

External Partnership update- Health & Wellbeing Board , Integrated Care Partnership, and South Norfolk Health & Wellbeing Partnership

Purpose of the Report:

To update Council on the recent Health & Wellbeing Board and Integrated Care Partnership, and the South Norfolk Health & Wellbeing Partnership.

Recommendations:

1. To note the discussions in the above external partnerships.

Health & Wellbeing Board- 27th September 2023

Full papers can be found [here](#). The following section summarises the presented items:

Norfolk Safeguarding Children Partnership Annual Report

The report summarises local arrangements for safeguarding children from 1st July 2022 to 30th June 2023, covering governance and strategic overview; the voice of the child; independent scrutiny; data and performance intelligence; progress against NSCP priorities; learning from local and national Child Safeguarding Practice Reviews; and training and workforce development. The report explains the NSCP's achievements as well as the challenges faced during this period.

Norfolk Safeguarding Adults Board Annual Report

The vision for Safeguarding Norfolk is for everyone to work together effectively to enable the people of Norfolk to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's responsibility every day.

Highlights from the last 12 months include the development of an assurance framework, strengthening a narrative that focuses on safeguarding as everyday business for everybody, and conducting a joint scrutiny exercise with the Norfolk Safeguarding Children Partnership. The new strategy for 2023-2026 has three aims: prevention, learning lessons, and managing.

Norfolk Better Care Fund: 2023-2025

The Better Care Fund (BCF) is a nationally mandated Programme with the aim of joining up health and care services, to support people to manage their own health and wellbeing and live independently. It is delivered locally and jointly prepared and delivered by local authorities and NHS partners.

This is the first time the core BCF allocation has been published for a two-year period from this financial year to 2024/5. This is a positive development as it allows for increased stability and planning. The South Norfolk HWP will receive £164,000 from 2023-2025.

Norfolk's five BCF Priorities (as agreed by Health & Wellbeing Board in 2021) are:

- Prevention, including admission avoidance
- Person-centered care and discharge
- Inequalities and support for the wider factors of wellbeing
- Housing, DFGs and overarching pieces of work
- Sustainable systems.

The Adult Social Care Discharge Fund funding pot from last year has been renamed as the Additional Discharge Fund and continues over the lifecycle of this funding period. The Health & Wellbeing Board signed off the BCF submission for 23/24 and 24/25.

This funding is utilised by South Norfolk Council to fund a proportion of District Direct.

Integrated Care Partnership- 27th September 2023

Ageing Well Priorities

The report outlined the work undertaken so far to develop the vision and the Older People's strategy. It highlights the seven ageing well priorities that will underpin the work needed across the Integrated Care System to design, then deliver services, environments, and facilities to help the residents of Norfolk & Waveney live longer, happier, and healthier lives.

The Ageing Well priorities are:

1. Enabling independence and promoting wellbeing of older people and their carers.
2. Population-based, proactive, anticipatory care.
3. Facilitating Integrated urgent community response, re-ablement rehabilitation and intermediate care.
4. Frailty attuned acute hospital care.
5. Reimagining outpatient and ambulatory care.
6. Enhancing health care support for long term care at home in care homes/
7. Providing coordinated, compassionate end of life care.

There is a requirement to co-create the Older People's strategy by the end of December 2023.

It was noted by the South Norfolk Council Portfolio Holder for Healthy & Active Lifestyles that most of these priorities are clinical. Being a rural county, connectivity, addressing isolation, and housing and community support should also be high on the priority list. Promoting wellbeing and keeping older people active, healthy, and socially connected is essential.

Right Care, Right Person- Norfolk & Waveney Implementation

Right Care, Right Person (RCRP) is an operational model originally developed and rolled out by Humberside Police that changes the way emergency services respond to calls involving concerns about mental health and general concern for welfare.

It is being rolled out across the UK as part of ongoing work between Police forces, health and social care providers and Government.

The aim is to make sure the right response is delivered by the most appropriate agency and replaces the current cultural practice of the police being the default first responder.

The Health & Wellbeing Board noted the progress made with planning for the implementation of RCRP, and partner organisations were asked to continue to engage with and provide the resources required to support this work. They were also asked to note that RCRP will impact on partner organisations differently and that each organisation will need to understand its own legal framework, responsibilities and discharge of these to support RCRP.

Integrated Winter Plan for 2023/24

The Integrated Care System has not experienced a summer where pressures have abated. Three key areas of learning from last winter have been reflected on in this year's planning, centered around demand, capacity, and communities. The report lays out the winter

framework with key initiatives that will help our population live as health life as possible during winter. The four key strategic priorities that cross our range of partners are:

1. Meeting people's needs
2. Resilient communities
3. Supporting our workforce
4. Working together in Winter conditions.

South Norfolk Council is leading a partnership bid for the expansion of scale and seven-day coverage of District Direct.

Respiratory Disease: Public Health outcomes and prevention priorities for the system

Norfolk & Waveney's increasing population is fastest in the older age ranges and at a rate greater than England. This creates a key challenge for our health and care system as risk of respiratory conditions increases with age.

There is an inequality across Norfolk & Waveney in life expectancy, and respiratory conditions account for about 14,000 admissions each year, around 15% of all emergency admissions. By changing health behaviours and improving clinical care, a reduction in inequalities can be made.

Partners can have a positive impact (e.g. housing, air quality) in improving the respiratory health of the population.

The Integrated Care Partnership partners were encouraged to work together to improve respiratory health, reduce inequalities and reduce emergency admissions and deaths due to respiratory diseases in Norfolk & Waveney.

South Norfolk Health & Wellbeing Partnership

As last presented to Council, the Health & Wellbeing Strategy sets out three Priority Delivery Groups: Access & Prevention, Resilient & Healthy Communities, and Mental Health & Wellbeing. Workshops have been held for each of these with an enthusing variety of partners coming to the table to share their experiences and intelligence to inform programmes of work.

The Priority Delivery Group leads are meeting to pin down their programmes of work and understand that co-production ask.

Below is a couple of highlights from projects funded through last years' Covid Recovery Funding and Better Care Fund:

Active NoW:

Active NoW is a Norfolk and Waveney wide platform providing a single point of access for physical activities and exercise referrals. It prevents health complications further down the line by increasing access to exercise and has taken 2484 referrals since going live in January 2023. With a 70% take-up rate, the team have received some great feedback including:

"I feel fitter and more energetic than I have in years, my aches and weight has diminished and achieved reducing my medication as my health has improved tremendously and I intend to stay positive, keep on exercising at least four times a week as I feel this is the right thing for me".

Social Prescribing in Secondary Care:

8 Social Prescribers have been employed across the central locality to offer support to Secondary Care patients attending either Norfolk and Norwich University Hospital (NNUH) or West Suffolk Hospital. Service delivery has seen a phased approach starting with Emergency Department, discharge, and Pre-op at the NNUH. Outpatients are next, with referrals coming to the Single Point of Access, hosted by South Norfolk and Broadland District Councils' Help Hub triage. An evaluation of this project will be produced.

Stroke Reach:

This project was co-designed with a stroke survivor to offer wrap-around holistic support to individuals as they are discharged from stroke wards or referred in through their GP. This project has received a total of 161 referrals since going live in February and the project team attended the East of England Stroke Forum Conference to demonstrate the importance of community-based solutions in diseases such as stroke. Some feedback on the Broadly Active element of the project has included:

“The classes have been very important to me. I have no other contact with the health service and without the Broadly Active sessions would feel completely abandoned... the classes give me a framework to aim for.”

An evaluation will inform the need for the project and whether the individuals received the wrap-around support in the way the project intended to offer.

Mindful Towns & Villages:

Diss, Wymondham, Newton Flotman, Harleston, Aylsham, Brundall are mindful towns and villages so far. 58 people in South Norfolk have completed the training and are Wellbeing Champions, there are also 13 people that have completed the training and work across both South Norfolk and Broadland districts. The project team are exploring provision to offer this training to children, which is currently absent.

Women's Accommodation Project:

Solo Housing worked alongside 11 women in contact with the criminal justice system, providing them with safe accommodation and support. The women that have accessed this support were either leaving prison or living in the community with no safe or suitable accommodation. Many positive outcomes were reported such as 6 women reducing their offending behaviour, 4 improving relationships with families, and 5 reducing substance use.

Jointly funded with Broadland Health and Wellbeing Partnership, South Norfolk have recruited a Project Delivery Officer who will enable capacity to deliver the ambitious programme of work utilising Public Health and Better Care Funding.

The Partnership have developed a Shadowing Programme which allows colleagues from partner organisations to shadow different roles. This free programme will give colleagues an increased understanding and awareness of work going on across the Norfolk and Waveney Integrated Care System. The first cohort to take part in this programme will attend a post session debrief workshop where an evaluation will inform how the next cohort is run.

Spend:

This year, the South Norfolk Health and Wellbeing Partnership have generated inward investment of:

- Public Health funding (2023-2025): £204,750
- Better Care Fund (2023-2025): £164,000