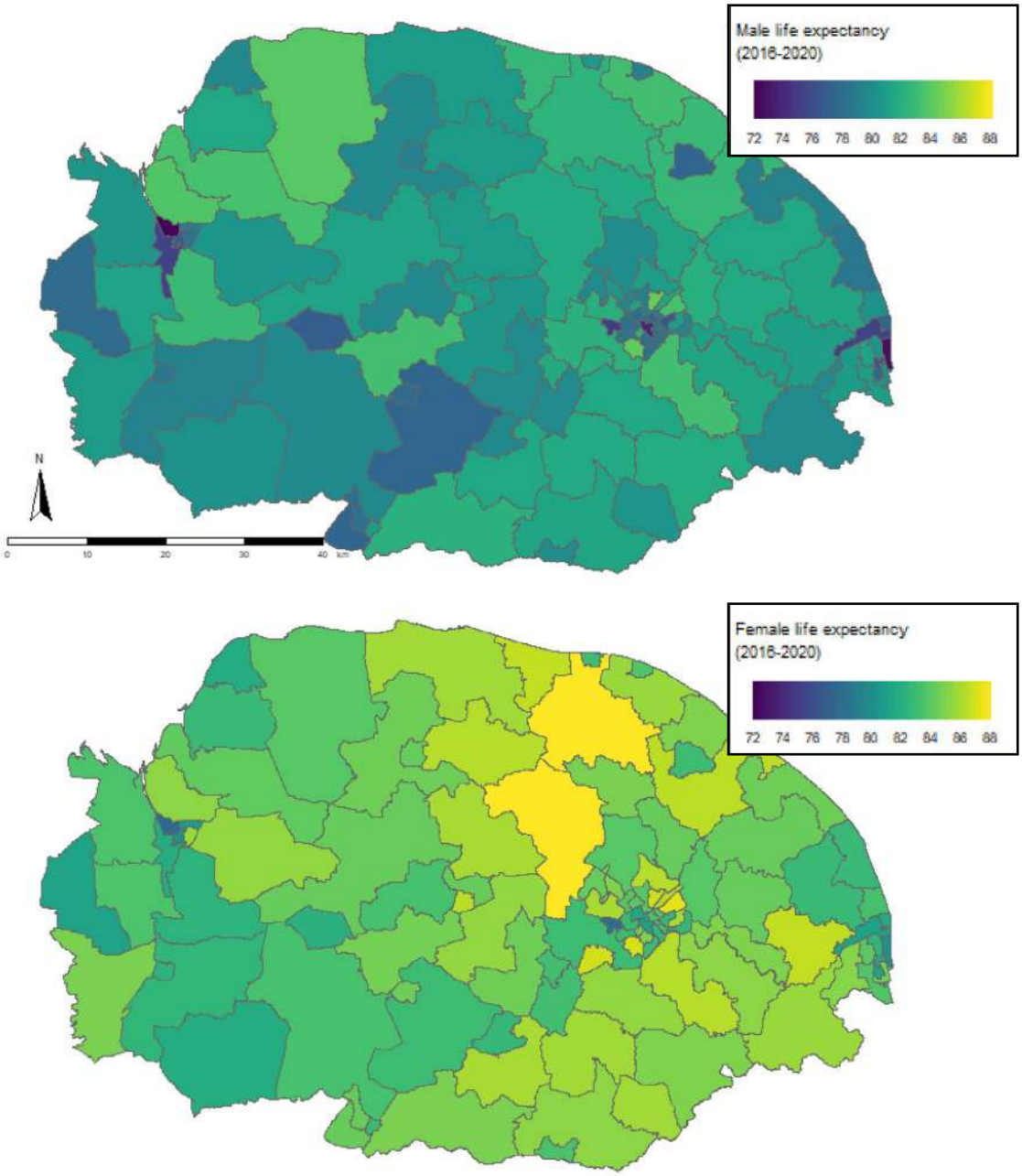


Figure 3: Life expectancy for men and women in Norfolk, 2016-2020 (Source: Office for Health Improvement & Disparities).

Some causes of death affect life expectancy more than others. Reducing heart attacks, strokes, cancer and respiratory diseases could have the biggest impact on reducing the differences in health from one place to another.

In turn, many of these conditions are caused by smoking, high blood pressure and unhealthy diets. These are the 'causes of the causes' of early deaths. Smoking is the single largest contributor to deaths in Norfolk (Figure 4). Around one in seven adults in Norfolk still smoke, which is similar to the England average (Office for Health Improvements and Disparities 2021). And more adults smoke in deprived areas – almost one in five (Figure 5).

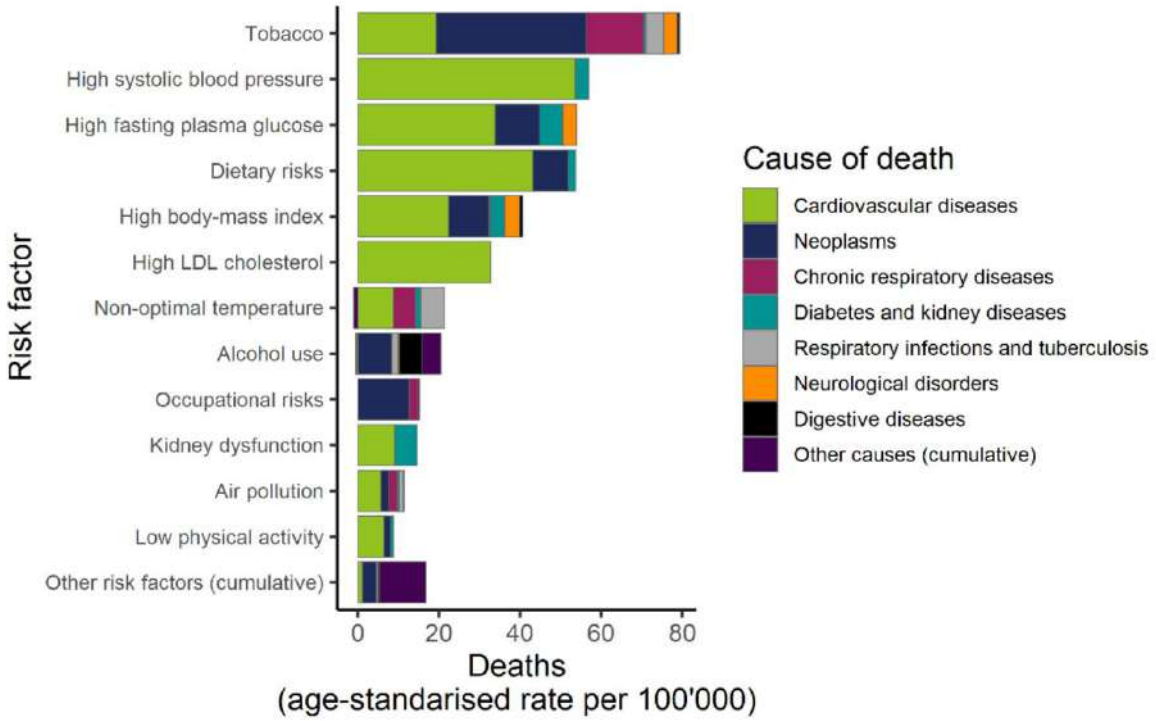


Figure 4: Attribution of risk factors to causes of death in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: Health Data).

## Smoking prevalence in adults (18+; 2019)

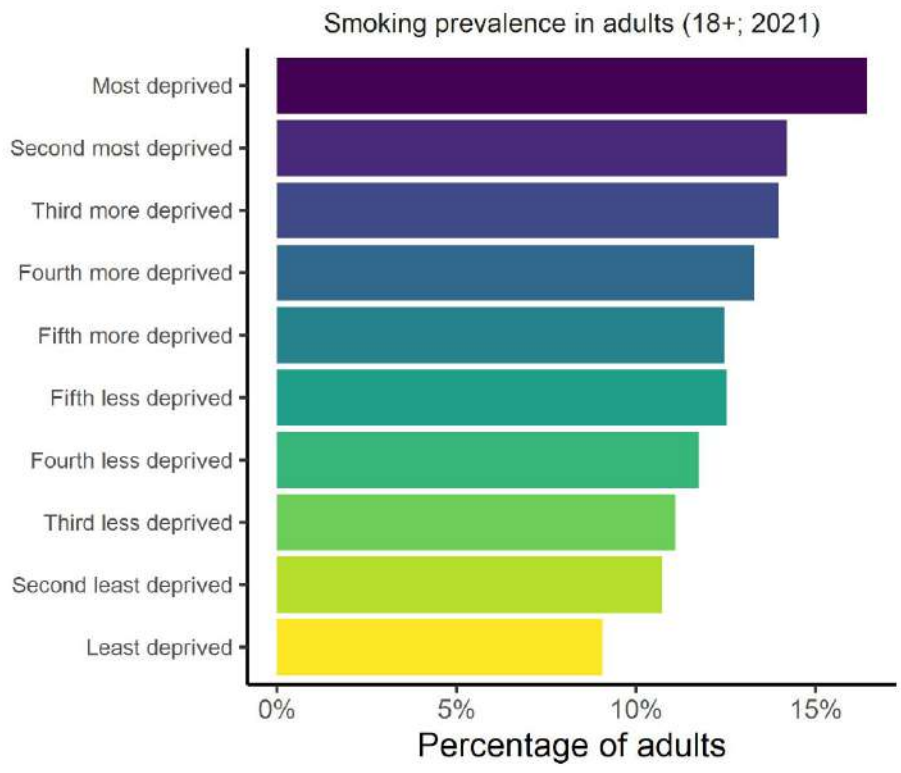


Figure 5: Smoking prevalence according to deprivation group (Index of Multiple Deprivation 2019) of residential area in England, 2021 (Source: Office for Health Improvement & Disparities).

## Causes of ill health

Aside from the conditions that people die from, the amount of disability or illness that people have varies between places. Being overweight is one of the biggest causes of illness that can be prevented – it can lead to diabetes, problems with bones, joints and muscles ('musculoskeletal') and heart disease (cardiovascular) (Figure 6).

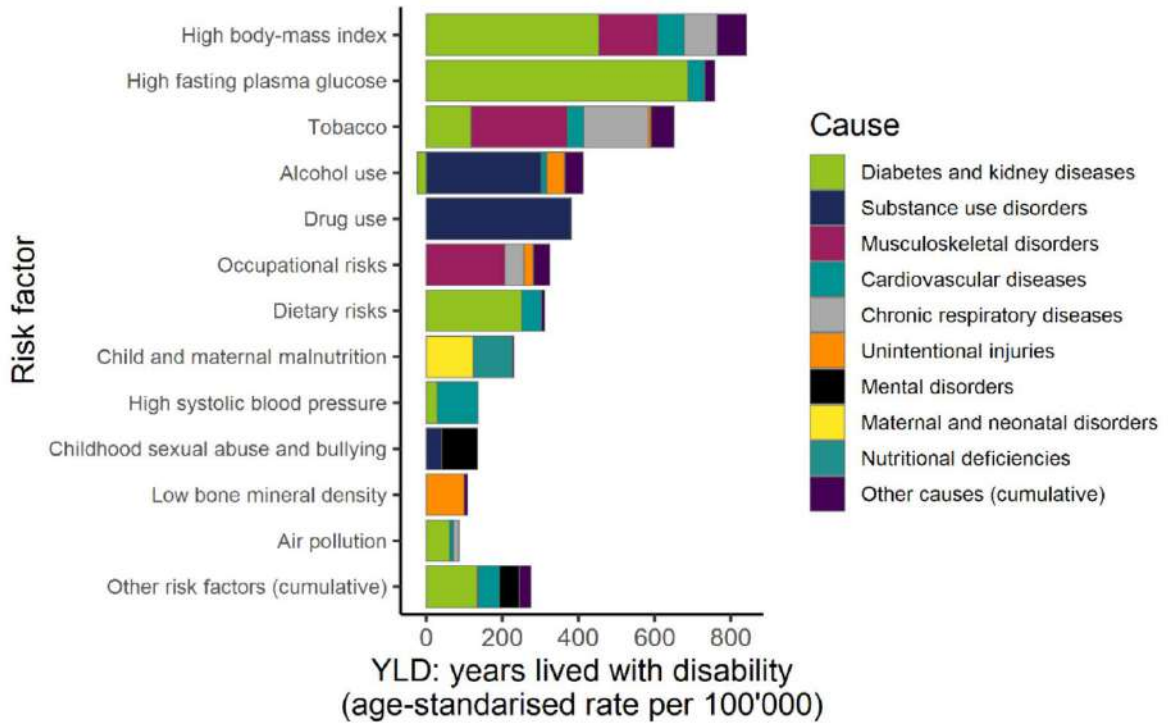


Figure 6: Attribution of risk factors to causes of years lived with disability in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit Health Data).

In Norfolk almost two in three adults are estimated to be overweight.

In some local areas, more than four in ten children in Year 6 are overweight (Figure 7).

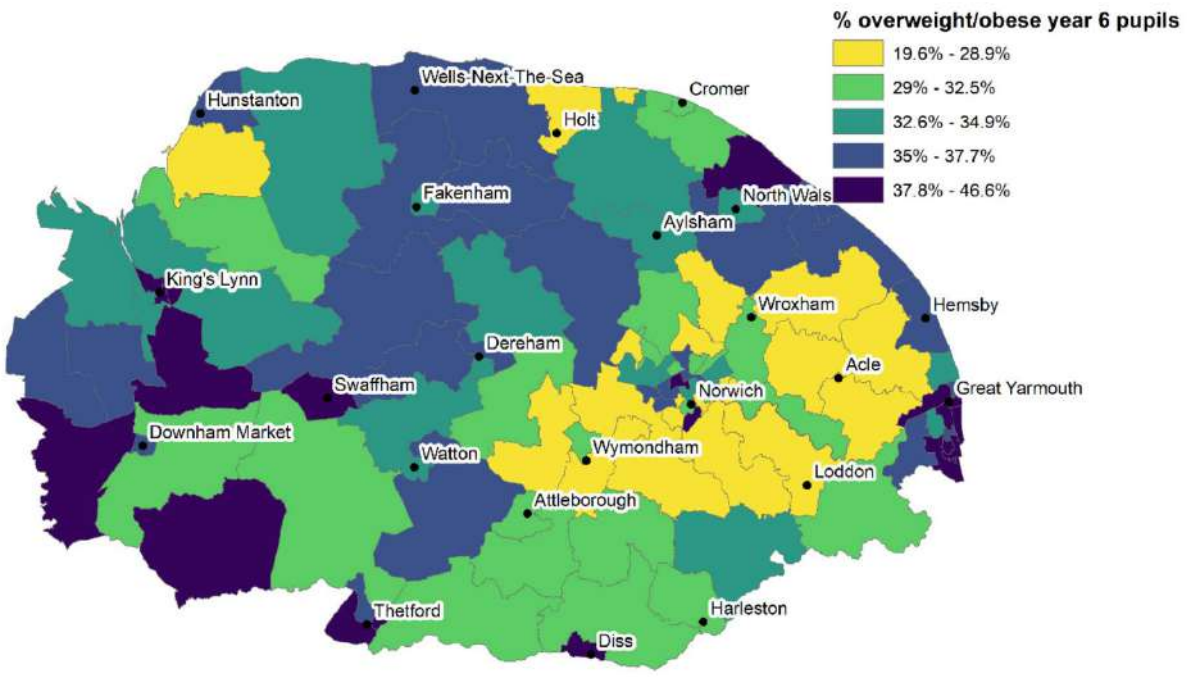


Figure 7: Estimated prevalence of overweight and obese school children in Year 6 in small areas of Norfolk, 2017-2020 (Source: Public Health Outcomes Framework).

## How to measure differences in health between areas

The Office for National Statistics (ONS) has created a way to give local areas an overall health score. This score measures many factors that impact our health. They are broken down into different categories, called domains and subdomains. These factors include physical and mental health conditions like diabetes or anxiety, as well as local unemployment, road safety, and behaviours like healthy eating. The scoring system is called the Health Index.

The scores can show whether health in a local area in Norfolk is good compared to the national average. England's health in 2015 is shown as 100. A score higher than 100 means that an area currently has better health than England overall. Lower than 100 means worse health than the 2015 average[4].

For Norfolk many scores are better than England. However, there are opportunities to improve in some areas such as mental and physical health conditions, and for people who experience difficulties in daily life. Norfolk is better than England in other areas such as living conditions and protective measures (people attending cancer screening and child vaccination uptake). The chart below shows how much Norfolk is above or below the England average score (Figure 8).

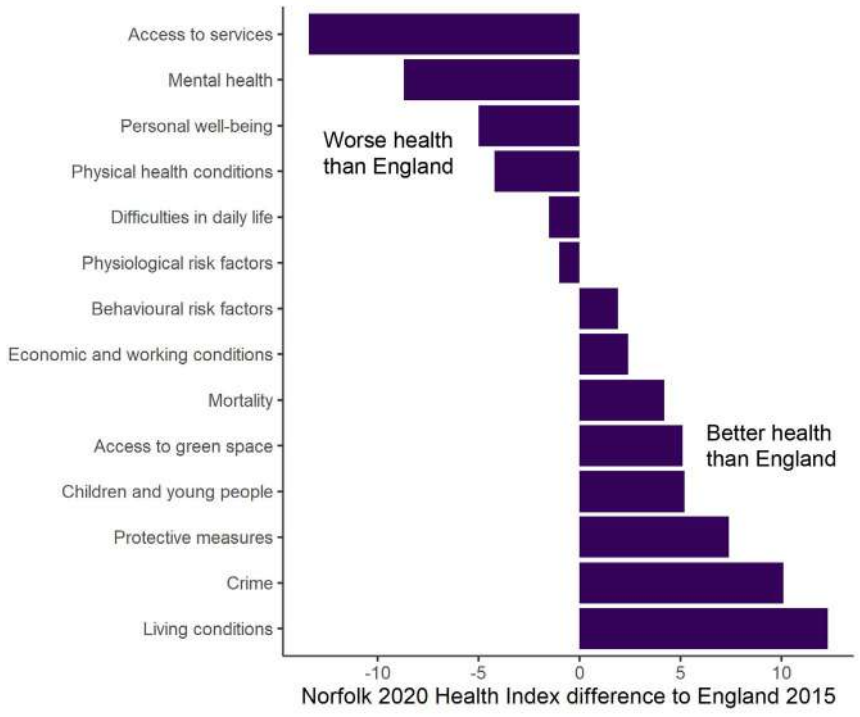


Figure 8: Health Index scores Norfolk difference from England 2020 (Source: Office for National Statistics Health Index).

[4] For more information visit: Office for National Statistics. How health has changed in your local area: 2015 to 2020, 2022

The domains then are broken down into more detail. For example, under the 'mortality' (deaths) domain, Norfolk is better than England on infant deaths, life expectancy, avoidable deaths and early deaths from all causes – it scored more than 100 in these areas. While Norfolk is better than England overall, if we explore further, some areas in Norwich, King's Lynn and Great Yarmouth fare less well.

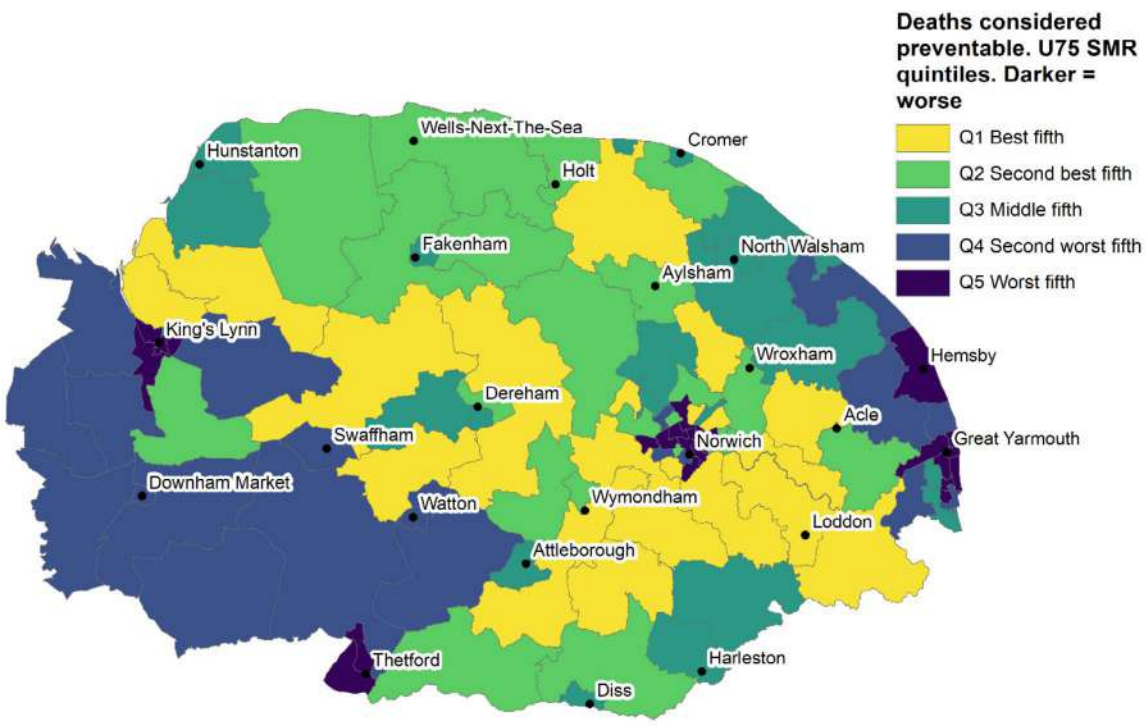


Figure 9: Deaths from causes considered preventable, under 75 years, standardised mortality ratio. Norfolk 2016-2020 (Source: Office for Health Improvement and Disparities).

All of the different topics covered in the Health Index are shown below. The dotted line is the England average (100). The higher the score, the better Norfolk compares to England.

## Health Summary for Norfolk

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Access to green space
- Crime
- Living conditions
- Mortality
- Behavioural risk factors (e.g. smoking)
- Child poverty and unemployment
- Cancer screening attendance
- Child vaccination coverage

### Worse than England average:

- Children's social, emotional and mental health
- Distance to sports or leisure facilities
- Distance to GP services
- Distance to pharmacies
- Difficulties in daily life

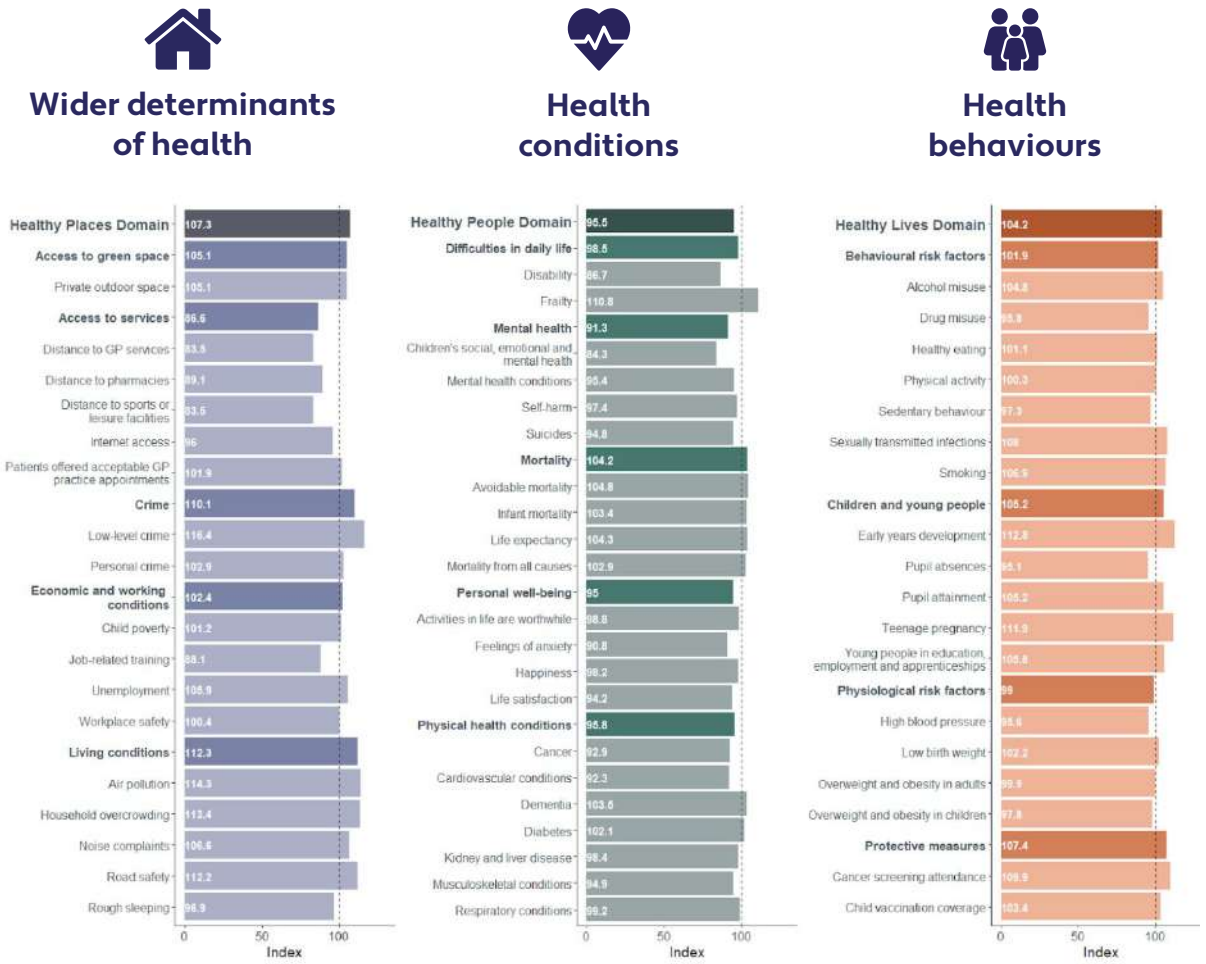


Figure 10: ONS Health Index scores, Norfolk, 2020 (Source: Office for National Statistics Health Index).

# How does health vary by district?

## Breckland

Breckland has a slightly older population than average, with one in four people over the age of 65 compared to one in five in England[5]. There are small areas of poorer health within the four market towns of Thetford, Watton, Swaffham, and Dereham, as well as some rural areas. Around one in ten people live in areas of higher deprivation compared to one in five in England[6].

Health in Breckland is strongest among measures relating to living conditions including air pollution, household overcrowding, noise complaints and road safety. On many health issues, Breckland is similar to the national averages – like for mental health conditions, suicide rates and alcohol misuse.

Breckland is under the national average in distance to services such as sports and leisure facilities or GP practices.

For some health issues where Breckland is similar to national averages, looking further into the data for local areas shows that some neighbourhoods may have poorer health than others. For example, Breckland is slightly better than England for mental health conditions. However, problems with mood or anxiety[7] appear to be more common in some parts of Dereham, Watton, Swaffham and Thetford (Figure 11).

[5] For more information visit: Norfolk Insight. ONS 2021 Census Population Report for Breckland, 2023

[6] Higher deprivation is defined as people who live in the 20% most deprived areas in England according to the English indices of deprivation 2019

[7] The definition used for this indicator includes mood (affective), neurotic, stress-related and somatoform disorders and is a broad measure of levels of mental ill health based on prescribing data, hospital admissions, and suicide mortality data.

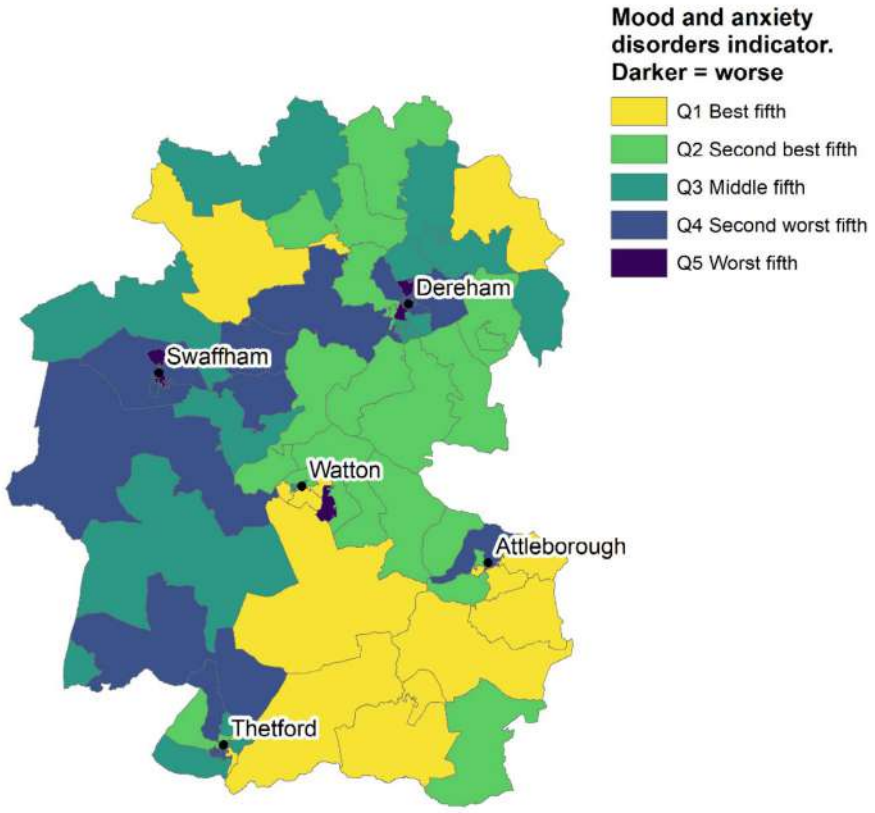


Figure 11: Mood and anxiety disorders indicator, Norfolk LSOA quintiles, Breckland 2013-2018 (Source: Oxford Consultants for Social Inclusion).


## Case Study: All to Play For

All to Play For is a project that uses football to support men's mental health. The project uses free, weekly football sessions as a way to be physically active and get help with health and wellbeing in a relaxed environment. The Breckland Health and Wellbeing Partnership is involved in setting up three weekly sessions across the district. Someone involved said *"...It helps with building confidence, reducing isolation, enabling social integration, and challenging mental health stigma. The group achieves this by having a real sense of togetherness, there is a feeling of warmth and care where people are encouraged and supported."*

## Health Summary for Breckland

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Cancer screening
- Low-level crime
- Life expectancy
- Respiratory conditions
- Happiness
- Alcohol misuse
- Early years development

### Worse than England average:

- Access to services
- Children's social, emotional and mental health
- Workplace safety

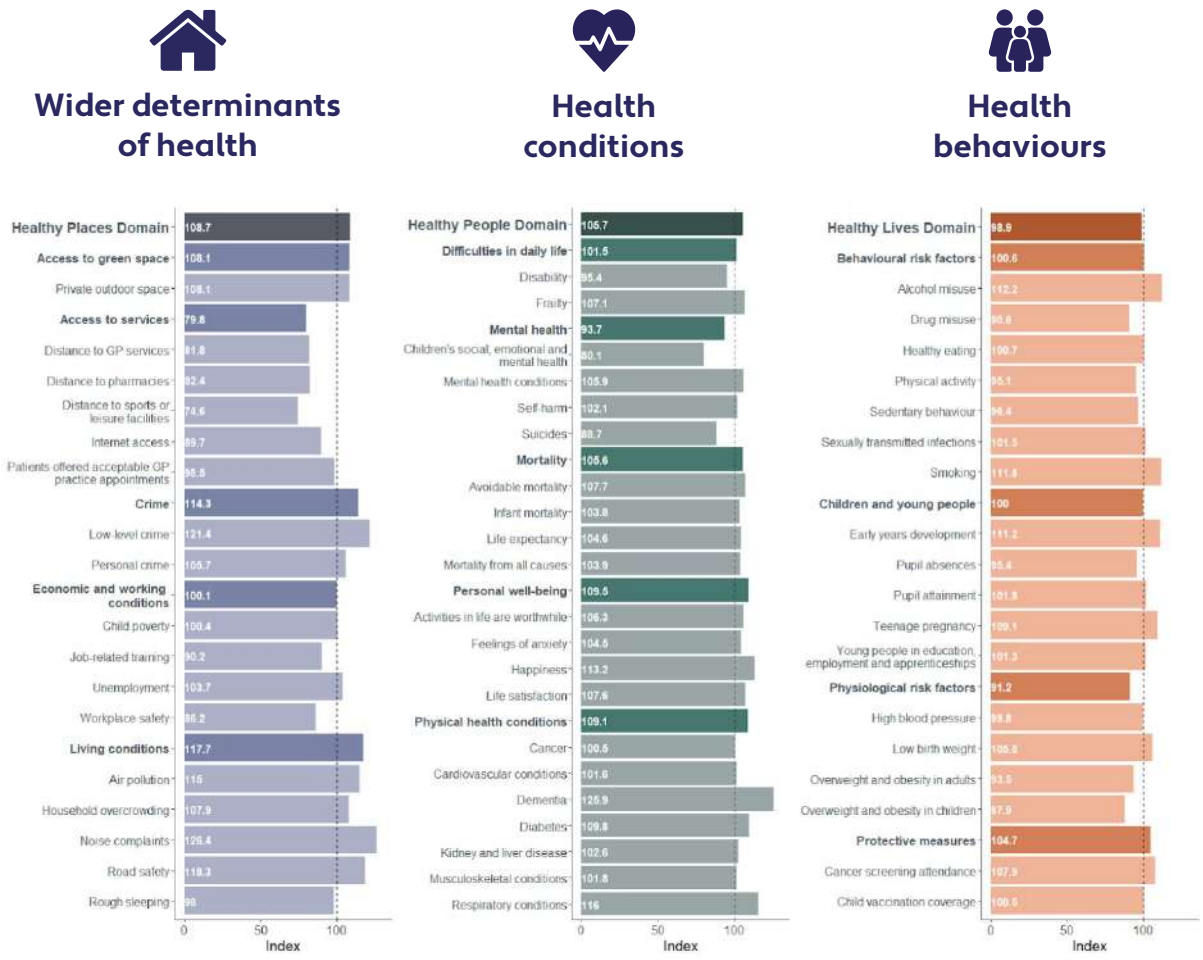


Figure 12: ONS Health Index scores, Breckland, 2020 (Source: Office for National Statistics Health Index).

## Broadland

Broadland is a relatively less deprived district and has an older population than the national average. The health of people in Broadland is generally better than the national average. Early death and unplanned admissions to hospital are lower than average, and life expectancy is higher in England for both men and women.

Health in Broadland is strongest among measures relating to living conditions and crime, specifically for household overcrowding, noise complaints, road safety, and rough sleeping.

Broadland scores better on healthy behaviours than England as a whole. People in the district are more likely to eat healthily and be physically active. Almost two thirds of adults ate five servings of fruit and vegetables each day in 2019/20 compared to just over one half nationally.

Broadland has the East of England's best score for health relating to "protective measures", which includes screening for cancer and childhood vaccinations.

Despite better health than average, there is room for improvement. When it comes to having a long-term muscle, bone or joint (musculoskeletal or MSK) problem, people in Broadland are similar to the England average but there are areas where more people have an MSK problem such as Wroxham. People who are overweight or older may be more likely to have MSK problems, and people in Broadland are, on average, older compared to other parts of Norfolk (Figure 13).

[8] For more information visit: Norfolk Insight. ONS 2021 Census Population Report for Broadland, 2023

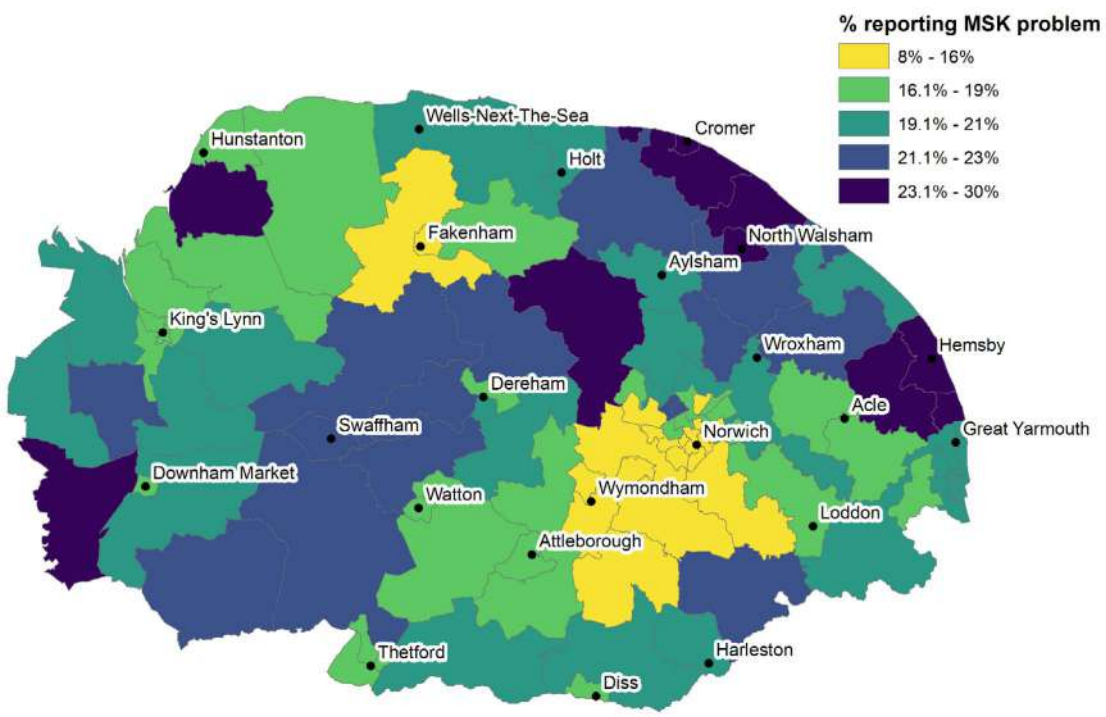


Figure 13: Percentage of people aged 16+ reporting a long-term MSK problem, Norfolk MSOAs, 2022 (Source: GP Patient Survey).

## Case Study: Evaluation of Children's Bereavement Services

This project will work with an organisation called Nelson's Journey who support children and young people in Norfolk who've had a loved one die. The project will review the services available to children and young people in Broadland. Hopefully, by looking closely at the services, the Health and Wellbeing Partnership can better understand what is working well and what needs improvement. This will involve Nelson's Journey interviewing people, creating a questionnaire for families, and running sessions for professionals to feed back their experiences. With this information we can then make sure that extra funding is spent where it is most needed and that services are as helpful as possible.

## Health Summary for Broadland

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Crime
- Life expectancy and mortality
- Child poverty and unemployment
- Cancer screening attendance
- Child vaccination coverage
- Behavioural risk factors

### Worse than England average:

- Children's social, emotional and mental health
- Access to services
- Workplace safety
- Difficulties in daily life

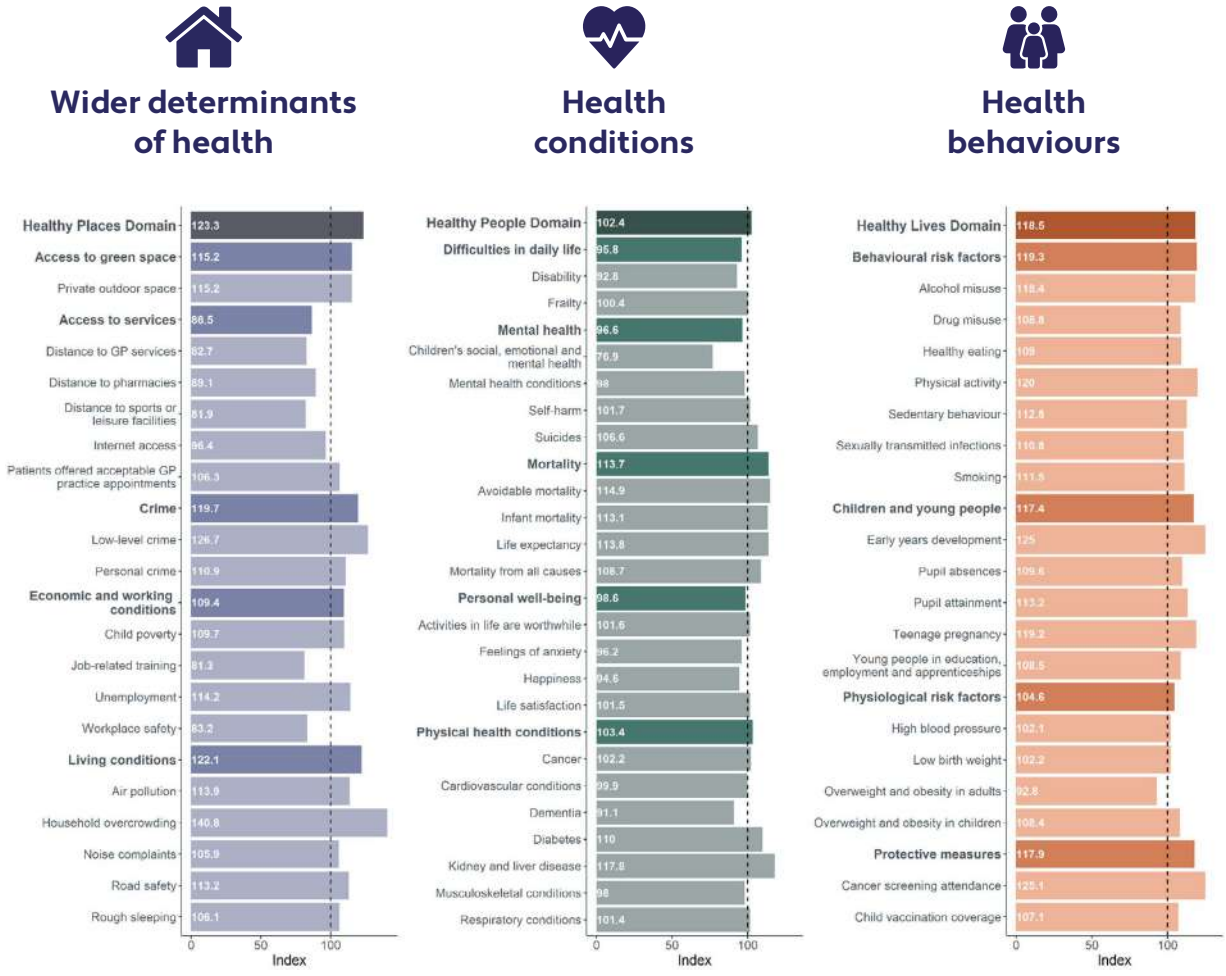


Figure 14: ONS Health Index scores, Broadland, 2020 (Source: Office for National Statistics Health Index).

## Great Yarmouth

Great Yarmouth is more deprived than many other areas in Norfolk. Some areas of Great Yarmouth are among the most deprived in the country, with lower incomes, higher unemployment and higher levels of illness. Despite this, people in Great Yarmouth enjoy better access to services compared to other areas of Norfolk. Getting out in nature is also easier than in many other parts of the country.

Great Yarmouth has more older people living in poverty compared to the England average, and more children in families with low incomes.

Although the number of pupils in education, employment or apprenticeships is better than the national average, there are opportunities to improve skills and qualifications. Key stage 2 reading, writing and maths, and qualifications at NVQ4+ are worse than most other districts in the country. Pupil absence is also higher than in Norfolk or England.

People in Great Yarmouth are more likely to have a physical health condition such as cancer, heart problems, respiratory disease, or diabetes. They are also more likely to die early from cancer, heart attacks or strokes.

There are also opportunities to improve health. The numbers who misuse drugs and alcohol is worse in England, and healthy eating is below the national average. Almost a third of adults aren't physically active compared to a fifth in England. People are also more likely to smoke, especially in the most deprived areas (see chart on the following page).

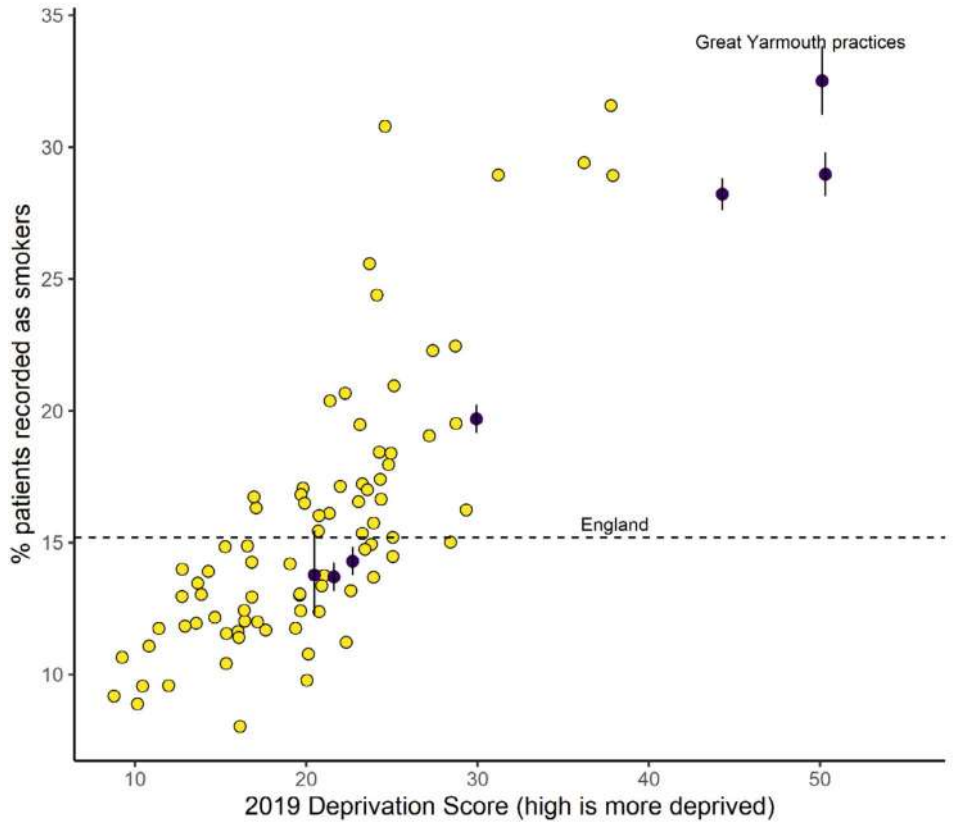


Figure 15: Proportion of patients aged 15+ who are recorded as current smokers. Norfolk practices in yellow and Great Yarmouth practices in blue, 2021-2022 (Source: Quality and Outcomes Framework).

## Case Study: Tackling Diabetes in Great Yarmouth Project

Great Yarmouth Borough Council have Community Marshals who have been given extra funding by the Health and Wellbeing Partnership to tackle diabetes in deprived areas of Great Yarmouth and Gorleston. The Community Marshals received training in diabetes to learn about the condition, its signs and symptoms and where people can get support. They are having conversations with members of the public, especially those who don't have access to the internet. Health data was used to choose areas to focus on, and the Community Marshals spoke to people in community groups, warm rooms and at local events. Since November 2022, over 100 individuals (mostly aged over 65) have had a conversation with a Community Marshal about diabetes.

## Health Summary for Great Yarmouth

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Access to green space
- Workplace safety
- Air pollution
- Sexually transmitted infections

### Worse than England average:

- Physical health conditions (diabetes and high blood pressure, cancer)
- Behavioural risk factors (e.g. physical activity)
- Mortality
- Overweight and obesity in children
- Disability
- Mental health
- Rough sleeping

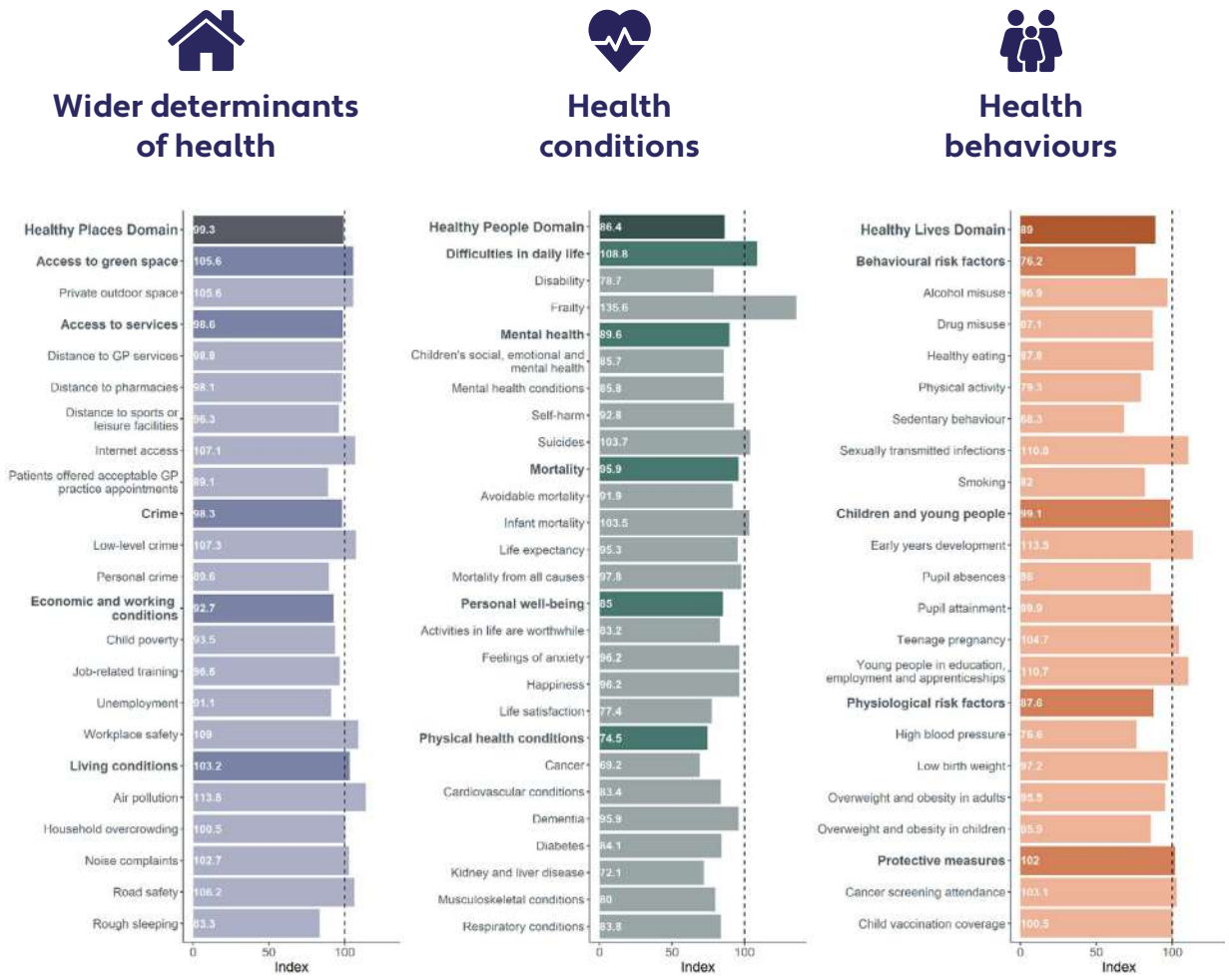


Figure 16: ONS Health Index scores, Great Yarmouth, 2020 (Source: Office for National Statistics Health Index).

## King's Lynn and West Norfolk

Like other parts of the county, King's Lynn and West Norfolk tends to have an older population. The health of the population appears to be similar to England in many ways. However, the town of King's Lynn is often different to its rural neighbours. For example, life expectancy in the borough is similar to England but lower than the Norfolk average. This is caused by low life expectancy in King's Lynn, which is among some of the lowest areas in the country.

Health in King's Lynn and West Norfolk fares better when it comes to living conditions, including air pollution, household overcrowding, noise complaints and road safety. Crime is also lower than the national average, however this is also much worse in King's Lynn compared to the surrounding areas[9].

People's wellbeing is better compared to the national average: happiness, life satisfaction and the number of people who think their activities in life are worthwhile are better than England as a whole.

The proportion of people with physical and mental health conditions is higher than in England, and people are more likely to suffer from cancer, heart conditions or diabetes.

Individual behaviours are also poorer on average, especially for drug and alcohol use. Some areas in the borough such as King's Lynn and Hunstanton have higher rates of hospital admissions due to alcohol, as shown by navy blue areas on the map (Figure 17).

[9] For more information visit: Indices of Multiple Deprivation 2019, Crime Domain

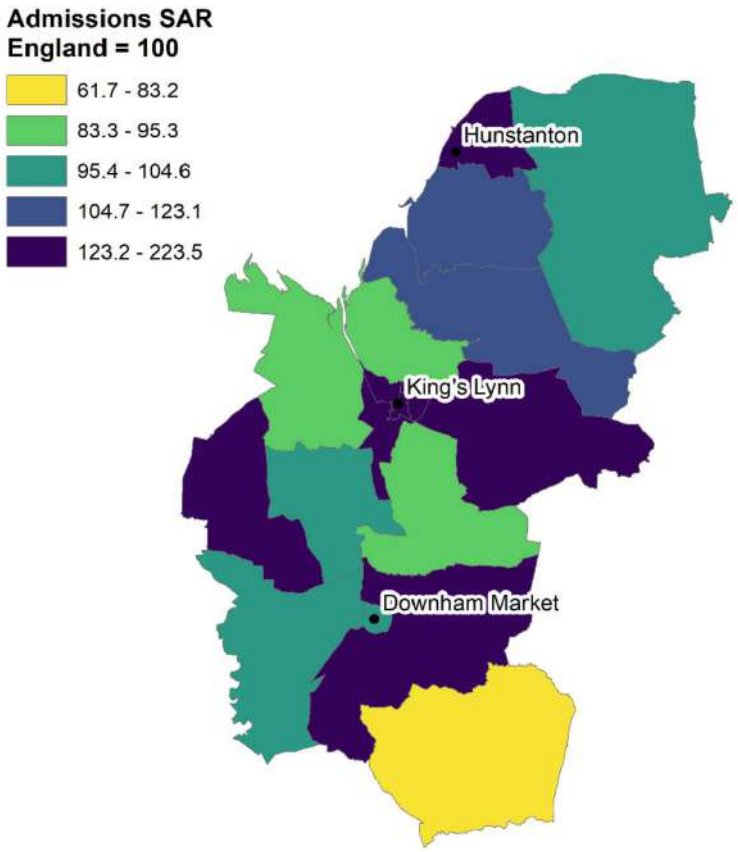


Figure 17: Alcohol related hospital admissions in small areas of Norfolk, standardised admissions ratio (SAR) (standardised so that England average equals 100). (Source: Hospital Episodes Statistics, NHS Digital).

## Case Study: St Giles Trust SMART Project

St Giles Trusts' SMART (Supporting Men to Achieve Resilience and Transition) service works with men with complex needs across King's Lynn and West Norfolk, helping them to make positive life changes. Staff have personal experience of the challenges faced which puts them in a better position to understand what the men are going through and more able to build a trusting relationship. SMART aims to improve mental health and wellbeing and help more people to get the support they need.

Since it began in October 2022 with support from the Health and Wellbeing Partnership, the service has already helped men struggling with a variety of challenges including substance misuse, family court proceedings, and bereavement, and helped them to get counselling.

## Health Summary for King's Lynn & West Norfolk

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Low-level crime (outside of market towns)
- Personal wellbeing
- Happiness

### Worse than England average:

- Access to services
- Physical health conditions (e.g. cancer, diabetes, respiratory conditions)
- Job-related training
- Infant deaths
- Pupil attainment
- Drug and alcohol misuse
- Self-harm

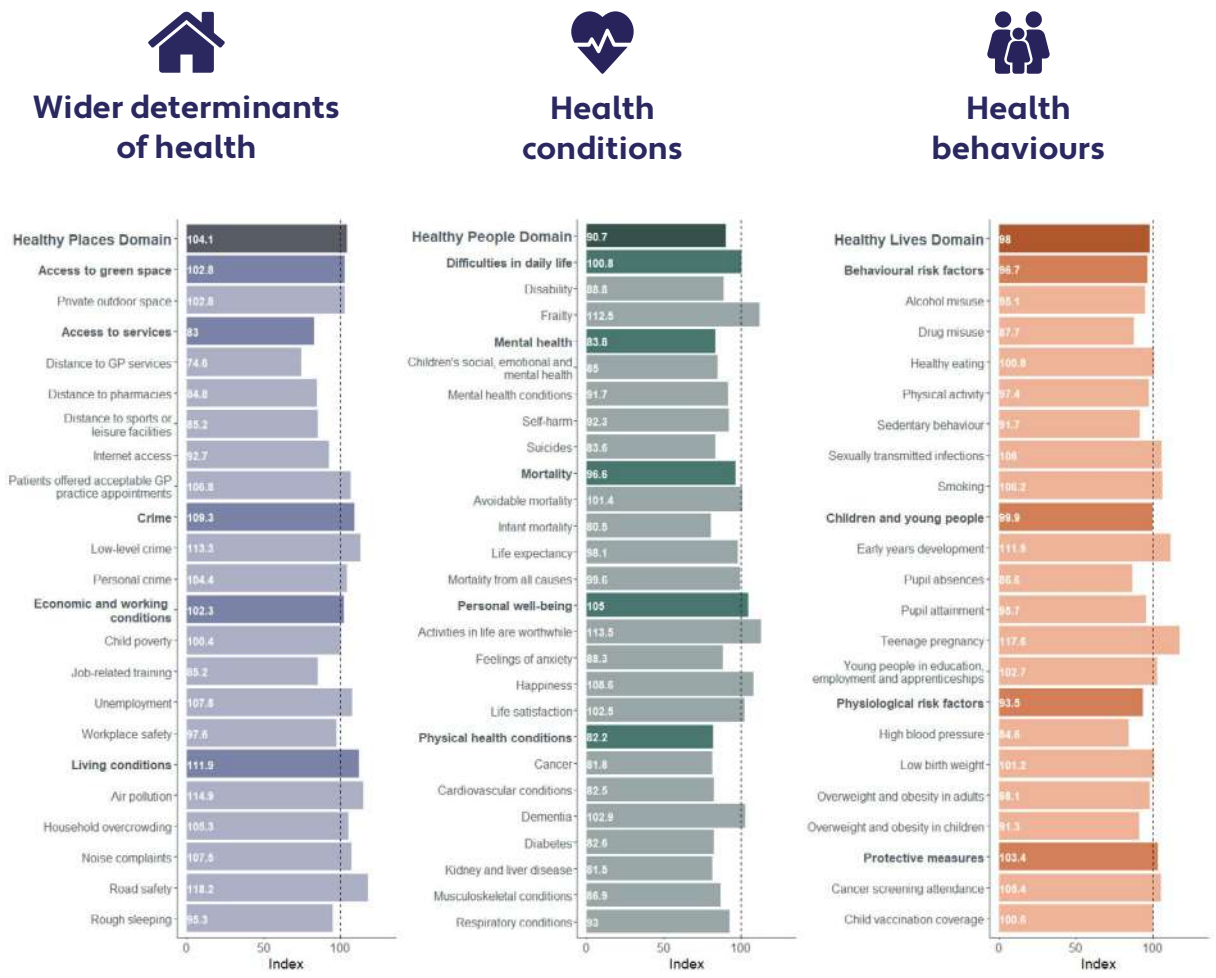


Figure 18: ONS Health Index scores, King's Lynn and West Norfolk, 2020 (Source: Office for National Statistics Health Index).

## North Norfolk

North Norfolk has an older population and has the most people aged 85+ in the country. North Norfolk is also less deprived than most other parts of Norfolk. However, Cromer and North Walsham have some of the lowest income levels in the country. Distances to some services are worse than the national average.

In general, health in North Norfolk is better than average. Infant deaths, life expectancy, and deaths from all causes are significantly better than in England. North Norfolk is also better in terms of crime, air pollution, household overcrowding, noise complaints and road safety. More young people are in education, employment or apprenticeships.

The numbers for services that can prevent illness or catch it early, such as child vaccinations and cancer screening, are also better than England as a whole.

Healthy habits such as healthy eating or not misusing drugs or alcohol are all better than the England average.

However, physical health problems – often related to older age – such as cancer, heart disease, diabetes, bone and muscle problems and dementia are more common, as is high blood pressure i.e. hypertension (see chart on the following page).

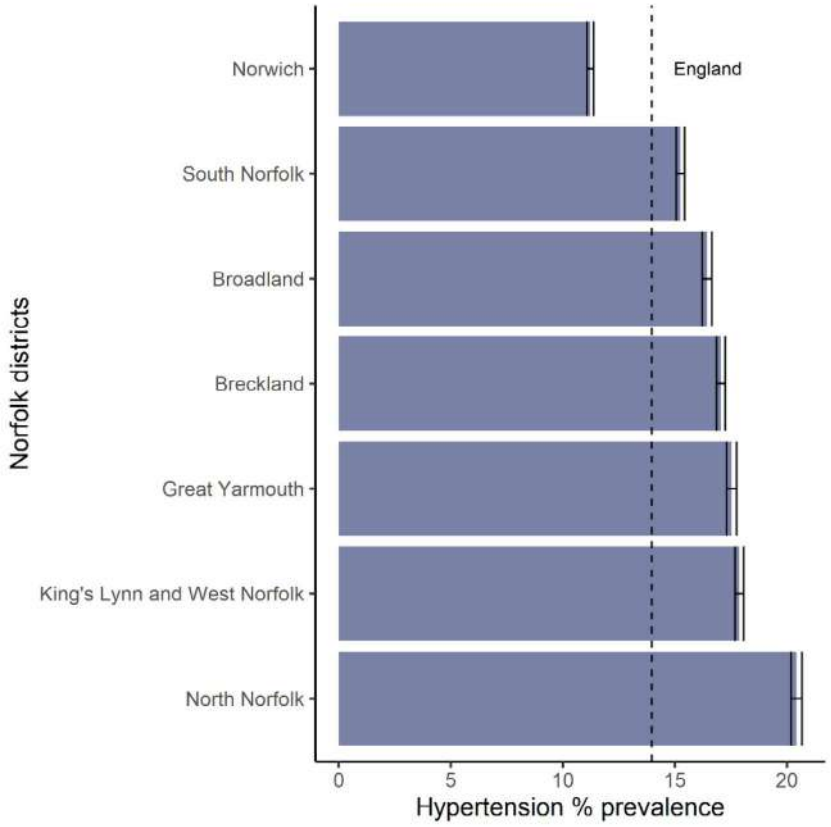


Figure 19: Proportion of patients with recorded hypertension. Norfolk districts, 2021/22 (Source: Quality and Outcomes Framework).

## Case Study: Everyone Active and Various Community Groups

The North Norfolk Health and Wellbeing Partnership have supported this new community project which aims to provide new ways for residents to improve their health and wellbeing by getting more active. The project is designed to increase the range and uptake of physical activities in Cromer. It has a particular emphasis on using the local natural environment. Examples of activities on offer include wellbeing walks, tree planting and a community allotment, in addition to leisure centre activities to which GPs can refer their patients.

## Health Summary for North Nofolk

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Mortality and life expectancy
- Crime
- Living conditions (air pollution, household overcrowding, noise complaints)
- Cancer screening and vaccination uptake
- Personal wellbeing
- Healthy eating

### Worse than England average:

- Distance to sports or leisure facilities, GP services and pharmacies
- Job-related training
- Difficulties in daily life
- Physical health conditions (e.g. cancer, dementia, musculoskeletal conditions)
- Children's social, emotional and mental health

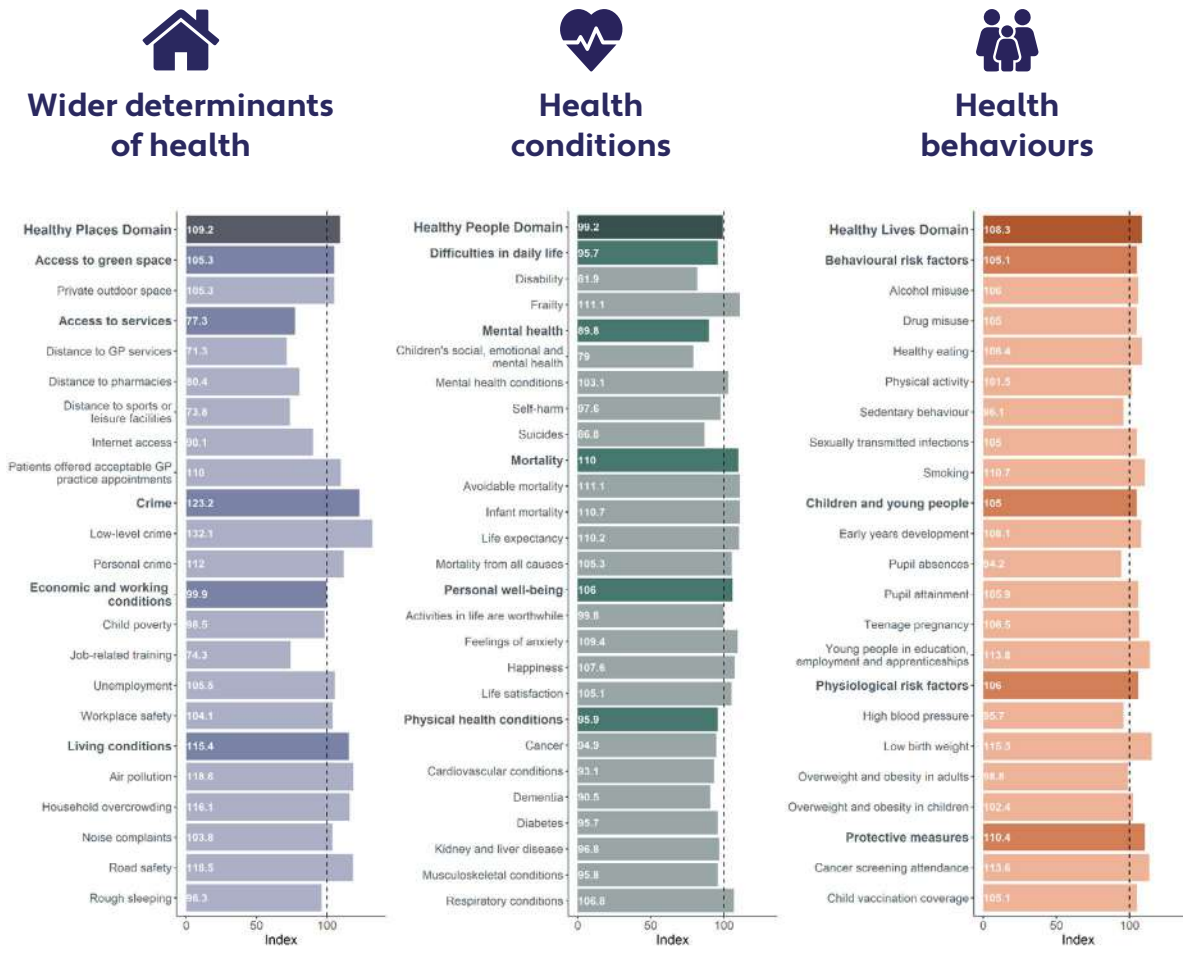


Figure 20: ONS Health Index scores, North Norfolk, 2020 (Source: Office for National Statistics Health Index).


## Norwich

Norwich has more students and people of working age than other areas of Norfolk. Two thirds of people in the city are under the age of 45 compared with around one half in Norfolk. Norwich is a diverse city, with more people from Asian, Black, Mixed and non-British or non-Irish White backgrounds than the rest of the county[10].

There are wide gaps in income between areas in Norwich. Mile Cross, Lakenham and Bowthorpe have more children and older people living in low-income households, for example, compared with Eaton, which is a relatively affluent area[11]. Better health and higher incomes are often found in the same areas. For example, life expectancy is 87 for females in Eaton compared with 78 in Bowthorpe.

Norwich scores highly on distance to GP services, pharmacies and sports and leisure facilities, internet access, and patients offered acceptable GP practice appointments.

The city has different health issues than some areas of the county due to its younger population. For example, diabetes is less common in Norwich. However, there are more people with mental health problems, and the rates of self-harm and suicide are higher than the national average. Personal wellbeing, which includes anxiety and life satisfaction is also one of the poorest scoring measures. Norwich's lowest individual measure is for feelings of anxiety.

There are opportunities to increase healthy living in Norwich. For example, deaths that could have been prevented are higher than in other parts of Norfolk and have been increasing in the last five years (see chart below).

[10] For more informaton visit: Norfolk Insight. ONS 2021 Census Population Report for Norwich, 2023

[11] For more information visit: Office for Health Improvement and Disparities. Local Health 2022

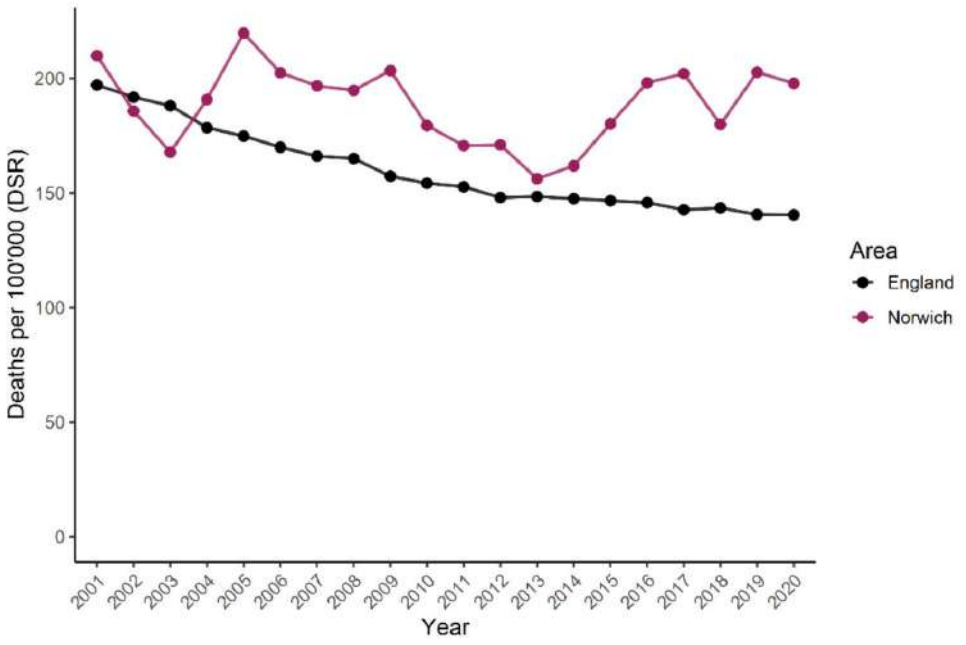


Figure 21: Under 75 deaths from causes considered preventable, Norwich. Directly age-standardised rate per 100,000, 2018-20 (Source: Office for Health Improvement and Disparities).

## Case Study: Safe Habitable Homes (SHH)

The SHH project, supported by the Norwich Health and Wellbeing Partnership, helps people living with complex self-neglect and/or hoarding. It's part of a larger service that helps people to live independently and healthily in their own homes for longer. Some of the people helped may have only recently become overwhelmed by their living conditions, whereas other people may have developed problems over a long period of time.

The project coordinates help from health, social care, the fire service, local authority and charities to help people make their homes safer and regain control, security and comfort where they live.

## Health Summary for Norwich

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Distance to sports or leisure facilities, GP services and pharmacies
- Infant mortality
- Dementia
- Diabetes
- Kidney and liver disease
- Physically active adults

### Worse than England average:

- Mental health
- Self-harm
- Personal wellbeing
- Pupil absences
- Crime
- Living conditions
- Drug and alcohol misuse

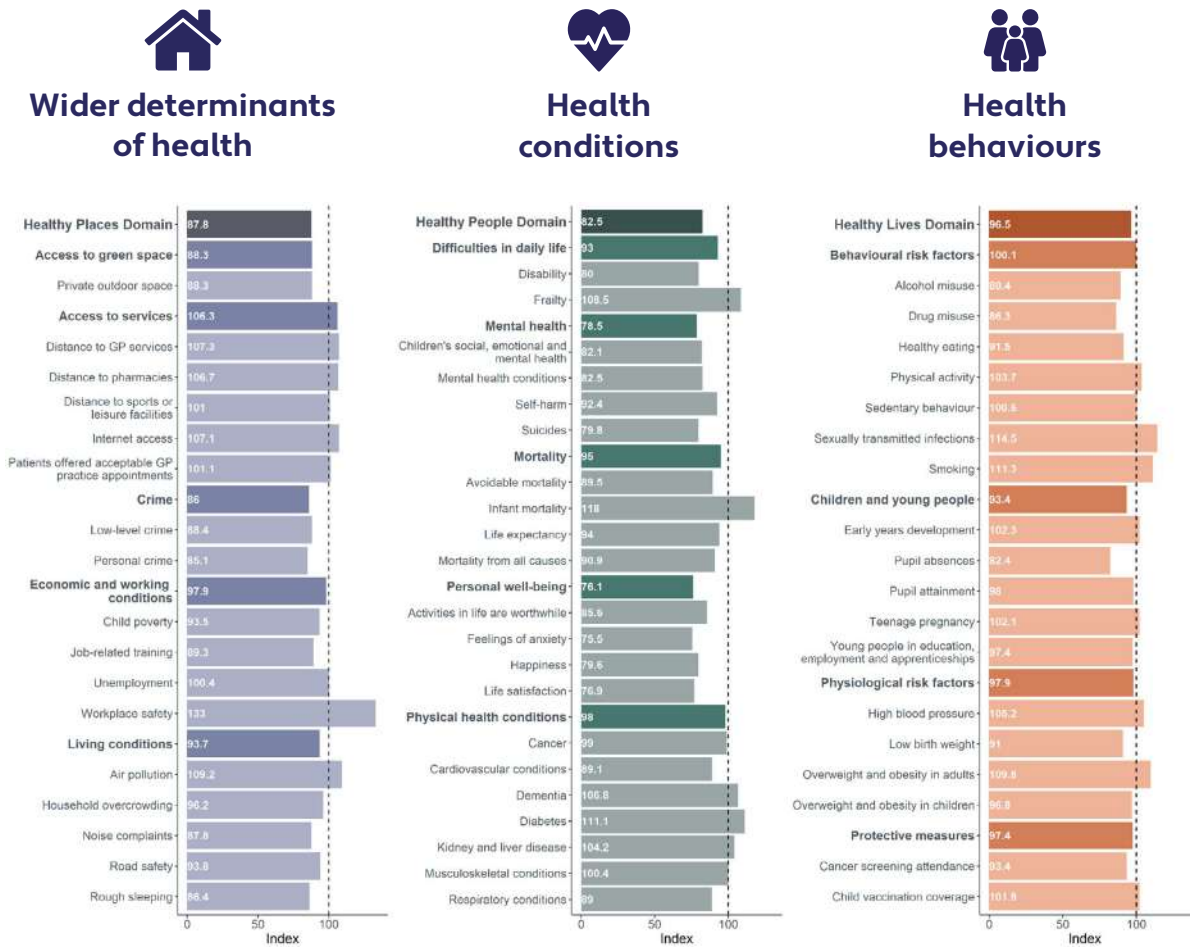


Figure 22: ONS Health Index scores, Norwich, 2020 (Source: Office for National Statistics Health Index).

## South Norfolk

South Norfolk is the least deprived district in Norfolk. In general, health is much better than the national average and life expectancy is significantly higher in England.

People are less likely to die early, and death rates are among the lowest in the country for nearly all conditions. For example, early deaths from liver disease are the lowest in the country. South Norfolk fares better on crime, economic conditions and living conditions such as air pollution, noise and household overcrowding. Children also fare well in early years development, pupil absences, teen pregnancies and healthy weights.

South Norfolk is worse than the national average on issues such as internet access and distances to GPs, pharmacies and sports and leisure facilities.

Personal wellbeing is also poor compared to nationally - there are more people who suffer from anxiety and low levels of happiness in South Norfolk.

Although health tends to be more similar across South Norfolk, it can still vary from place to place in some cases. For example, the rate of people going into hospital for self-harm is better than the England average but South Wymondham has a significantly higher rate (see chart below).

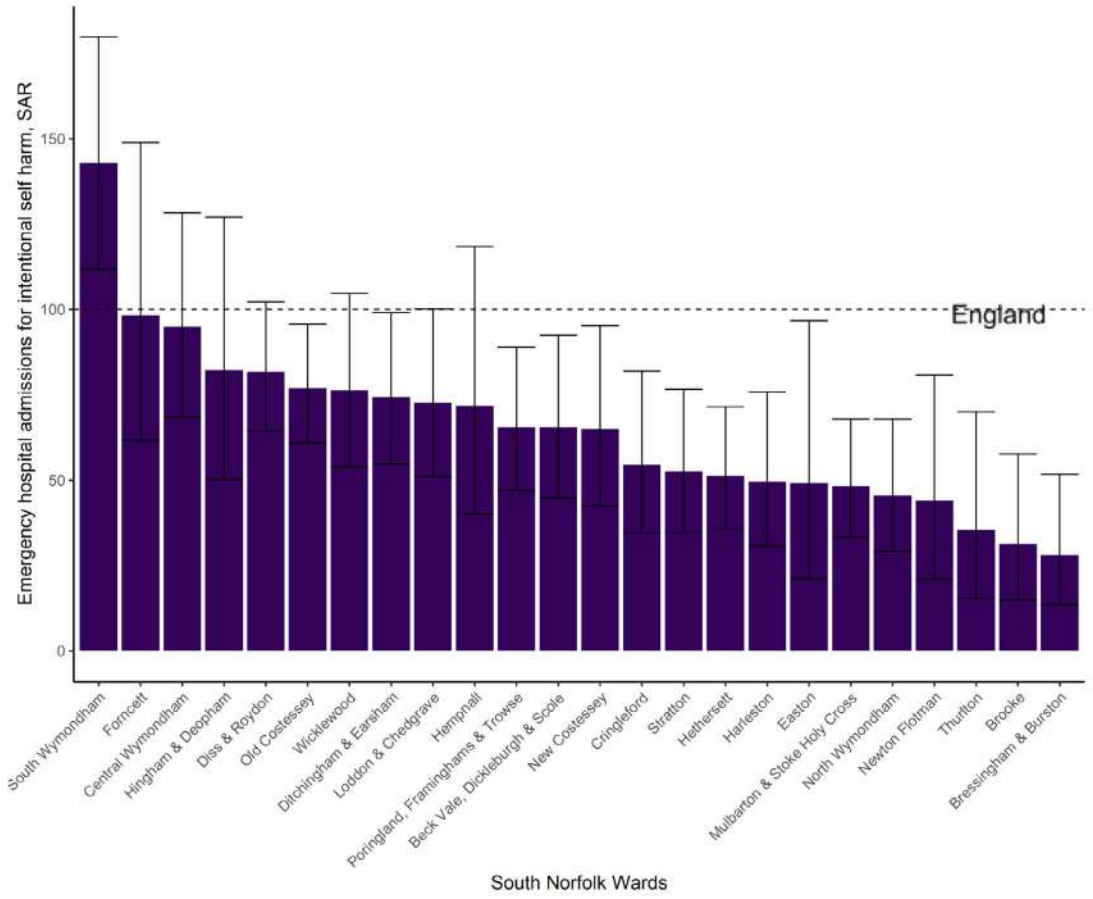


Figure 23: Emergency admissions for intentional self-harm, standardised admission ratio. 2016/17 - 2020/21 (Source: Office for Health Improvement and Disparities).

## Case Study: Mindful Towns and Villages

Supported by the local Health and Wellbeing Partnership, this project delivers free wellbeing and mental health awareness training through the Norfolk and Suffolk Foundation Trust (NSFT). People in local community groups and businesses will also be trained to be champions for mental health, with the aim of raising awareness in local communities. By having trained champions in local neighbourhoods who can provide support and a 'listening ear', the aim is to reduce the stigma around talking about mental health and encourage communities to support each other.

## Health Summary for South Norfolk

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

**Better than England average:**

- Mortality and life expectancy
- Mental health
- Behavioural risk factors (e.g. physical activity)
- Early years development and pupil attainment
- Obesity in adults and children
- Cancer screening and vaccination uptake
- Crime
- Living conditions

**Worse than England average:**

- Personal wellbeing, anxiety
- Distance to sports and leisure facilities, GP services and pharmacies

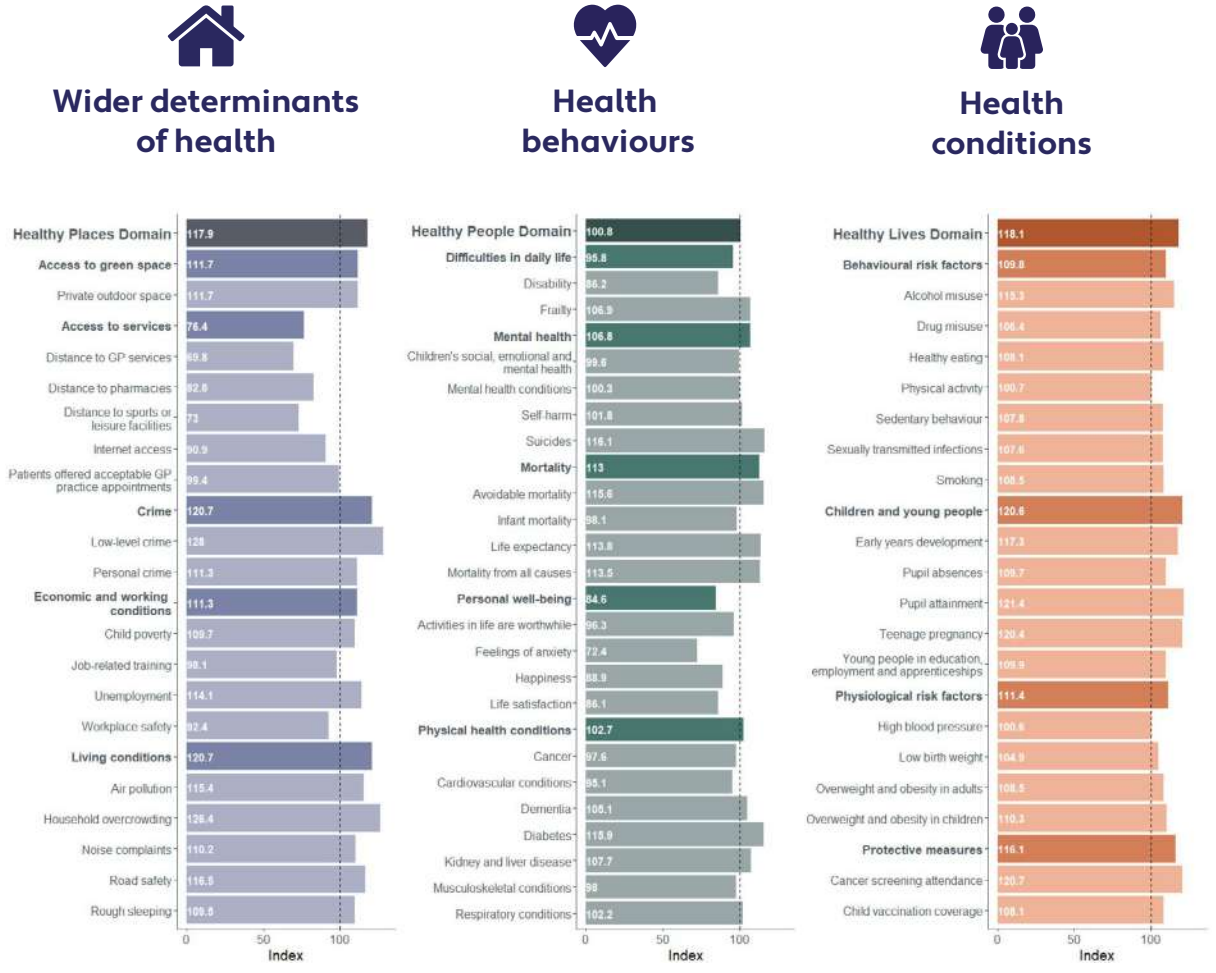


Figure 24: ONS Health Index scores, South Norfolk, 2020 (Source: Office for National Statistics Health Index).

# Conclusions

- Health varies from one place to another – measures covering a whole county or district can hide variation amongst smaller areas.
- How long people live for, what people die from and what makes people ill throughout life is dependent on many different things, including income, employment and living conditions, as well as healthy behaviours and healthcare.
- Health in a local area also depends on who lives there – for example, if people are on average younger or older.
- On average, Norfolk districts and boroughs are healthier compared to others in England. However, there are some areas where health is poorer, such as in parts of Great Yarmouth or King's Lynn.
- Looking at what the numbers tell us can help to prioritise which actions to take to improve health. Even where a place appears to have good overall health, there are often opportunities to improve health in smaller patches within that area.

# More Information

## If you'd like to explore health in Norfolk districts further, you can find information here:

**The Norfolk Joint Strategic Needs Assessment** provides reports and information about the health and wellbeing of the population in Norfolk and Waveney, including population, health inequalities and variation in healthcare analysis. Visit the Norfolk Insight website for information on Norfolk Joint Strategic Needs Assessment.

**Norfolk Electoral Health and wellbeing profiles** provide information about the health of local authority districts, city and boroughs, as well as electoral divisions: For more information visit the Norfolk Insights website.

**Fingertips** covers a wide range of factors that affect health, and you can search for an individual district, borough or city council, as well as view trends in health and how a local authority area compares to others. For more information visit the Fingertips website.

The **GP Practice Profiles** are designed to support GPs, primary care networks (PCNs), integrated care partnerships (ICPs) and local authorities to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population. For more information visit the Fingertips website.

The **Strategic Health Asset Planning and Evaluation (SHAPE)** is a web enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. It can help service commissioners to determine the service configuration that provides the best affordable access to care. Visit the Strategic Health Asset Planning and Evaluation(SHAPE) website for more information.

## Report title: Five year Joint Forward Plan

## Date of meeting: 08 March 2023

## Sponsor (HWB member): Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board

## Reason for the Report

NHS Norfolk and Waveney Integrated Care Board (ICB) and local NHS trusts are required to publish a five year Joint Forward Plan (JFP) that sets out how the local NHS will contribute to delivering our Integrated Care Strategy, local Joint Health and Wellbeing Strategies and national NHS commitments. This report informs members of the Guidance received from NHS England on developing the plan and the approach we are taking locally.

Importantly, the national Guidance requires Health and Wellbeing Boards to formally respond to the JFP with their opinion, and the JFP must include a statement of the final opinion of each Health and Wellbeing Board consulted. This formal stage of engagement with Health and Wellbeing Boards will take place at the meetings on 14 June 2023 for Norfolk, and on 18 May 2023 for Suffolk, prior to the publication of our plan on 30 June 2023.

The Guidance states that the final JFP must be published and shared with NHS England, the local Integrated Care Partnership and Health and Wellbeing Boards.

## Report summary

This report introduces the concept of the JFP and highlights the linkages to the transitional Integrated Care Strategy for Norfolk and Waveney / Joint Health and Wellbeing Strategy for Norfolk. Specifically, the report references the Guidance and the requirement to include an opinion from the Norfolk Health and Wellbeing Board (HWB) within the published JFP document. This item will be brought back to the HWB on 14 June 2023, but there will be ongoing conversations with partners across the System about the JFP content as it is developed.

## Recommendations

The HWB is asked to:

a) Support the development of the JFP as described in this report, with the more detailed work on the content led through partnership working across the System and reporting to the ICB Board.
b) Receive the near final JFP at the next HWB meeting on 14 June 2023 and provide an opinion for inclusion in the published JFP.

## 1. Background

1.1 The Health and Care Act (2022) requires all Integrated Care Boards and their partner NHS trusts to develop a Joint Forward Plan (JFP). As a minimum, the JFP should describe how the ICB and its partner NHS trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments. The JFP covers a five-year timescale and will set out how we aim to overcome some of the immediate challenges, but then look ahead and set out a journey of improvement over a medium term timeframe.

1.2 Following the agreement of our transitional Integrated Care Strategy for Norfolk and Waveney, we have started work on developing our JFP. Our plan will be in line with the national Guidance about developing JFPs, published by NHS England on 23 December 2022, and the additional Supporting Materials, published on 27 January 2023. The guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity.

1.3 The JFP is designed to be iterative and should develop over time. The first version of the JFP can be updated during 2023/24 and must be updated before the start of 2024/25. The plan must be realistic and deliverable within available resources and triangulate with the Medium Term Financial Plan and Joint Capital Plan for our ICB and partner NHS trusts. We will need to be able to report against its objectives, trajectories and milestones as appropriate in the ICB and local NHS trust annual plans. There are 17 legal requirements that need to be specifically described, and some other recommended content.

1.4 Go to England.nhs.uk to read the guidance on developing the joint forward plan.

## 2. Developing our Joint Forward Plan (JFP)

2.1 **Our priorities and ambitions:**
The JFP will set out how the local NHS will help to achieve the four priorities in our Integrated Care Strategy:

- Driving Integration
- Prioritising Prevention
- Addressing Inequalities
- Enabling Resilient Communities

2.2 The JFP was cross-referenced in Item 7 “Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy for Norfolk and Waveney”, tabled at the ICP meeting on 9 November 2022 (Go to norfolkcc.cmis.uk.com to view meeting papers from November 2022, *Integrated Care Partnership*).This was in the context that the JFP has to take proper account of the transitional Strategy that was approved on 9 November, supporting its mobilisation and delivery.

2.3 Our JFP will be organised around series of ambitions that have been developed by colleagues from across the System. The following eight ambitions will be presented to the ICB Board for their agreement at their meeting on 28 February 2023:

1. Mental Health Transformation
2. Urgent and Emergency Care Transformation
3. Elective Recovery and Improvement
4. Primary Care Resilience and Transformation
5. Improving Productivity and Efficiency
6. Population Health Management, Reducing Inequalities and Supporting Prevention
7. Babies, Children, Young People and Maternity
8. Older People

2.4 Each of these Ambitions will comprise a number of specific work programmes that will create a portfolio of change. These will be supported by enabling strategies e.g. Clinical, Acute, People Plan, Digital Roadmap, PHM Strategy, Quality, Estates & Green, FLOURISH etc., ways of working including Place and Provider collaboration, supporting the voluntary, community and social enterprise sector, and some key threads throughout the JFP such as quality improvement, people and culture with the focus on our local population. Chapter headings have been broadly agreed and shared with the ICB Board on 28 February 2023.

2.5 **Engagement:** The JFP is supported by a separate engagement workstream which commenced with an online survey in December / January that had more than 700 responses. An initial analysis of the responses was provided to the ICB Board meeting on 28 February 2023. We will also take into account the results of previous research, engagement and feedback as we develop the JFP and there will of course be further engagement completed as we deliver specific elements of the plan.

2.6 **Publication:** We are required to prepare an initial draft JFP by 31 March 2023 and to publish a final version by 30 June 2023. These dates have changed since the initial reports to the ICB Board in the autumn as a result of the delay in publication of the national Guidance. The published JFP will also be formatted in an easy read version and there will be a supporting video or animation to complement the work.

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

Name: Andrew Palmer Tel: 07741 628804 Email: a.palmer7@nhs.net

# Norfolk and Waveney Integrated Care Partnership

**Item 5**

**Report title: Amendments to the Integrated Care Partnership Terms of Reference**

**Date of meeting: 08 March 2023**

**Sponsor (ICP member): James Bullion, Executive Director of Adult Social Services, Norfolk County Council**

## Reason for the Report

It has been several months since the Terms of Reference (ToRs) for the Integrated Care Partnership (ICP) were first drafted and as our Integrated Care system takes shape it has become necessary to review the ToRs and make necessary amendments.

## Report summary

The ICP came into being under the Health and Care Act 2022 on 1 July 2022. ToRs were produced as part of the Governance arrangements for the ICP and to align with the Governance for the Health and Wellbeing Board due to the meetings being held consecutively with the same membership represented at both meetings. The number of days for the deadline for Member and Public questions has been extended to three working days' notice and now the Place Boards are in operation it has been considered beneficial to have the Place Board Chairs represented at the ICP meetings.

## Recommendations

The ICP is asked to:

a) Agree to the revised version of the Integrated Care Partnership Terms of Reference.

## 1. Background

1.1 The ToRs for the ICP were agreed at the meeting on 21 July 2022 and since then our Integrated Care system has been taking shape across Norfolk and Waveney. It is good practice to review the Governance and Membership of the ICP yearly and there have been recent changes which have prompted the need to revise the ToRs. There has been an amendment to the number of days for the deadline for Member and Public questions to extend this to three working days' notice and now the Place Boards are in operation it has been considered beneficial to have the Place Board Chairs represented at the ICP meetings, so the membership has been amended to reflect this change.

## 2. Revised Terms of Reference

2.1 The revised Terms of Reference for the ICP are attached at **Appendix 1.**

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

Name: Debbie Bartlett Tel:01603 303390 Email: debbie.bartlett@norfolk.gov.uk

# 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 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.

### 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, 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 three 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, 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 Childrens 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. Place Board Chairs for each Place Board area
29. Primary Care representatives (1)
30. Primary Care representatives (2)
31. Primary Care representatives (3)
32. Primary Care representatives (4)

33. Primary Care representatives (5)
34. Queen Elizabeth Hospital NHS Trust
35. South Norfolk District Council
36. Suffolk County Council, Cabinet Member for Adult Care
37. Suffolk County Council, Executive Director of People Services
38. Voluntary sector representatives (1)
39. 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: Norfolk & Waveney NHS System Capital Distribution for 2023/2024**

**Date of meeting: 08 March 2023**

**Sponsor (ICP member): Tracey Bleakley, Chief Executive, Norfolk & Waveney Integrated Care Board**

## Reason for the Report

The purpose of this report is to inform the Integrated Care Partnership (ICP) of the NHS Norfolk and Waveney System Capital Departmental Expenditure Limit (CDEL) proposal to distribute the system resource to the Norfolk and Waveney organisation for capital infrastructure investment.

## Report summary

The report highlights the process and progress made by the NHS in distribution the £42m of available capital resource for 2023/24. Current proposals show the resource distributed to Norfolk and Waveney NHS organisations in the following way based on the prioritisation of proposals:

- James Paget University Hospital - £7.1m
- Norfolk and Norwich University Hospital - £14.8m
- Queen Elizabeth Hospital - £7.1m
- Norfolk and Suffolk Foundation Trust - £12.7m
- Norfolk Community Health and Care - £4.8m
- Total draft distribution of resource - £46.5m

The system is proposing to distribute £46.5m, £4.5m more than the £42m available resource limit. This is possible due to the NHS “over-programming” option as per the NHS planning guidance.

## Recommendations

The ICP is asked to:

a) Receive and endorse the proposed NHS distribution of the NHS capital system Capital Departmental Expenditure Limit resource to deliver organisational and system capital plans.

## 1. Background

1.1 The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an Integrated Care Board (ICB) and its partner NHS trusts and foundation trusts:

- Must before the start of each financial year, prepare a plan setting out their planned capital resource use.
- Must publish that plan and give a copy to their Integrated Care Partnership, Health and Wellbeing Board and NHS England.
- May revise the published plan – but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

1.2 To support ICBs in meeting these requirements of the amended 2006 Act, ICB joint capital resource use plan templates will be issued to systems via the Public Financial Management System (PFMS) ICB portal inboxes.

## 2. The Norfolk and Waveney 2023/24 Distribution of Capital Resource for Capital Infrastructure

2.1 As per the above, the NHS is required to present its 2023/24 capital plan to the ICP. This report will only consider the system CDEL allocation that is available for system discretion as to its allocation. A number of other capital allocations are available to provider organisations from central NHS funds and charitable sources which are specific to organisations and specific national programmes.

2.2 Norfolk and Waveney NHS Provider organisations are all members of the Norfolk and Waveney Strategic Capital Board (SCB). This sub-committee of the NHS ICS Board is where the prioritisation of capital proposals are considered, prioritisations are agreed and capital resource is proposed for distribution to enable the organisational delivery of capital schemes.

2.3 The available capital resources for the Norfolk and Waveney NHS ICS system as per the NHS planning financial settlements is as follows: the funding envelope for our Norfolk and Waveney system CDEL (allocation) for 2023/24 is £41,991m. In 2022/23 it was £52,107m and for 2024/25 is proposed at £41,991m.

2.4 For 2023/24 the SCB received the prioritised programmes from each NHS organisation. The prioritised requests from Norfolk and Waveney organisations equalled £73.6m against the available resource of £42m, an over subscription of 57%. The prioritised requests from each organisation included:

- James Paget University Hospital (JPUH) - £28.5m
- Norfolk and Norwich University Hospital (NNUH) - £14.8m
- Queen Elizabeth Hospital (QEH) - £10.1m
- Norfolk and Suffolk Foundation Trust (NSFT) - £9m
- Norfolk Community Health and Care (NCHC) - £11.2m
- Total Proposals - £73.6m.

2.5 As per the agreed process of the SCB, for the above requests each organisation prioritised their proposals in the categories of:

1) Prior Commitment/already agreed and commenced.
2) Legal/statutory compliance requirements.
3) Care Quality Commission (CQC) compliance "Must Do", where not already identified as a legal/statutory issue.
4) System wide strategic priority schemes.
5) Other “local” schemes.

2.6 Items specifically idented in 1, 2 and 3 are prioritised as first call on the CDEL resource. Items categorised in 4 or 5 are individually assessed and given a score of one to ten (ten high) on three categories with a weighting as per the below:

2.7 **Patient and public safety – 60% Weighting**

- Addressing current high risks relating to one or more of the following areas, which cannot be mitigated through alternative routes at lower cost e.g.
- Clinical safety (not clinical quality), i.e. where there is high risk of patient harm.
- Health and safety of patients, staff and/or visitors.
- Fire safety.
- Cyber security.
- Regulatory instruction in relation to safe patient care, e.g. CQC ‘must do’.

2.8 **Maintaining an acceptable level of service quality – 30% Weighting**

- Addressing current high risks, for existing services, relating to one or more of the following areas, which cannot be mitigated through alternative routes at lower cost.
- Clinical quality which adversely impact patient experience but do not carry high risk of patient harm.
- Service continuity.
- Regulatory instruction in relation to quality of patient care, e.g. CQC 'should do'.

2.9 **Business case (strategic and financial case) – 10% Weighting**

- A sound case for investment based on strategic fit and financial case.

2.10 Utilising this process all capital scheme proposals are able to be ranked, prioritised and assessed for capital resource funding. The table below shows how organisational proposals were prioritised:

| **Norfolk and Waveney Capital Plan prioritisation** | **JPUH** | **NNUH** | **QEH** | **NSFT** | **NCHC** | **Total Spend** |
|---|---|---|---|---|---|---|
| System CDEL committed | £0.0 | £0.0 | £0.0 | £2.2m | £1.6m | £3.9m |
| Uncommitted: Legal/Statutory compliance schemes & CQC compliance "must do" | £2.8m | £3.0m | £5.8m | £2.5m | £1.4m | £15.5m |
| Sub total cost for highest priority schemes | £2.8m | £3.0m | £5.8m | £4.7m | £3.0m | £19.3m |

2.11 The table below shows the total cost for the highest priority schemes in addition to how the weighted scoring was applied across the organisational proposals:

| **System CDEL Schemes weighted scores** | **JPUH** | **NNUH** | **QEH** | **NSFT** | **NCHC** | **Total Spend** |
|---|---|---|---|---|---|---|
| *Subtotal cost for highest priority schemes* | *£2.8m* | *£3.0m* | *£5.8m* | *£4.7m* | *£3.0m* | *£19.3m* |
| Weighted score of 10 | £10.6m | £9.2m | £2.8m | £1.5m | £0.9m | £25.0m |
| Weighted score, greater than 9, less than 10 | £2.1m | £2.5m | £1.5m | £2.5m | £7.1m | £15.8m |
| Weighted score, greater than 8, less than 9 | £8.1m | £0.0m | £0.0m | £0.2m | £0.0m | £8.4m |
| Weighted score, greater than 7, less than 8 | £1.4m | £0.0m | £0.0m | £0.0m | £0.2m | £1.6m |
| Weighted score less than 7. | £3.5m | £0.0m | £0.0m | £0.0m | £0.0m | £3.5m |
| Total schemes in draft programme to be considered against system CDEL | £28.5m | £14.8m | £10.1m | £9.0m | £11.2m | £73.6m |

2.12 Due to the limitations of the resource availability a number of iterations were undertaken by the SCB, reviewing and challenging the prioritisations. To further complicate the decision making, during the process the system was asked to support the national capital programme scheme of the development at Hellesdon Hospital. The impact of this was to create a "top slice" £4.8m which needed to be directly assigned to NSFT, leaving a balance of system CDEL of £37.2m.

2.13 To enable the alignment of CDEL to organisational cash balances that enable the purchase of capital assets and infrastructure, the resource also needs to be considered against the proportional %s of organisational depreciation charges. The 2022/2023 proportions of

depreciation charges for each organisation are as follows: JPUH 19%, NNUH 28%, QEH 19%, NSFT 21% and NCHC 13%.

2.14 The final distribution (draft) for each organisation for 2023/2024 is:

- **James Paget University Hospital - £7.1m**
- **Norfolk and Norwich University Hospital - £14.8m**
- **Queen Elizabeth Hospital - £7.1m**
- **Norfolk and Suffolk Foundation Trust - £12.7m**
  This includes £7.9m CDEL allocation with an additional £4.8m for Hellesdon Hospital.
- **Norfolk Community Health and Care - £4.8m**

2.15 As can be seen from the listing above, the system has distributed £46.5m, £4.5m more than the £42m available resource limit. This is possible due to the NHS "over-programming" option as per the NHS planning guidance. Guidance states this is possible on the basis of: *"so long as this is based on a clear plan that allows elements to be scaled back or deferred if necessary." [to then deliver the system CDEL limit by 31 March 2024].*

2.16 The SCB still has some final adjustments to resolve before the final NHS Capital plan submission on the 30 March 2023, but at this stage the ICP is asked to endorse the distribution of NHS system CDEL resource to NHS Provider organisations on the basis as outlined in this report.

2.17 **New Hospitals Building Plan:** The New Hospitals Building Programme is a key route for ascertaining significant capital funding. The James Paget Hospital was included in the second stage of the Government's programme and the plan is for the new hospital to be built by 2030. Three options have been drawn up for a new look site.

2.18 At the time of writing, we are still awaiting an announcement about the Queen Elizabeth Hospital's application. This follows the two Expressions of Interest the Trust submitted to the Department of Health and Social Care. However, as an announcement is awaited, work has continued to ensure the Trust is as prepared as it can be and is 'investment ready'. For example, a Strategic Outline Case was completed in June 2022 with unanimous support from local partners. The Trust's plans for a multi-storey car park will also not only help to address the short-term challenges the hospital faces with parking, but is also a key enabling scheme for the new hospital to liberate the space on which the proposed new hospital would be built, and so further help to secure the £862m of Government funding needed for a new hospital.

**Officer Contact**

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


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**Report title: Strategic Workforce Priorities for the Integrated Care System**

**Date of meeting: 08 March 2023**

**Sponsor (ICP member): James Bullion, Executive Director of Adult Social Services, Norfolk County Council**
**Tracey Bleakley, Chief Executive, Norfolk and Waveney Integrated Care Board**

## Reason for the Report

To update the Integrated Care Partnership on the 2023/2024 strategic workforce priorities across the Norfolk and Waveney Integrated Care System in line with the system priorities, the White Paper *Health and social care integration: joining up care for people, places and populations*. Go to Gov.uk to find the health and social care Integration white paper. This lays out expectations on Integrated Care Systems (ICS') with regards to workforce and planning, and the 10 outcome-based people priorities of Integrated Care Systems *10 ICS People Function Outcome Areas* for developing and supporting the 'one workforce' agenda making the system the best place to work in line with the strategic goals of the ICS as detailed below: Visit Health Education England to find the 10 ICS People Function Outcome Areas.

Norfolk and Waveney System Integrated Care Goals:

| | | |
|---|---|---|
| To make sure that people can live as healthy a life as possible | To make sure that you only have to tell your story once | To make Norfolk & Waveney the best place to work in health and care |

## Report summary

This report will provide an update to ICP members on the work to date and plans to be enacted in 2023/2024 to ensure the Norfolk and Waveney people strategy and ambitions for the workforce align to the strategic system priorities, White Paper *Health and social care integration: joining up care for people, places and populations* and 10 national people priorities for Integrated Care Systems, and that the system is actively working towards the ICS commitment to make Norfolk and Waveney the best place to work in health and care.

This report is issued in advance of the publication of the final Joint Forward Plan on the 30 June 2023 and completion of the 2023/2024 NHS multiyear operational planning which will provide greater detail for workforce priorities across health partners for the coming year. Both will be used to develop a shared delivery plan for the Integrated Care Strategy (developed by the Integrated Care Partnership) and the Joint Local Health and Wellbeing Strategy (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including health and care organisations, local authorities and voluntary, community and social enterprise partners.

The ICS strategic priorities, Joint Forward Plan, NHS multiyear operational plan, Integrated Care Strategy and Joint Local Health and Wellbeing Strategy will be incorporated into the Norfolk and Waveney #WeCareTogether people strategy published in September 2020, to ensure workforce priorities are included in all of the system strategic priorities and planning activities, with the ambition to include the whole workforce across primary, secondary, tertiary and social care, local

authorities and the voluntary care and social enterprise partners. Norfolk County Council undertakes a continued review of the Adult Social Care Workforce Strategy, *A good Life: Excellence in Care in line*.

The report will also consider the national context from a NHS, Social Care and voluntary, community and social enterprise perspective.

## Recommendations

The ICP is asked to:

a) Endorse to planned approach to development of a refreshed #WCT People Plan for the Norfolk and Waveney ICS in 2023/24.
b) Support system partners to further integrate workforce approaches across NHS and Social Care where possible.

## 1. Background and current context

1.1 The Norfolk and Waveney Integrated Care System has many partners across health and social care, local government and the voluntary, community and social enterprise (VCSE) sectors. The current health and social care landscape has meant providers across the system are working under sustained operational pressures against a back drop of limitations to funding, the cost of living crisis, NHS Industrial Action across nursing, medical, Allied Health Professionals and Ambulance colleagues compounded by strike action across wider sectors (i.e. transport and education) and the ongoing impact of the COVID 19 pandemic i.e. on population health and the backlogs in elective recovery.

1.2 Both health and social care providers are seeing similar challenges in the workforce in relation to high vacancy rates and turnover rates and disproportionate levels of sickness absence with key trends identified at a place-based level and by role. The workforce challenges are systemic and centre on:

- Limited workforce supply and a highly competitive labour market with other sectors outside health and social care paying more despite less responsibility/skill required.
- Health and wellbeing of staff experiencing burnout, stress, moral injury, and lack of work /life balance leading to increased turnover and sickness absence levels.
- Recruitment and Retention, particularly in nursing and support worker roles and specialised posts (i.e. across primary care).

1.3 Since the inception of the Norfolk and Waveney Integrated Care System, partners from across the system have been working together to address key workforce challenges and enable opportunities for collaboration across health and adult social care. This system approach has been in train for several years and most recently has included recognising workforce challenges as part of integrated discharge funding models proposed, broadening participation of health training, creation of a governance model for the Trainee Nursing Associate Programme and joint large scale recruitment events and the “roving recruitment bus” campaigns.

1.4 Active work has begun towards building an integrated workforce following the skills for care guidelines (*Go to skillsforcare.org.uk to find the guidelines - Integrated Care Systems - Getting the right workforce development support to ICSs*), which outlines a number of focus areas for integration across health and social care. A summary of current progress is outlined below:

- To build health and social care careers the system has held joint health and social care career events, is developing “Norfolk Care Careers Pages”, and has established social care academies.

- A collaborative approach is being taken towards recruitment by running joint campaigns, providing consultancy advice and best practice workshops, use of digital platforms (i.e. Norfolk Care Careers Website and investment in the “Care Friends” app license), and skills provision via the care academies with the opportunity for “earn as you learn” schemes.
- Retention initiatives are in place that provide system-wide access to wellbeing support and discounts across a range of products and services via the blue light discount card.
- Education and training programmes are in place to upskill and provide mentoring opportunities for the workforce via the Developing Skills in Health and Social Care Team across Norfolk and Suffolk. There is also collaborative work underway to recognise the different workforce needs to operationalise changes to statutory training requirements, such as the Oliver McGowan training.
- New role development is underway across the system (i.e. the Trainee Nursing Associate role) with the appropriate governance framework and support in place (Norfolk are a leader in this space).
- Digital technology is being used to develop workforce skills via the Developing Skills in Health and Social Care Team and the digital transformation programme.
- Shared campaigns and training in respect of equality, diversity and inclusion/ Joint access to the Springboard initiative and Norfolk County Councils Workforce Race Equality Standard (WRES) are supporting to build and enhance social justice in the workforce.

1.5 It should be noted, however, that while the system is intrinsically linked, core values aligned and work underway to support the “one workforce” agenda there are distinct differences across health and social care which need to be acknowledged and navigated as these can act as a barrier to fully integrated working which are outlined below:

- The adult social care market in Norfolk and Waveney is fragmented with over 27,000 staff working across 831 accredited care providers who are different in size, ownership models, stage of business lifecycle, culture, and quality.
- Pay and terms and conditions differ across health and social care.
- Parity of esteem is needed across roles within health and social care nationally to recognise the skill and value of the workforce. Locally, Norfolk Care Association’s (NorCA) development of a skills framework is a step towards achieving this.
- Perception of system drivers being health led with concern that this leads to lack of focus upon needs and outcomes for service user.
- Availability and control of data.

1.6 It will therefore be imperative to work collaboratively to seek strategic solutions to mitigate the impact of these barriers

## 2. Workforce 2023/2024 priorities

2.1 A priority focus in 2023/24 will be to continue to build on the existing work underway and incorporate these activities into the broader strategic priorities for the workforce.

2.2 In line with the *10 ICS People Function Outcome Areas* the actions below will form a key part of the delivery plan to achieving an integrated workforce across health and social care and incorporated into the **#wecaretogether** strategy refresh. Further work is underway to align these activities to timeframes, high impact actions, outcomes and success measures across health and social care.

2.3 **Increasing workforce supply and growing the workforce for the future:**
Key activities:

- Implement system arrangements for international recruitment.
- System wide retention initiatives for key staff groups across health and social care.
- Building a Norfolk and Waveney Employer brand and value proposition, joint recruitment initiatives and on-boarding best practice.
- Rotational posts and joint roles.
- Anchor Institution programme.
- Continued rollout of the Legacy Mentor programme.

2.4 **Workforce planning and efficiencies:**
Key activities:
- Maximising the use of the Collaborative Bank across health and social care.
- Collaborative skill mix reviews linked to population needs to align staffing requirements across care pathways.
- Systemwide approach to the use of reservists and volunteers across health and social care.

2.5 **System OD, culture, health, and wellbeing and creating a great experience for staff:**
Key Activities:
- Health and wellbeing support accessible across health and social care.
- Agreed system-wide approach to flexible working opportunities.
- Develop, implement, and embed shared values, ways of working and culture to facilitate integrated working.

2.6 **Supporting inclusion and belonging for all:**
Key Activities:
- Delivery of national EDI work plan priorities (i.e. WRES, WDES).
- System-wide anti-racism and anti-bullying and harassment strategic initiatives to be delivered.

2.7 **Educating, training, and developing people, managing talent, and supporting leaders at all levels**
Key Activities:
- System-wide delivery of the Health and Care academies Education Plan 2022-25) to "grow our own" workforce and broaden entry routes into the workforce i.e. via apprenticeships.
- Joint opportunities for training and development for both leaders and the wider workforce.
- Infrastructure support for clinical placements across health and social care.

2.8 **Transforming people services and supporting the people profession**:
Key Activities:
- Corporate Services Review (Newton Consultancy).
- Implementation of the Future of HR and OD – go to england.nhs.uk to read the future of NHS human resources and organisational development report.

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

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