

Minutes of a meeting of the **Wellbeing Panel** held at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich on **Monday 26 February 2018** at **5:30pm** when there were present:

Mr A J Proctor – Chairman

Mr D Buck
Mr D Roper

Miss S Lawn
Mr N C Shaw

Mr D C Ward

In attendance were the Deputy Chief Executive, the Housing Manager, the Emergency Planning Manager, the Housing, Health and Partnerships Officer, the Community Projects Officer and the Committee Officer (DM).

Also attending was Mr Rob Hetherington, Norfolk County Council Employment and Skills Team.

33 DECLARATIONS OF INTEREST UNDER PROCEDURAL RULE NO 8

Member	Minute No & Heading	Nature of Interest
Mr Buck	39 – Community at Heart Update	Local Choice – non-Pecuniary – Member of Hellesdon Parish Council and involved in their Grow Your Community Project

34 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs L H Hemsall and Mr F Whymark.

35 MINUTES

The Minutes of the meeting held on 11 September 2017 and the informal meeting held on 4 December 2017 were confirmed as a correct record and signed by the Chairman.

36 INTEGRATED EMPLOYMENT AND HEALTH SERVICE

The Chairman welcomed to the meeting Mr Rob Hetherington from Norfolk County Council's Employment and Skills Team who briefed Members on a project being developed by the County Council to support long term claimants of working age benefits with health related barriers into work. Despite high employment levels, a significant number of people were currently in receipt of Benefits. In Norfolk, this figure was 55,000 or 10% of the working age

population. Of these, 3,700 were in receipt of JSA and 32,000 in receipt of Employment Support Allowance. This represented a significant shift in people claiming JSA, which a few years ago was around 40,000, to those with health related issues now claiming ESA. Approximately 38,000 people were long term claimants (2 years or more). Unlike those claiming JSA, recipients of ESA did not have to attend the job centre to apply for work. The perception amongst some people on ESA was that approaching the job centre for work or claiming JSA and not managing to secure a job could result in the loss of their benefits.

With regard to the figures for Broadland, it was noted that these were in keeping with the Norfolk figures. The key issue was the change in demographics with the 18-24 year age group now only making up 10% of the total on work related benefits and those above 24 years making up 90% of the total.

The project to develop an integrated employment and health service aimed to put measures in place to help support people back into work. Feedback from GPs was that a significant number of patients were presenting to their GPs with social issues and not medical issues and support for these clients was not available. It was believed that 40% of those claiming ESA wanted and were able to work but the longer they remained out of work the harder it was to secure employment; national provision to move people into work was not able to address health related barriers to the work place and, despite a growing momentum to tackle the issues, there was little new provision in Norfolk.

A stage 1 bid for money from the European Social Fund had been successful with a stage 2 application currently in progress. Matched funding had been secured from a number of sources including the County Council, pooled business rates and housing associations and discussions were ongoing with others including the LEP, the NHS and the CCGs. Other groups in the area were potentially bidding for funding and, whilst there appeared to be sufficient funding available for all, discussions were ongoing to seek a co-ordinated approach to maximise potential funding for the county.

Mr Hetherington went on to explain the “model” for the proposed service which aimed to put the individual at the centre of the process and provide the necessary support to get them to where they wanted to be. The vital role of the voluntary sector was acknowledged but this was not funded. There was a need to recognise this, with appropriate funding if applicable, as a vital route to support. Access to sport and activity was also a key area as a means of engaging people back into society and improving wellbeing. Training was also a key area to be addressed with a need to understand the needs of the employer and the potential employee. There was also seen to be a need to move away from group support (such as skills development, team building etc) to individual support offered by individual personal advisors. The emphasis was on helping to find the right job and not just any job.

Mr Hetherington stated that the project needed to be integrated across the whole county and work undertaken with partners, including district councils, to examine how the project would look for each district. The time frame would hopefully see the start of delivery of the service in September this year for a 3 year period.

It was noted that the assessment carried out for eligibility for support would be separate from any benefits eligibility assessments. The proposal was to engage two personal advisors in each district who would focus on working with individuals in that district within the location, maybe hosted by the district councils or local voluntary groups.

In response to a question about the potential impact of universal credit on the proposals, Mr Hetherington commented that the advisors would work closely with the DWP to mitigate any issues and it was hoped the new universal credit regime would actually support the aims of the project and benefits would not be affected in the same way by changes in the number of hours worked or income earned as was currently the case.

Members welcomed the aims of the project and were keen to see the exploration of ways in which the service could be integrated with those of the district council, for example in relation to the work the Council was already developing on social prescribing, the early help hub and Community at Heart.

The Chairman thanked Mr Hetherington for attending the meeting.

37 BROADLAND RESILIENCE – UPDATE

The Council's Emergency Planning Manager gave Members a brief outline of resilience work in Broadland. The area was fortunate to not have witnessed any major incidents but business continuity plans and emergency plans were in place to deal with any incidents. Work continued in conjunction with partners of the Norfolk Resilience Forum to ensure a multi-agency response to any major incidents.

With the aim of supporting the wellbeing of communities, and encouraging community resilience, work continued to encourage local communities to develop their own plans. Standard templates for plans were available, but it was acknowledged that resilience could exist in a variety of different ways and by any number of different local groups or organisations. The aim was to increase awareness of what resources were available in local communities in the event of an incident. To this end the Emergency Planning Manager undertook to visit any parishes who wanted to explore this area further and invited Members to let him know what existed in their parishes to help him establish connections and build a picture of how local communities responded in the event of an issue.

In response to questions, the Emergency Planning Manager stated that approximately 8-10 parishes currently had formal plans in place or were developing plans but he would like to increase this number. It was suggested that an article be included in Broadland News.

It was agreed to include a periodic update on Broadland Resilience in the Committee's work programme.

38 SOCIAL PRESCRIBING

The Housing, Health and Partnerships Officer reminded Members of work ongoing on the development of the social prescribing model across the county. A total of £950,000 was available per year for two years funded by Adult Social Care improved Better Care Fund and Public Health. Of this £100,000 was likely to be needed for a programme/service manager and training. The remaining £850,000 would be split along 5 CCG locality boundaries for which Broadland was covered by two: Norwich would get £204,000 and North Norfolk – £144,500. A bid had been put forward by Community Action Norfolk to NHS England for £384,000 over 4 years, topped up by notional match funding. This would be used to pay for training, oversight, data management, governance and quality assurance but the project could still proceed without this funding.

As far as the North Norfolk CCG was concerned, funding would be split on patient population lines which equated to a 40% split for Broadland. North Norfolk District Council would be using funds to directly employ living well workers located in a hub. Broadland would be utilising its £57,800 to face the Norwich service to ensure parity of service across the district. The suggestion was for the money to be used to fund 1.5 fte living well workers who would be employed within the Broadland element of the NNCCG area, through the Voluntary Community and Social Enterprise Sector (VCSE), leaving £8,000 for Community Capacity building. As a general principle, it had been agreed to broadly maintain financial and geographic boundaries and not merge either living well worker resource or VCSE capacity pots, however there needed to be a degree of flexibility across the area to meet supply, need and demand.

With regard to the Norwich CCG, a VCSE organisation would hold the living well worker funding which would pay for one team manager and 2.5 fte living well workers. These would be employed by voluntary sector partners. The living well workers would be trained to the required level, have 4-5 contacts per client, take a motivational interviewing approach and be flexible in their approach dependent on clients' needs. A small scale support fund of around £20,000 would be available and managed by the team manager for allocation across the 3 areas in the Norwich CCG. The remainder of the £240,000 (approximately £65,000) would be held for capacity building funding (potentially by Norfolk Community Foundation), based on three identified priorities, and signed off by an oversight group.

With regard to the next steps, a workshop was being held on 12 March to work through and agree the detail, such as where the living well workers would be located. It was envisaged they would be located within GP surgeries but there were also links to the Early Help Hubs. A loneliness and social isolation funding evaluation would be taking place on 2 March (North Norfolk) and 6 March (Norwich). These activities would link to the Social Prescribing funding. With regard to timescales, agreement had not yet been reached as to when the service would commence, however it was hoped that the loneliness and social isolation services would start as close to April as possible.

In response to questions, the Housing, Health and Partnerships Officer confirmed that Norfolk County Council were the commissioners of the service and, in Norwich and Broadland, Norfolk Community Advice Network would hold the funding.

The Deputy Chief Executive highlighted the role of the District Council in looking to provide an environment for all agencies to come together when dealing with clients to deliver a more coherent service.

39 COMMUNITY AT HEART - UPDATE

Members received the report of the Community Projects Officer giving an update on work undertaken to date. Much of her role was to coordinate all engagement activity and establish connections with communities

The big challenge would be in bringing together all elements of community engagement and integrating the range of initiatives being developed including community resilience, social prescribing, the emerging integrated employment and health service and community at heart.

40 FUTURE WORK PROGRAMME

- Community at Heart
- Broadland Resilience – future meeting
- Active Norfolk – Broadland Locality Plan – Update
- Public Health – Update
- Integrated Employment and Health Service
- Social Prescribing

41 ANY OTHER BUSINESS

None raised.

42 DATE OF NEXT MEETING

18 June 2018

The meeting closed at 6:45pm

DRAFT