

Interim ICS Partnership Board

DRAFT Minutes of the meeting of the meeting held on:

Thursday, 10 June 2021, via MS Teams

Part 1

Present:

- Rt Hon Patricia Hewitt (PH), Independent Chair, Norfolk and Waveney Health and Care Partnership
- Melanie Craig (MC), Chief Officer of NHS Norfolk and Waveney CCG, and Executive Lead of the Norfolk and Waveney Health and Care Partnership
- Dr Anoop Dhesi (ADh), Chair, NHS Norfolk and Waveney CCG
- David White (DW), Chair, Norfolk and Norwich University Hospitals NHS Foundation Trust (Left at 2pm and returned at 3pm.)
- Professor Steve Barnett (SB), Chair, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Pip Coker (PC), Non-Executive Director, Norfolk and Suffolk NHS Foundation Trust
- Geraldine Broderick (GB), Chair, Norfolk Community Health and Care NHS Trust
- Tony Osmani (TO), Chair, East Coast Community Healthcare CIC
- Cllr Bill Borrett (BB), Cabinet Member for Adult Social Care, Public Health and Prevention at Norfolk County Council, and Chairman of the Norfolk Health and Wellbeing Board
- Cllr John Fisher (JF), Cabinet Member for Children's Services at Norfolk County Council
- Neville Hounsome (NH), Non-Executive Director, East of England Ambulance Service NHS Trust
- Emma Ratzer (ER), Chair, Norfolk and Waveney Voluntary Sector Health and Social Care Assembly
- Dr Jeanine Smirl, Clinical Director, Primary Care Network (PCN)
- Dr Julia McLean, Clinical Director, Primary Care Network (PCN)

In attendance:

- Karen Barker (KB), Associate Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney CCG (Minutes)
- Dr Mark Lim (ML), Interim Director of Clinical Services and Clinical Transformation (for item 8)
- Dr Dan Dalton, Chief Medical Officer, Norfolk and Suffolk Foundation Trust (for

item 9)

- Dr Ardyn Ross, Norfolk and Waveney CCG, Governing Body member and clinical lead for Mental Health (for item 9)

Item	Comments	Actions
1	Chair's introduction and welcome	
	The Chair welcomed everyone to the meeting of the interim ICS Partnership Board.	
2	Apologies for absence	
	Apologies were received from: <ul style="list-style-type: none"> • Marie Gabriel (MG), Chair, Norfolk and Suffolk NHS Foundation Trust • Anna Davidson (ADa), Chair, James Paget University Hospitals NHS Foundation Trust 	
3	Declarations of interest	
	The Chair noted that declarations of interest would be kept up to date online. No new declarations were received.	
4	Minutes	
	The minutes of the meeting held in public on 8 April 2021 were approved.	
5	ICS Chair's report	
	The report was noted.	
6	ICS Executive Lead's report	
	MC introduced her report. Comments and observations made during the discussion included: <ul style="list-style-type: none"> • All NHS organisations in Norfolk and Waveney have signed up to an Anti-Racism Strategy and all organisations have been asked to sign up to an Equality, Diversity and Inclusion Strategy. • The vaccination programme continues to go well. We have vaccinated 78% of the population over 16 with their first dose, which puts us second out of the 42 healthcare systems in England. 55% of over 16s have also had their second dose, which puts us fifth in England. • The elective care recovery programme is being led by Caroline Shaw from the QEHKL. • Increased usage of digital services has allowed more patients to access primary care services. • The backlog and waiting list is a huge concern for the system. Primary care wants to work very much with secondary care 	

	<p>and the CCG is in the process of setting up a system to look at those patients waiting and to work through the backlog.</p> <p>Members of the Board asked for a detailed update on Elective Recovery at their next meeting in public.</p> <p>Action: Elective recovery update to the next meeting in public.</p>	
	Main agenda	
7	ICS Development	
	<p>MC introduced the item by highlighting key points from the paper.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • The legislation is expected to be passed through parliament in July. A decision on ICS boundaries will enable us to better plan as we move towards April 2022. • This will allow for greater integration within NHS and wider partners across the system. • You mention the Mental Health regional collaborative which is working to go live on 1st July, it may be helpful for someone from the system to come and give a presentation to the group and share some insight on NSFT engagement in the process. • Whilst we wait for the legislation to go through parliament, we should be approaching this collectively in terms of behaviour and responsibilities whilst recognising that the legislation will need to play catchup. We should be being proactive about the partnerships and opportunities. <p>The paper was noted.</p>	
8	System Clinical Strategy- Research Findings	
	<p>ML introduced the item, noting that a clinical strategy steering group had recently been set up to drive this work.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • Interviews have been conducted about the clinical strategy between April and May. • Many patients thought that the pandemic had reset expectations but there was some concern that we shouldn't go back to old ways of working. • There was acknowledgement that further improvement needs to be made to some digital working. • With regard to public involvement we note there is a sample of the public in the Britain thinks work but we need to widen that. • Further discussion will be had on how we can work more locally. • Great piece of work, but would be interested to see the changes made to the strategy following feedback and the general public would also be interested. How do you plan to 	

	<p>widen the engagement on the strategy as it would be helpful to broaden out the engagement to progress the work?</p> <ul style="list-style-type: none"> • There is a real opportunity to join-up services at ground level and to integrate services. We need to ensure there is the right balance between clinicians and service users. • It is important to have input from secondary care consultants. The Clinical Strategy will shape the transformational changes that need to be made and is important to engage with both patients, public and clinicians. <p>Action: Clinical Strategy to return to the Board following feedback received and highlighting any changes.</p> <p>The report was noted.</p>	
9	Mental Health	
	<p>AR and DD introduced the item, noting that they were really pleased to be invited to the interim ICS Partnership Board to share their work today.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • Much of the programme has been supported by “experts by experience.” • We have been building more support for mental health work in primary care, which helps to avoid the need for referrals into secondary care. • We have invested in IAPT services with a focus on providing support for people with long term conditions. • New wellbeing crisis hubs are underway. This is a café type model. East is opening imminently and the central offer is opening in the Autumn. Conversations in other areas are underway to open more hubs. • Developing crisis support and all teams have been recruited and are linking with Community Teams to provide a seven-day support service. • We are investing £13 million in the next three years to assist those with eating disorders, mental health rehabilitation and personality disorders. • We have established “Freed” model for our Eating Disorders work. • Intense support facilities are being opened to provide step up and step down facility. • With children and young people there seems a very joined up approach with physical, social and mental health care help. Is this similar with adults? • Alliance working for Children Services. • Schools need to be linked to this. • All wellbeing services over the last 18 months have been undertaken online. • Kooth has been put in place, which is a peer model engaging, counselling and support service. Are we investing in a strategy 	

	<p>and advice for parents on social media on how to manage?</p> <ul style="list-style-type: none"> • There was an observation that the funding for the North Norfolk hub wasn't coming online until later in the year. It was noted that we are working hard to improve the position in North Norfolk in particular with voluntary organisations in the area. 	
10	Update from Primary Care Networks	
	<p>JM and JS introduced the item and shared their slides with the meeting.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • Work in PCNs is fantastic and it should be noted the speed that this is progressing. • Providing an enhanced service in year 2. • Links with 111 service to arrange appointments. • Enhanced care in care homes linked to PCNs. • Early diagnosis of cancer work. • Robust support from the CCG to develop the PCNs. • Additional roles being introduced to support PCNs and includes clinical pharmacists and first contact physiotherapists. • PCNs are delivering the 'hot hubs' and vaccination programme. • How do you help new recruits keep up their professional training? PCNs are training hubs themselves and general practice always has been and this is being picked up. Peer support is also in place. • It is important for older people that a phone service is still good and available despite the move to digital. • Patient and staff safety is always a priority. Triage is taking place digitally and patients are then invited in to surgeries if needed. • It is clear from the 'Britain Thinks' report that patients preferred to contact services online, but it is recognised that is unsuitable for some patients. 	
11	Update from the Norfolk and Waveney VCSE Assembly	
	<p>ER introduced the item.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • Started role three weeks ago. Spending time meeting people to understand the role of the assembly and how it is viewed. • First meeting of assembly taking place this week and will report at next meeting. 	
	Public questions and any other business	
12	Questions from the public	
	No questions were submitted ahead of the meeting or submitted during the meeting.	

11	Any other business	
	<p>We should not just refer to older people as being digitally excluded. There could be people of all age ranges who could be digitally excluded; older people could be very digitally enabled.</p> <p>Equally, some younger people may also want to be communicated with in person rather than use digital technology.</p> <p>It should be noted that Tony Goldson is no longer a member of this board as he is no longer the Chair of the Suffolk Health and Wellbeing Board. Tony's contribution to the board was noted and a record of thanks recorded.</p>	
Meeting finished at pm		
Date, time and venue of next meeting: Thursday, 5 August 2021, 1.30 to 3.30pm, via MS Teams		
Any queries or items for the next agenda please contact: nwccg.communications@nhs.net.		

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