

# Public Document Pack



**Meeting:** Health and Wellbeing Board

**Date:** Tuesday 21st March, 2023


**Time:** 2.00 pm

**Venue:** The Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

## To members of the North Northamptonshire Health & Wellbeing Board

Cllr Jon Paul Carr - Chair	North Northamptonshire Council
John Ashton	Director of Public Health, North Northamptonshire Council
Dr Jonathan Cox	Chairman, Local Medical Committee
Pratima Dattani	Chair, Support Northamptonshire
Ann-Marie Dodds	Director for Childrens Services, North Northamptonshire Council
Cllr Scott Edwards	Portfolio Holder Childrens, Families, Education and Skills, North Northamptonshire Council
Naomi Eisenstadt	Chair, Northamptonshire Health and Care Partnership
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Dr Shaun Hallam	Northamptonshire Fire and Rescue
Cllr Helen Harrison	Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council
Michael Jones	Divisional Director, EMAS
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
Nicci Marzec	Director of Prevention, Office Police Fire Crime Commissioner
Deborah Needham	University Group Hospitals Northamptonshire
Cllr Macaulay Nichol	North Northamptonshire Council
Dr Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network Representative
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Superintendent Steve Freeman	Northamptonshire Police
David Watts	Director of Adults, Communities and Wellbeing, North Northamptonshire Council

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# Agenda Item 4

## Health and Wellbeing Board

At 1.30pm on Tuesday 29 November 2022

Held at North Northamptonshire Council Offices, The Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 9SA.

### Present:-

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Scott Edwards	Executive Member Childrens, Services, North Northamptonshire Council
Councillor Helen Harrison	Executive Member, Adults Health and Wellbeing North Northamptonshire Council
Pratima Dattani	Chief Executive, Support Northamptonshire
Ann Marie Dodds	Executive Director of Children's Services
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Superintendent Steve Freeman	Northamptonshire Police
Michael Jones	Divisional Director, EMAS
Abigail Marsden	Northamptonshire Children's Trust
Nicci Marzec	Director for Early Intervention, Office of Police, Fire and Crime Commissioner
Dr Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Colin Smith	Chief Executive, Local Medical Council
David Watts	Director of Adults, Health Partnerships and Housing, North Northants Council
Sheila White (via Teams)	Healthwatch Northamptonshire

### Officers

Paul Birch	Associate Director Population Health, NHS Northamptonshire Integrated Care Board
Cheryl Bird	Health and Wellbeing Board Business Manager
Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Sam Fitzgerald	Assistant Director of Adult Social Services, North Northamptonshire Council
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Rhosyn Harris	Consultant in Public Health West Northamptonshire Council
Zakia Loughhead	Assistant Director of Safeguarding and Wellbeing, North Northants Council
Shelley Penderleith	Assistant Director for Recovery, North Northants Council

### **01. Apologies for non-attendance**

Apologies were received from David Maher, Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust, Deborah Needham, Kettering General Hospital, John Ashton, Director of Public Health, North Northants Council.

### **02. Notification of requests to address the meeting**

None had been received.

### **03. Members' Declaration of Interests**

The Chair invited those who wished to do so to declare interests in respect of items on the agenda.

No declarations were made.

### **04. Chairmans Announcements**

The Chair welcomed the following new members to the Board:

- Superintendent Steve Freeman replacing Assistant Chief Tuckley as the Northamptonshire Police representative
- Pratima Dattani, Chief Executive of Support Northamptonshire representing the BAME community and voluntary sector.

### **05. Minutes of the Meeting Held on 5 July 2022**

#### **RESOLVED that:**

- a) The title for Naomi Eisenstadt be amended to Chair, NHS Northamptonshire Integrated Care Board.
- b) the Health and Wellbeing Board approved the minutes of the meeting held on 5 July 2022.

### **06. Action Log**

The Chairman introduced this item (copies of which had been previously circulated) which gave details of actions that had been and were yet to happen.

- The Grampian Mental Health offer had been circulated to the Board.
- The Better Care Fund (BCF) Plan 2022/2023 submission has been circulated to the Board and will be an agenda item for discussion during the meeting.
- The Integrated Care Board update had been removed as a standing item from the agenda.

**RESOLVED that:** The Health and Wellbeing Board notes the Action Log

### **07. Integrated Care Strategy and PLACE Development**

At the Chairmans invitation the Director of PLACE, North Northamptonshire Council provided an update on the development of the Integrated Care Northamptonshire Strategy (ICN) in North Northamptonshire highlighting the following:

- The strategy was a high level 5-10 year strategy which will evolve over 2023 and is a consolidation of an existing partner strategies. A lot of engagement was being undertaken as part of it.
- The Strategy would be presented to the Integrated Care Partnership on 1 December for approval before submission in December/early January.
- The strategy focussed on improving health and wellbeing of the local population, setting the vision, ambitions and brought together a set of outcomes which was a set we wanted to achieve. The outcomes developed in the Strategy were based on the findings from the Joint Strategic Needs Assessment (JSNA).

- The North PLACE model was now live, with 4 Community Wellbeing Forums (CWFs) which had evolved from the previous health and wellbeing forums.
- Over 300 people attended across the inaugural CWF events held in November, including a wide range of partners such as Northamptonshire Police, representatives from the voluntary sector, health sector, Northamptonshire Childrens Trust and elected members. Discussions were focused around how to bring the wider determinants of health together to improve the health and wellbeing of the population.
- There were 7 Local Area Partnerships (LAPs) within North Northants which were now starting to launch, with the first being Wellingborough Rural on 28 November. The LAPs would have local area profiles providing data and information on economy, housing, health, to help guide discussions on priority areas. The LAPs would be a foundation to deliver the ICN strategy.

In answer to a concern that the papers referred to the Care Partnership-Board when in fact it was not a board it was confirmed that it was indeed a partnership and the language used in the paper would be amended to reflect this.

The following was also noted:

- It was important to not just undertake the consolidation but also to get moving with the formation of integrated care arrangements and have an input at an early stage to ensure the ambition was captured.
- An important part of this was the emerging strategy and officers had received feedback from government departments that as they were slightly further ahead than many other areas in the country.
- Although some additional members still needed to be appointed to the ICP CWFs and LAPs, the Executive Director of Adults, Health Partnerships and Housing had been given some suggestions for members from voluntary sector organisations.
- LAPs were more about understanding and adapting understanding of them in the local community. Different functions would be delivered by different organisations or collaboratives and in some areas services might be delivered through a collaboration of various organisations.
- Communities would need to be supported without creating extra demand on health services to enable them to have the potential to thrive.

**RESOLVED that:** the Health and Wellbeing Board:

- a) Noted progress of the Integrated Care Partnership Strategy development; and agreed for this to be present at the ICP on 1 December for approval.
- b) Notes the progress of the Integrated Care Partnership North Place development.
- c) The Health and Wellbeing Board Business Manager to send dates for the Corby LAP to the University of Northampton representative.

## **08. Health Inequalities Funding**

At the Chairman's invitation the Associate Director for Population Health provided a presentation on Health Inequalities Additional Allowance (HIAA) stating the following:

- An allocation of £2.7million had been granted to the NHS Northamptonshire Integrated Care Board for 2022/2023.
- The current year's funding had not yet been spent but this was being worked on.

- There were 5 national areas of priority which they had attempted to align with the Northants agenda.
- A workshop had been held the previous month which had reviewed the priorities and the geographical focus on how the fund would be used. There had also been the intention to have a wider focus on challenges. For instance fuel poverty. Some of it could be general but it was difficult to see the impact so it would be undertaken in a framework of evaluation.
- It would be aligned with locality working. Some of it would be used across county and not just stop at borders.
- The highest cause of health inequality was Chronic Obstructive Pulmonary Disease (COPD) and through the wellbeing hubs they would put services in place and reach out to the harder to reach communities.
- The approach would review using the funding effectively.
- The ability to be responsive with developing plans would be through the Councils as they held contracts with various voluntary groups would want to use the money.
- It had been discussed at the North Northants Place Development Board the previous day. It would be supported through the development of the LAPs. Some of the HIAA would be retained by NHS Northamptonshire ICB to provide data analytical support and project management for things such as tobacco control.

In answer to a query on the presentation it was considered helpful to have many of the strategies brought together in the Integrated Care Northamptonshire strategy. It would be good for the wellbeing hubs to be connected to family hubs. There were 2 officers in the family hubs could assist with this. It was also suggested that women of child-bearing age could be assisted before some incidents of neglect could be seen.

**RESOLVED that:** the Health and Wellbeing Board:

- 1) Notes the work to date to develop a plan for the use of the Health Inequalities Additional Allowance (HIAA) funds .
- 2) Approve the proposed approach to HIAA delivery focusing on two Local Area Partnership areas as Pioneers to deliver benefits and generate applicable learning;
- 3) Approve the Council receiving an allocation of £800,000 from NHS Northamptonshire Integrated Care Board;
- 4) Approve the delegation of expenditure of that budget to the Director of Public Health North Northants Council, the Director of Public Health West Northants Council and the Integrated Care Board Medical Director;
- 5) Notes that Public Health and Integrated Care Board Population Health Teams will continue to work with Integrated Care Strategy partners including Place Leaders, Collaboratives and providers to refine, mobilise and deliver interventions utilising the HIAA;
- 6) Notes that the Health and Wellbeing Board will receive further updates on the use of the HIAA; and
- 7) The Associate Director for Population Health, NHS Northamptonshire ICB to link in with the Head of Transformation – Partnerships and Design, North Northants.



## 09. Better Care Fund Plan 2022/23

At the Chairman's invitation, the Assistant Director of Adult Social Services provided the following update on the Better Care Fund (BCF) plan for 2022/2023, highlighting the following:

- The plan had been circulated in October and formed a part of the submission to the national team.
- It set out where funds would be allocated to and included schemes.
- It monitored the number of avoidable admissions, patients returning to their usual place of residence, the number of admissions to residential and nursing care and reablement services.
- One of the main delivery models would be through the iCAN programme.
- One of the key workstreams for avoidable admissions within the iCAN programme was community resilience which had multi-disciplinary meetings at a PLACE level.
- There has been positive feedback about the Age Well programme in Wellingborough providing workers to act as a conduit between patients and Primary Care Networks.
- Remote monitoring someone's behaviour in care homes could identify ways of keeping them from being admitted to hospital.
- The Rapid Response Service was a collaboration between EMAS and NHFT.
- The Reablement Service was experiencing a monthly increase in referrals from the acutes and GP Practices, and this was expected to increase during the winter period.
- There was a transfer of care hub, which was staffed by a multi-disciplinary team to understand and discuss the needs of people and what services people need to be able to be discharged to their usual place of residence.

*(Nicki Marzec joined the meeting at 2.50pm)*

- There were a high volume of people currently going through reablement which would only increase as winter approached. They were using a provider from the market and had upskilled them to manage it so people who required long term support were getting signed off from reablement in a better way.
- It was noteworthy that they were not required to report on avoidable admissions in 2022/23. They expected this to be rectified the following year.
- Quarter 1 at 93% and quarter 2 at 94% of people discharged to their usual place of residence was above expectations as only 91% was required.
- They were also broadly on track to meet the matrix relating to residential and nursing provisions.
- The planned annual rate was just below the trend in quarter 1 and just above in quarter 2. This had really increased because they had undertaken a lot of work in reablement. They were managing to get more people through the service and plan for winter.

In answer to queries on the update the following was stated:

- Spinneyfields was not receiving patients from North Northants who usually went through Thackley Green. They were not responsible for the decision to close Spinneyfields.
- A lot of work had been undertaken in ascertaining the number of people who would need care. Currently 35 beds were required. With centres offering just

- over 100 beds they should be able to manage the resource through use of Thackley Green.
- There was a challenge that the service was seeing more people with higher dependency or health acuity than previously resulting in the reablement team dealing with more complex cases.
  - They were working with BAME communities through the iCAN programme, There was an aim to undertake more as they were aware that they did not work so well with BAME communities.
  - The LAPs will have a part to play in this knowing where hard to reach communities are enabling us to address health inequalities.
  - They would be able to report in the Better Care Fund on the iCAN programme.

**RESOLVED that:** The Board notes the Q2 Performance update.

## **10. Transforming NNC Adult Social Care Provider Services Strategy and Case for Change**

At the Chairman's invitation the Executive Director of Adults, Health Partnerships and Housing at North Northants Council presented the report (copies of which had been previously circulated) which provided the Health and Wellbeing Board with details of a proposed strategy that would enable the Council to deliver the highest quality assessment, reablement, an enablement to support people to live their lives independently and be ambitious for their future. The strategy was set in three/four stages. The main element of phase one was to look at the viability Beech Close Residential Home in Desborough, the second was exploring whether they took over running of the Thackley Green Care Centre from West Northants Council.

The Assistant Director of Safeguarding and Wellbeing, North Northants Council stated the consultation would end on 15 January 2023 and they had received a good level of responses to date at 36%. They had also had consultations with staff and undertaken some informal briefing sessions. They had also had some social engagement receiving over 3,000 attendances booked on Facebook or twitter.

Members of the Health and Wellbeing Board commented as follows:

- It was noted the case for change set out a need for better buildings that provided better conditions. Uniformity was required in all they undertook.
- Improving the workforce was being undertaken at the same time.
- This was a good opportunity to improve and become a member of the top quartile in years to come.
- There was a national issue with recruitment and retention of social care staff and it was critical to create opportunities in social care. A lot of work had been undertaken in teams to get a good infrastructure and to grow their own. They had supported those undertaking degrees and had a celebration of all the hard work that had been achieved in this area.
- Northamptonshire was still an outlier for stranded and super stranded patients in the 2 acutes.
- The NHS and Local Authorities need to show as anchor institutions they could work together in terms of training.
- The Northampton People's Board had an update on 16 November highlighting the increasing trend of vacancies and high turnover of staff in social care. Workforce issues needed to be addressed, by highlighting the career opportunities with social care to develop a sustainable workforce.

**RESOLVED that:** the Board notes and endorses the approach for transformation of North Northants Council Adult Social Care Provider Services.

## **11. Northamptonshire Safeguarding Children's Partnership Annual Report 2021/2022**

At the Chairman's invitation the Executive Director of Children's Services introduced the report (copies of which had been previously circulated) highlighting it was a partnership report and brought together a summary of the key activities and highlights from Northamptonshire Children's Safeguarding Partnership.

The Director of Adults, Health Partnerships and Housing at North Northants Council also noted it was a really thorough report and Ofsted had noted the sustained improvements the Council had taken. He would like to see some anonymised stories of how intervention had improved a child's life.

The Executive Director of Children's Services stated Ofsted had noted the lessons the Council had learned and they were assured that the Council would continue to improve. There was now an improvement board and they would like partners to report back to their organisations and ensure their organisation was involved with the improvement board. Questions should be asked of how to implement safeguarding and if they had a good method it could be shared so that all could learn from it.

In answer to a query on the Annual Report it was noted the issues of poverty, race and access to services was there and closing the quality gap would only be achieved with partners. Safeguarding was not just about the harm that had already happened but also being aware of the issues before the problem arose. They shouldn't be waiting for a child to be put into the criminal justice system but to be working with them before they were put into it.

It was also noted that some boys in the criminal justice system also had a dad already in the system so there was some work to be done there.

### **RESOLVED that**

- 1) the Health and Wellbeing Board notes the report and assurance of the activities undertaken by the partnership and its agencies to safeguard children and young people across the county during the reporting period; and
- 2) The Executive Director of Children's Services would feedback to NSCP the Board members proposal of having case studies contained in the annual report to show how interventions can make a difference.

## **12. Embedding Public Health Access North Northants Council**

At the Chairman's invitation the Assistant Director for Recovery gave an overview of embedding Public Health across North Northants Council. The report which was set at a high level and acted as an introduction to their 3-year strategy which would be received by the Health and Wellbeing Board in the coming months. They were aiming to align the service rather than as an add on. Disaggregation of the Public Health Northamptonshire provided opportunity to do some things differently, but a challenge with disaggregation was the loss of large scale savings across the county.

The report was endorsed by Councillor Helen Harrison who noted that with the unitary council they had many leaders under one roof. She really wished for North Northants

Council to be a public health council looking at the wider determinants of health to improve the health and wellbeing of the population. At a recent away day a discussion was held on where they wished the Council to go forward with their ambitions. She felt it assisted them to focus on the value of all they did. Much was happening with the voluntary sector partners and care system merging and it will make a real difference to people's lives.

The Director of PLACE, North Northants Council endorsed the report stating the public health team had been integral in the setting up of the CWFs and LAPs.

**RESOLVED that:** the Health and Wellbeing Board;

- 1) Notes the opportunities offered following services disaggregation; and
- 2) Supports the ambition of the service in embedding a public health approach to service delivery across North Northamptonshire.

### **13. Additional Winter Funding Allocation**

At the Chairman's invitation the Assistant Director of Adult Social Services provided an update on the Additional Winter Funding highlighting the following:

- The allocation was made to support winter pressures. For North Northants Council it was just over £1million, which must be spent by 31 March 2023.
- Guidance had been released that stated the allocations would come through the Better Care Fund and approved by Health and Wellbeing Boards.
- Submission of the additional winter funding schemes had to be made to the national team by the 16 December 2022.
- They had undertaken deep dives with the Northampton and Kettering General Hospitals on how to use the additional funding.
- There were specific caveats on how the funding could be spent. The funding cannot be on avoidable admissions, only to aid safe hospital discharge for medically fit patients.
- It was bad timing for the Health and Wellbeing Board and she proposed that sign off by the Chairman of the Board, Councillor Helen Harrison, the Chief Executive of NHS Northamptonshire ICB and then the Director of Adults, Health Partnerships and Housing at North Northants Council.

In answer to queries on the update the following was confirmed:

- It was one of the worst winters and they had a representative from primary care had taken part in the deep dives. The majority of the direction of travel was in discharge.
- It was noted the early notification of the amount they would receive and they did not necessarily need clerical staff so they would work with the voluntary and community sector.
- A plea was made to consider ways of releasing money to get general practices involved and not just primary care.
- When the fund was allocated it was usually for short term fixes. Some of the funding maybe recurrent, which could be used to commission longer term services.
- It was noted there was a need to protect the workforce in both general practice and front-line services.
- The voluntary sector would like to be treated as an equal partner in the Integrated Care System. It was noted that not enough was invested in the voluntary sector, which was a missed opportunity to offset demand. The voluntary sector was an important sector they could assist to build resilience in.

- It was further noted that if all services were used they could enable a reduction in the demand on them.

**RESOLVED that:** The Health and Wellbeing Board:

- 1) Notes the update on the Winter Funding Allocation; and
- 2) Sign off the Winter Funding Allocation be delegated to the Chairman of the Board, Councillor Helen Harrison, the Chief Executive of NHS Northamptonshire CCG and then the Director of Adults, Communities and Wellbeing at North Northants Council.
- 3) The Assistant Director of Adult Social Services would circulate the guidance and templates for additional discharge funding to the board;
- 4) The Assistant Director of Adult social Services would feed back into the Chief Operating Officers meeting the struggles primary care are facing this winter to see if any of the discharge funding could be used within primary care.

There being no further business the meeting closed at 4pm.

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# Agenda Item 5

## North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action point	Allocated to	Progress	Status
291122/04	Ann Marie Dodds to feedback to NSCP the Board members proposal of having case studies contained in the annual report to show how interventions can make a difference	Ann Marie Dodds		

## Actions completed since the 29th November 2022

Action No	Action point	Allocated to	Progress	Status
291122/01	The title for Naomi Eisenstadt be amended to Chair, NHS Northamptonshire Integrated Care Board	Jenny Daniels		Completed.
291122/02	Cheryl Bird to send dates for the Corby LAP to Steve O'Brien	Cheryl Bird	Circulated 30th November 2022	Completed.
291122/03	Paul Birch to link in with Katie Jones, North Northants Council	Paul Birch		Completed.

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## North Northamptonshire Health and Wellbeing Board

**21<sup>st</sup> March 2023**

<b>Report Title</b>	A New Sense of Place - North Northamptonshire Place Development	
<b>Report Author</b>	Ali Gilbert, Director of PLACE, North Northants Council	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>David Watts, Executive Director Adults, Health Partnerships and Housing</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

#### Appendix A – A New Sense of place

#### 1. Purpose of Report

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- 1.1 To provide an overview of the progressive development and implementation of North Northamptonshire Place – A New Sense of Place.

#### 2. Executive Summary

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- 2.1 The North Place development, overseen by the North Health and Wellbeing Board, is a key component of the ICS operating model which will support the delivery of the strategic ambitions and improvement outcomes required in the Live Your Best Life strategy. At the heart of this model are our communities and the services that indirectly influence health and care improvements through the development of the Local Area Partnerships (LAPs) and Community Wellbeing Forums (CWFs).
- 2.2 In the November 2022 meeting of the North Health and Wellbeing Board, the North Place development programme was mobilising its initial phase which focussed on the design and launch of the model.

2.3 This paper describes the progressive implementation of the emerging North Place model which is now 'live' and is progressing through to phase three of the programme now called 'A New Sense of Place'.

2.4 **Phase One – complete**

The place operating model design and launch of the Community Wellbeing Forums ( CWFS ) and Local Area Partnerships (LAPS) ( May 2022 – December 2023 )

2.5 **Phase Two - complete**

All CWFS and LAPS have identified emerging priority opportunities.  
(January 2023 - February 2023)

2.6 **Phase Three – in progress**

A NEW SENSE OF PLACE – to implement solutions with communities at the heart of the emerging LAP priority opportunities identified in phase two.

(February 2023 – July 2023)

2.7 **Phase Four**

This phase is under consideration currently with the aim to consolidate, learn from and to sustainably build on phase three to establish a solid foundation to the North Place model.

A close focus will be on the collective difference being made with communities for their emerging improvement in health and wellbeing, recognising this will take longer periods of time to deliver the outcomes of the Live Your Best Life Strategy.

( July 2023 onwards)

2.8 **Community Wellbeing Forums (CWFS)**

At the launch of all four CWFS, an opportunity was identified to collectively lead and correct the current fragmented engagement, communication, and involvement with the communities.

Grasping this agenda through the CWFS was agreed as being in line with their emerging function and added value for communities and would support a developing momentum as the CWFS continued to meet and mature.

To initiate this realised opportunity, it was proposed through a series of CWF discussion groups in phase two , that the development of an 'Engagement Insight Hub' should be an aim.

## 2.9 Local Area Partnerships LAPS

Through the dialogue, LAP profiles and local intelligence brought into the LAPS, all seven have identified a consistent key opportunity to start to galvanise around collectively.

This opportunity is to improve the community health and wellbeing of the people living in the LAP areas.

Although the opportunity identified was the same , the priority reasons why this opportunity emerged in each LAP were different , as would be expected from the different demographics of communities, intelligence and service offers( Appendix A )

## 3. Recommendations

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It is recommended that the North Health and Wellbeing Board:

3.1 Notes the progress and phased next steps approach of the North Place development – A New Sense of Place.

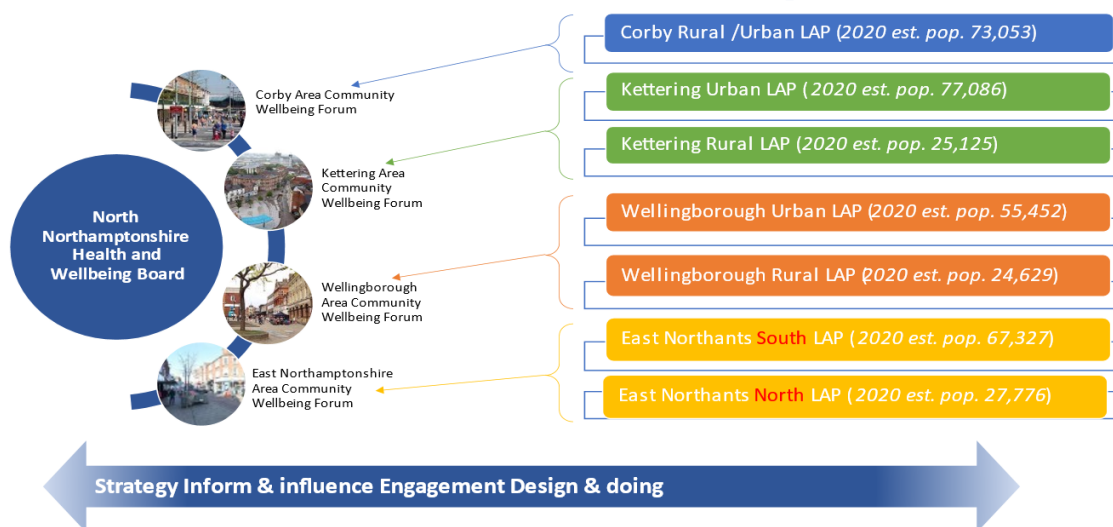
## 4. Report Background

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A New Sense of Place - North Place Delivery model

- 4.1 In North Northamptonshire, we aim to deliver our ten ambitions of the Live you Best Life strategy through a joined-up approach across all the organisations and services involved in supporting our population and communities. This will be through a new very local approach with our communities central to our operating model – our local area partnerships (LAPs).
- 4.2 The North Place model consists of seven Local Area Partnerships LAPS which mirror the current electoral ward boundaries and population sizes and four area Community Wellbeing Forums ,CWFs.
- 4.3 The operating model has been developed with system partners to date through the North Place Delivery Group accountable to the North Health and Wellbeing Board.

# Area Community Wellbeing Forums Local Area Partnerships



- 4.4 Reminder of the function of the seven Local Area Partnerships LAPs
- They represent local areas and give a voice to residents, translating strategy into local action.
  - They empower residents to co-produce new services and solutions for their local area.
  - They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
  - They empower local leaders to take accountability for local action.
- 4.5 Reminder of the function of the four Community Wellbeing Forums CWFs
- They consolidate the views of residents, local providers and local area partnerships and have a key function in collaborative, community involvement and engagement.
  - They unblock challenges and identify at scale opportunities for their areas.,
  - Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
  - Local leaders influence policy to access the right resource and capabilities to deliver their functions.
  - They support our collaboratives by identifying and co-ordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design.
- 4.6 A New Sense of North Place – progress to date
- 4.6.1 **PHASE ONE** – The operating model design , Community Wellbeing Forums and LAPS launch is complete ( May 2022 – December 2023)

4.6.2 **PHASE TWO** – All CWFS and LAPS are now live as planned for this phase and emerging priorities have been identified for each LAP, utilising the LAP profiles and local stakeholder intelligence.

Communities have not been connected into this phase as stakeholders recognised that collectively they need to understand the ask of communities. They need to understand and develop their collective relationships as stakeholders and the collective assets available for each LAP footprint first to limit further confusion at this stage if communities were engaged at this moment.

( January 2023 – February 2023)

4.6.3 **PHASE THREE – A NEW SENSE OF PLACE** – to implement solutions with communities at the heart to the emerging community priority opportunities identified in phase two (February 2023 – July 2023)

This phase will be considering and progressing the development of our collective:

- Community relationship.
- Community participation involving codesigning, co-deciding and co-producing.
- Community leadership.
- Community led action / interventions.

4.6.4 **PHASE FOUR** – this phase is under consideration currently with the aim to consolidate, learn from and sustainably build on phase three ( July 2023 onwards)

Overview of the emerging priorities identified.

#### 4.7 **Community Wellbeing Forums (CWFS)**

At the launch of all four CWFS, an opportunity was identified to collectively lead and correct the current fragmented engagement, communication and involvement with the communities.

Grasping this agenda through the CWFS was agreed as being in line with their emerging function and added value for communities and would support developing momentum as the CWFS continued to meet and mature.

To initiate this realised opportunity, it was proposed through a series of CWF discussion groups in phase two , that the development of an ‘Engagement Insight Hub’ should be an aim to address this opportunity.

Its function would be to:

- To gather an insight of the community engagement work with the same communities by different organisations. This would support collaboration between organisations , visibility of what communities are saying and reduce duplication of work.

- To start to develop a different collective relationship with communities that reflects their community experience and insight.
- To support an engagement approach that develops and nurtures the community relationship , with fewer survey approaches.
- To collect and organise the insight of communities so that it is easily accessible and searchable for stakeholders.

The hub is to go live in March 2023 and already multiple reports of engagement intelligence have been shared from many stakeholders.

#### **4.8 Local Area Partnerships ( LAPS)**

All seven LAPS have been launched and continue to meet with maintained widespread engagement from stakeholders.

Through the dialogue, LAP profiles and local intelligence brought into the LAPS, all seven have identified a consistent key opportunity to start to galvanise around collectively.

This opportunity is to improve the community health and wellbeing of the people living in the LAP areas.

Although the opportunity identified was the same , the priority reasons why this opportunity emerged in each LAP were different , as would be expected from the different demographics of communities, intelligence and service offers( Appendix A )

In Phase Three of the programme, a series of ‘LAP world café type events’ are being organised which will run through until the end of April 2023. These events will bring in wide representation of stakeholders relevant to the LAP identified opportunity so that the more detailed opportunities and solutions can be identified collectively to enable a more defined plan of focus for each LAP.

The next phase will then connect with the relevant communities to have a collective dialogue and an aim to call to action, involve, engage and co-produce.

#### **4.9 North Place Development Programme**

There is a continuous recognition of the need and action underway to share and engage with all North Northamptonshire stakeholders as to the vision, purpose and progress of the development of North Place, including their role in its development.

Some specific areas of focus recently have been through the ICS GP Board, Voluntary Impact Northamptonshire ( VIN ) assembly, KGH/NGH/NHFT Governors and a well-attended conference style event hosted at Kettering Conference centre on 21<sup>st</sup> February 2023 for North Northamptonshire Council elected members and town/Parish councillors.

In summary, Phase Three will progress over the next two months with a move into actual visible change in communities being implemented..

## **5. Issues and Choices**

---

- 5.1 The Integrated Care Systems and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1<sup>st</sup> July 2022. The structure of the North Place has been developed in consultation with a wide variety of stakeholders and officers have taken these views into consideration as part of the final proposal for the Integrated Care Systems operating model.

## **6. Next Steps**

---

- 6.1. To continue to implement phase three of the North Place Development programme – A New Sense of Place - with a focus on the LAP world café events to identify collective solutions to the emerging priorities . Involvement of the communities and the collective approach will be integral to this phase.

## **7. Implications (including financial implications)**

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### **7.1 Resources, Financial and Transformation**

7.1.1 There are currently no identified financial implications.

7.1.2 Staffing resources to facilitate the development of North Place is being managed through existing and planned resources. Close scrutiny of the need is underway .

### **7.2 Legal**

7.2.1 There are currently no legal implications.

### **7.3 Risk**

7.3.1 The working model of the governance of the emergent place operating model, the Integrated Care Partnership, the Integrated Care Board and the collaboratives is being addressed to ensure that the existing statutory governance and decision making of organisations is connected into Integrated Care Strategy operating model decision making.

### **7.4 Consultation**

7.4.1 There is currently no identification of a need for formal consultation.

## **7.5 Consideration by Scrutiny**

7.5.1 No further consideration by scrutiny has been undertaken since the last Health and Wellbeing Board meeting.

## **7.6 Climate and Environment Impact**

7.6.1 There is currently no identified climate or environmental implications.

## **7.7 Community Impact**

7.7.1 The development of PLACE will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

## **8. Background Papers**

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8.1 None



# A New Sense of Place

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## North Northamptonshire Place Development Phase Three





# Integrated Care Northamptonshire Strategy

live your best life

## **Shared vision**

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

## **Shared aims**

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire.

## **Shared ambitions**

We want the people of Northamptonshire to have:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- Safety in their homes and when out and about
- Feel connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are.

# Northamptonshire Integrated Care System

# Integrated Care Northamptonshire

Improve the health and well-being of the population

Reduce inequalities in health and wellbeing outcomes

Access to health & social care when needed

Opportunity to be fit & well

Best start in life

Access to the best available education & learning

Employment that keeps them & their family out of poverty

Contribute to the economic and social wellbeing of Northamptonshire

Ensure value for money

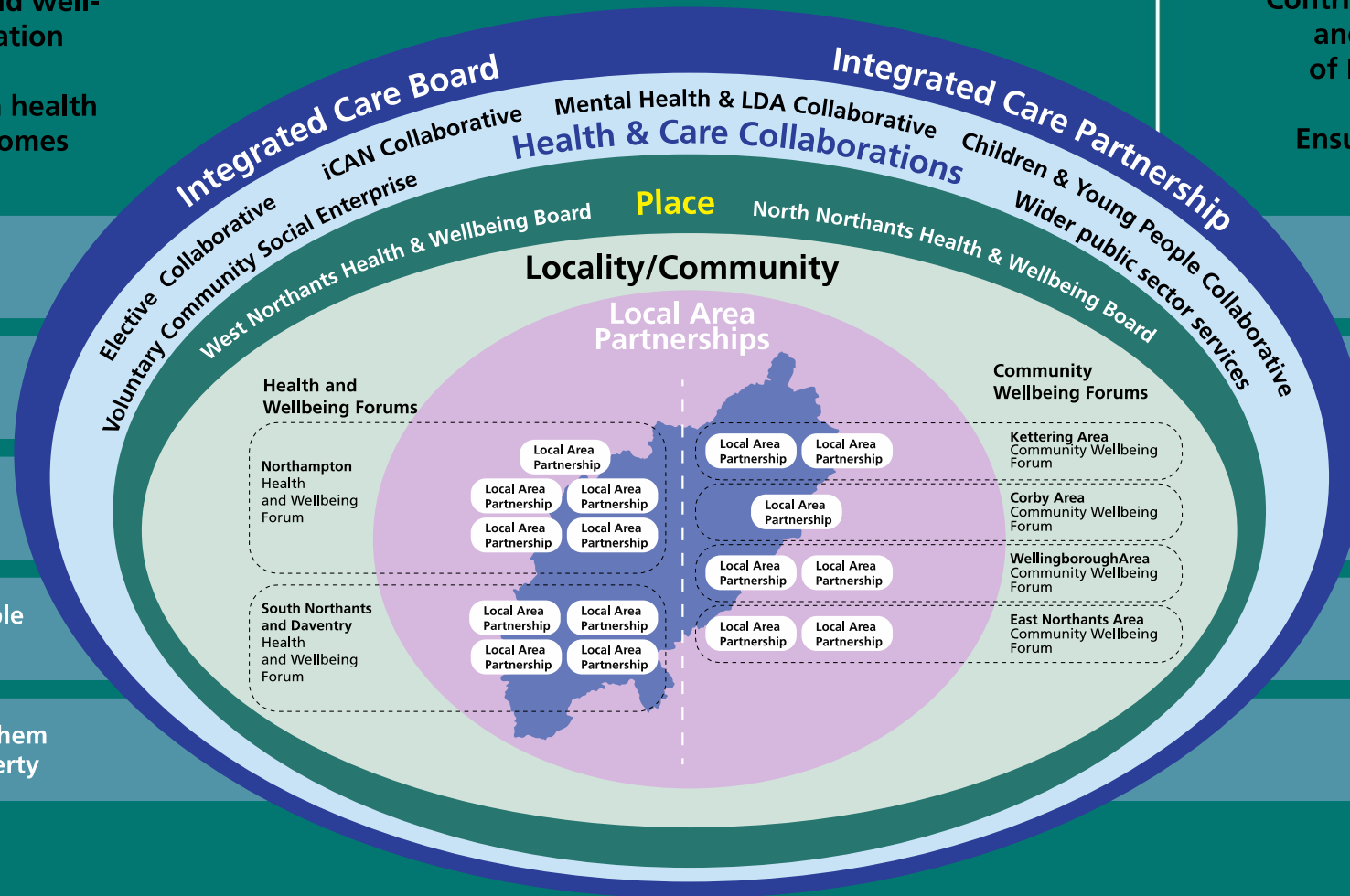
Good housing in places which are clean and green

To feel safe in their homes & when out and about

Connected to their families

To be accepted & valued simply for who they are

Access to health & social care when needed



# Places

West Northants

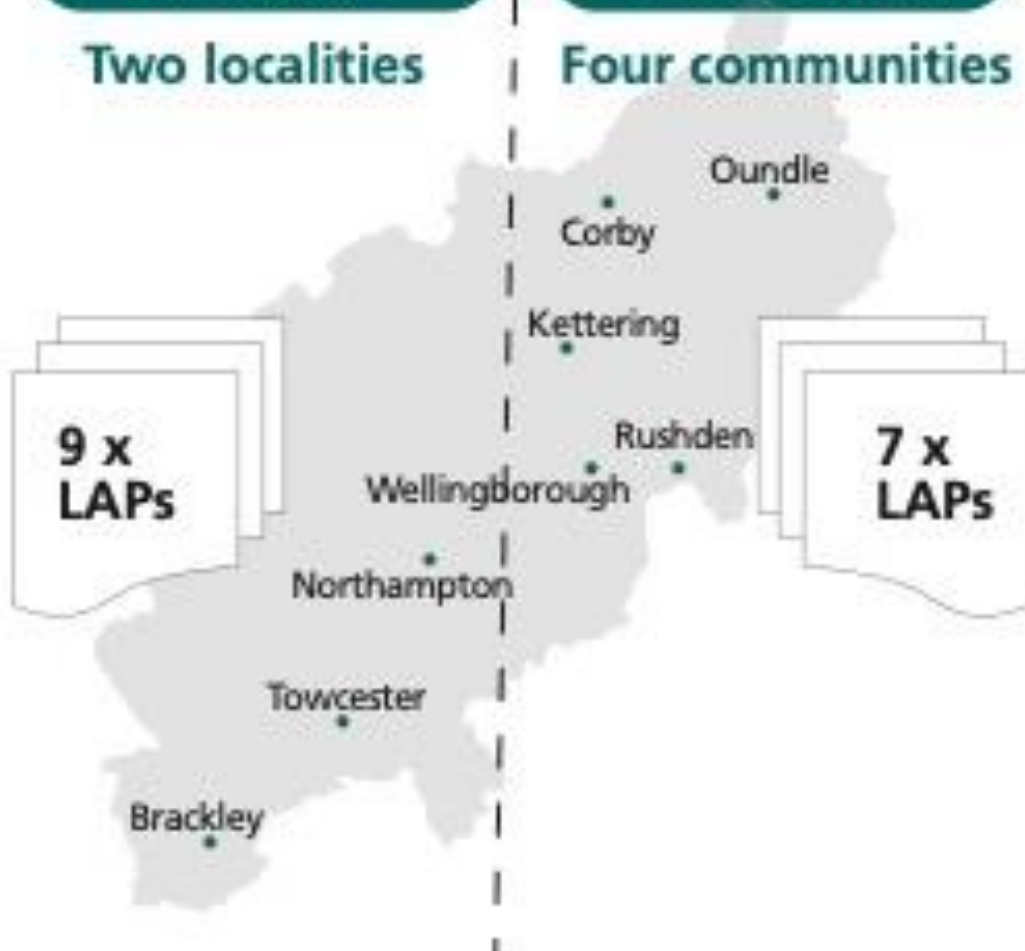
North Northants

## Localities

## Communities

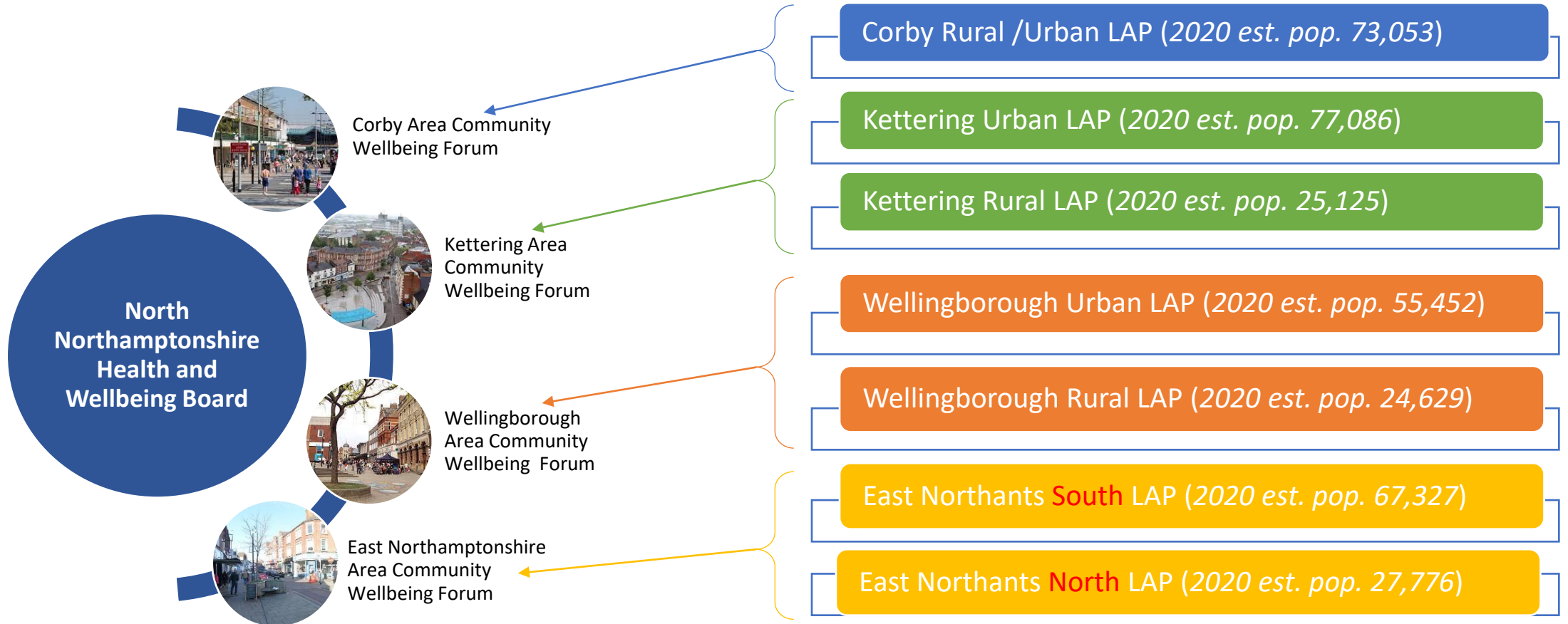
Two localities

Four communities

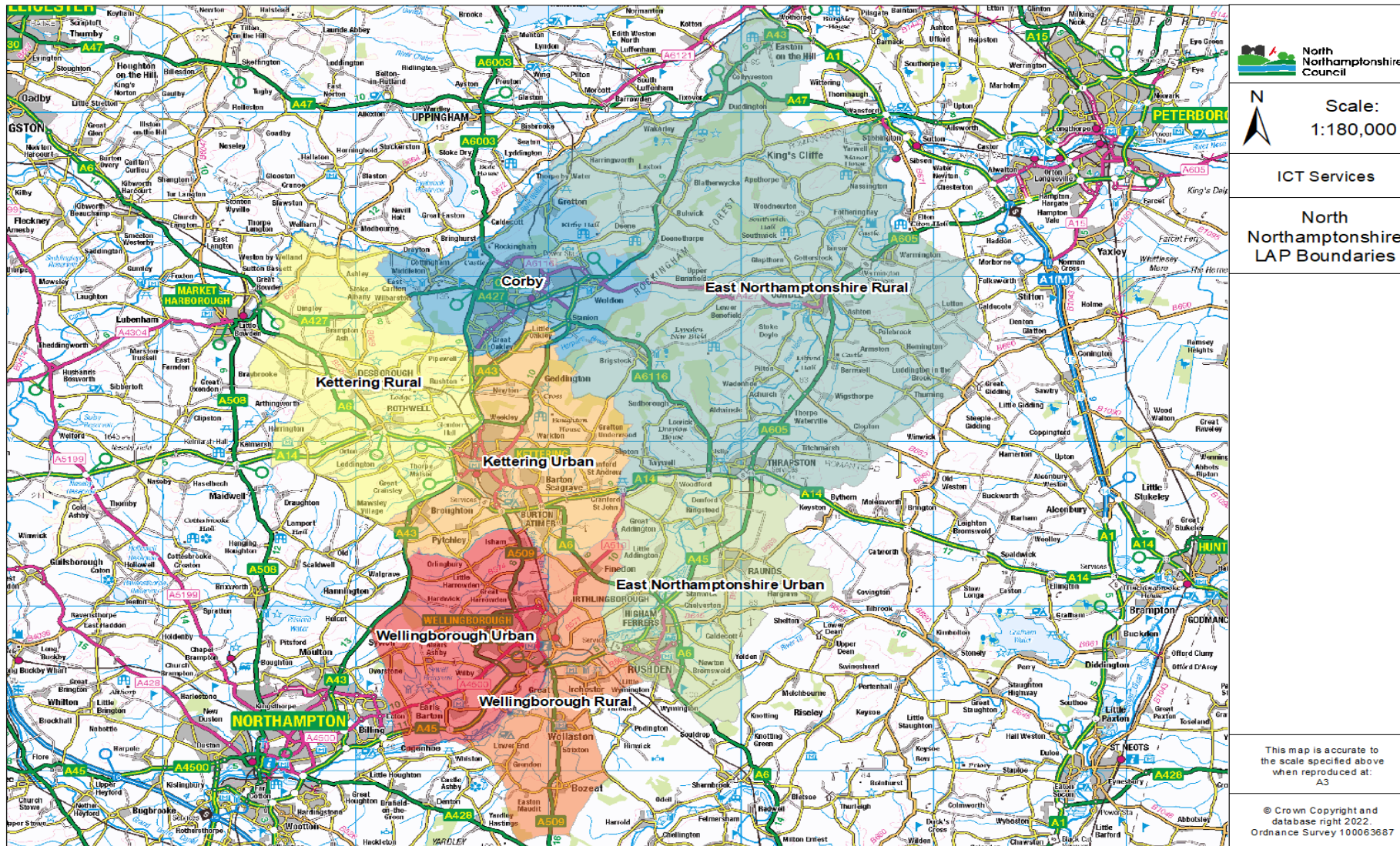


# Area Community Wellbeing Forums

## Local Area Partnerships



# North Place LAP boundaries



# Phased Approach for North Place Development

Phase	Topic	Date
One	<ul style="list-style-type: none"><li>Design and launch</li></ul> <b>Complete</b>	May 2022 – December 2022
Two	<ul style="list-style-type: none"><li>CWF and LAP priority opportunities identification</li></ul> <b>Complete</b>	January 2023 – February 2023
Three	<b>A New Sense of Place</b> Initial LAP priority opportunities – community changes implemented Community engagement	February 2023 – July 2023



# Community Wellbeing Forums



# Community Wellbeing Forums



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Local Partners

Shared aims, ambitions and opportunities to inform and influence

LAPS

Bring together LAP learning, support and unblock

Collective engagement, communication and involvement with communities

# Engagement Insight Hub - The aim

1

**Support collaboration between organisations** around gathering insight by enabling links to be made between individuals/organisations who are working on the same area, or are wanting the answers to the same questions. Maximising scarce resource.

2

Move away from seeing residents as patients or service users but as **members of local communities** with valuable experience and insight to share.

4

Collect and organise insight being gathered across the system to make it **easily accessible and searchable.**

**Support the use of a variety of methods for gathering insight**, moving away from an over-reliance on surveys to methods that nurture and use existing relationships.

# PHASE THREE

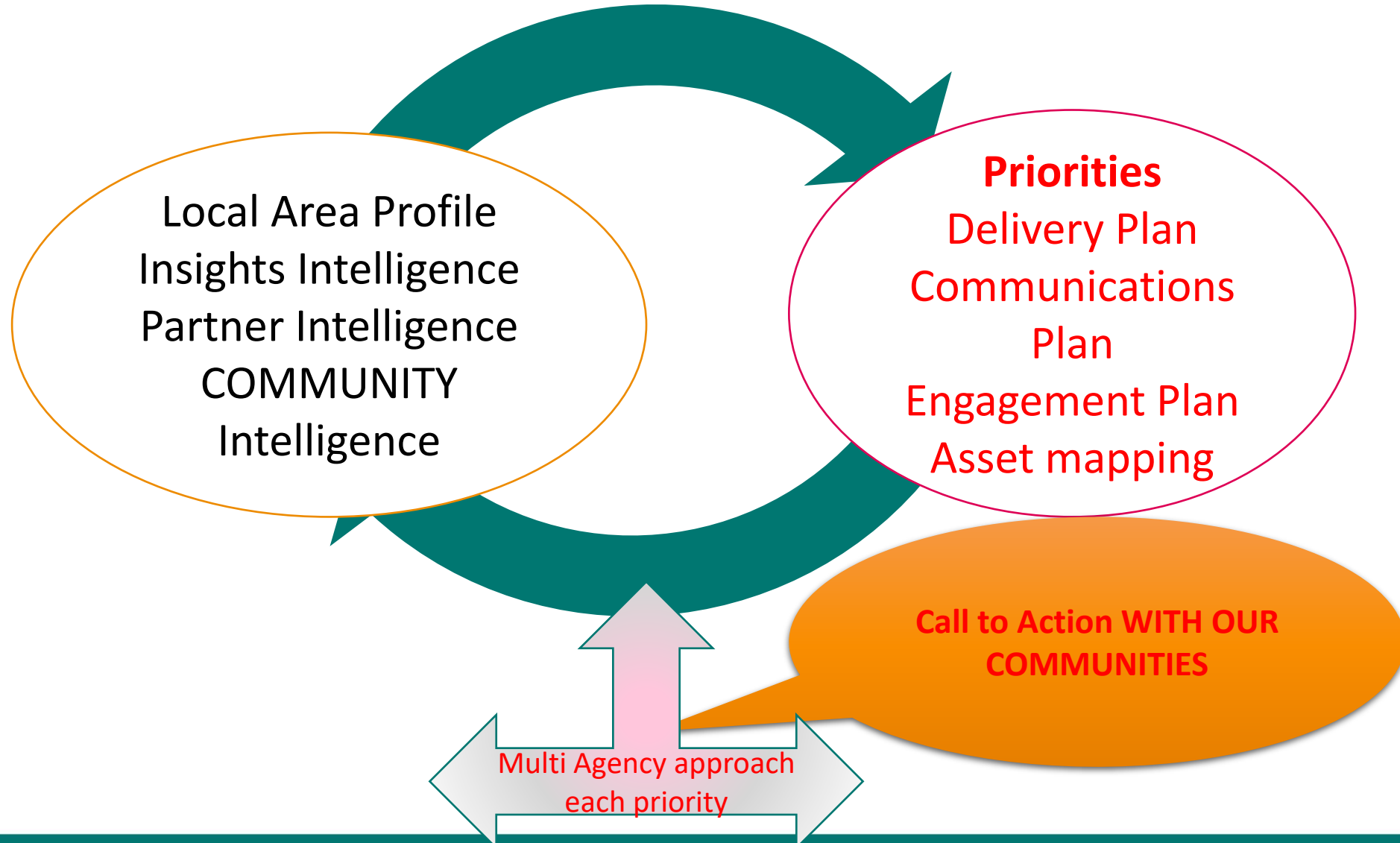
## Community Engagement - multiple avenues

- Community relationship and trust
- Community participation
- Co-design, co-deciding, co-producing
- Community leadership
- Community led action/interventions
- Connections between community led interventions, services led interventions and system led interventions

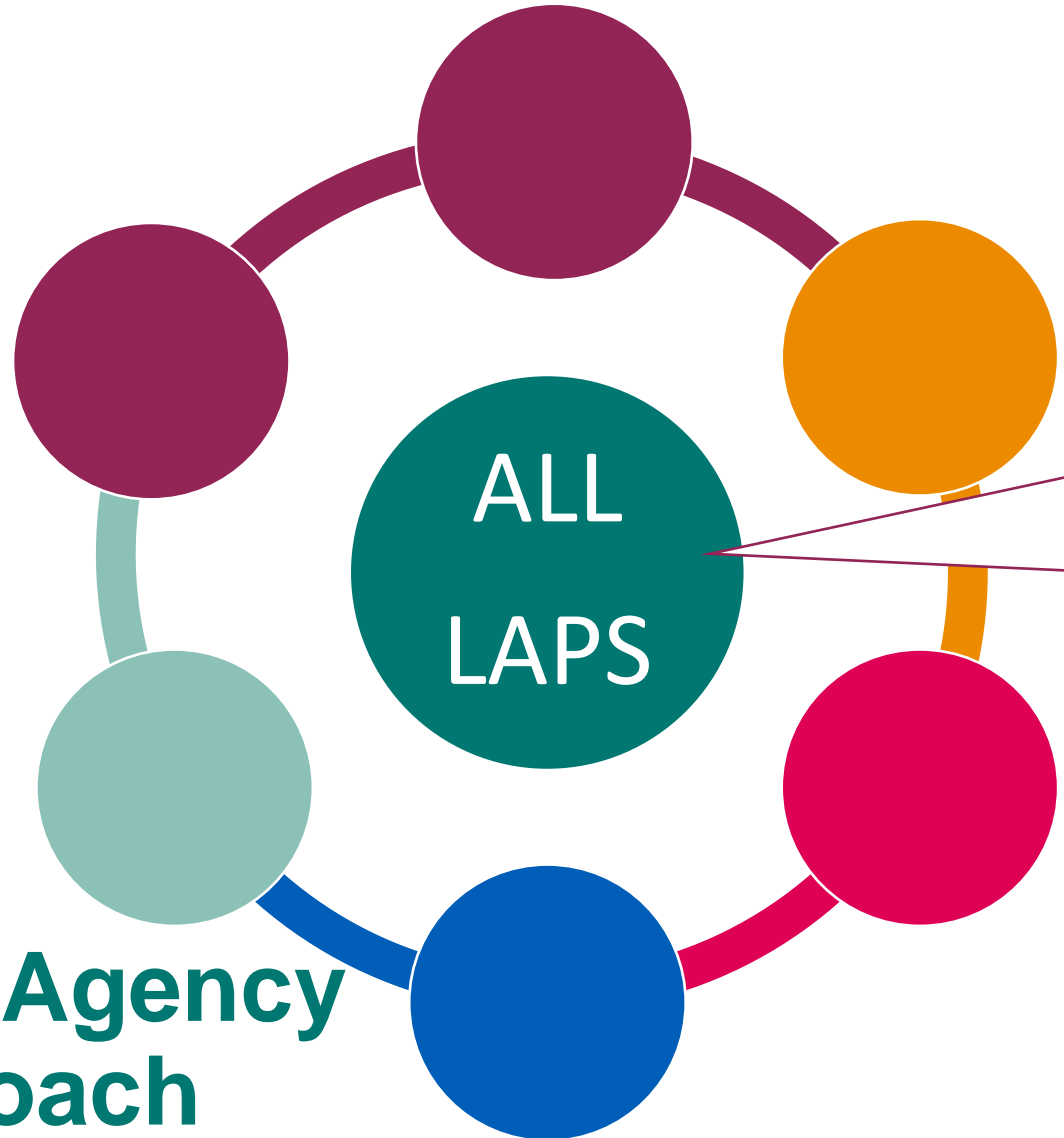
# Local Area Partnerships LAPS



# Local Area Partnerships



# LAPS EMERGING PRIORITY



**Multi Agency  
Approach**

**Improving  
Community  
Health and  
Wellbeing**

**Best outcomes for  
people by working  
together collaboratively**

# Corby LAP



- ❑ GP access – how do we have a collective discussion with local residents to inform them of more beneficial health and wellbeing services rather than seeing a GP.
- ❑ Asset mapping for community health and wellbeing services
- ❑ Social isolation – public transport, voluntary sector transport
- ❑ Fuel poverty – identifying vulnerable families and linking in with Healthy Homes.

Best outcomes for people by working together collaboratively



# East Northants North LAP

Page 41

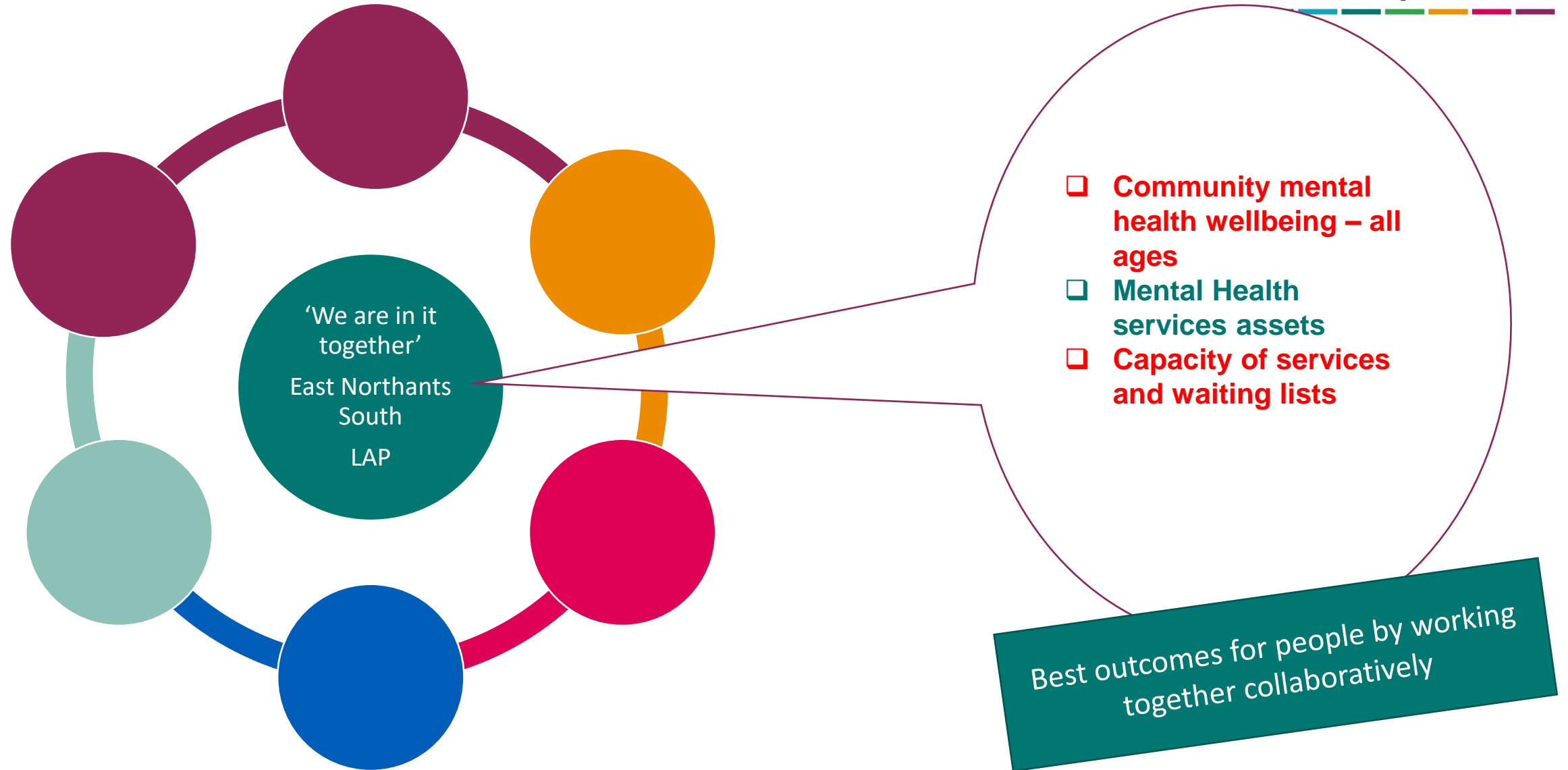


- ❑ **Mental health and community wellbeing**
- ❑ **Asset mapping**
- ❑ **Transport – task and finish group**
- ❑ **Rising crime – intelligence around this and drug misuse**
- ❑ **Isolation with older communities**

Best outcomes for people by working together collaboratively

# East Northants South LAP

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# Kettering Rural LAP

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- ❑ Positively impact on isolated individuals
- ❑ **Community health and wellbeing** wrap around support for after mental health interventions
- ❑ **Transport**
- ❑ Active community leisure offer
- ❑ Streamline hub opportunities
- ❑ Revisiting Kettering Futures Partnership
- ❑ Asset map of service and capacity

Best outcomes for people by working together collaboratively

# Kettering Urban LAP

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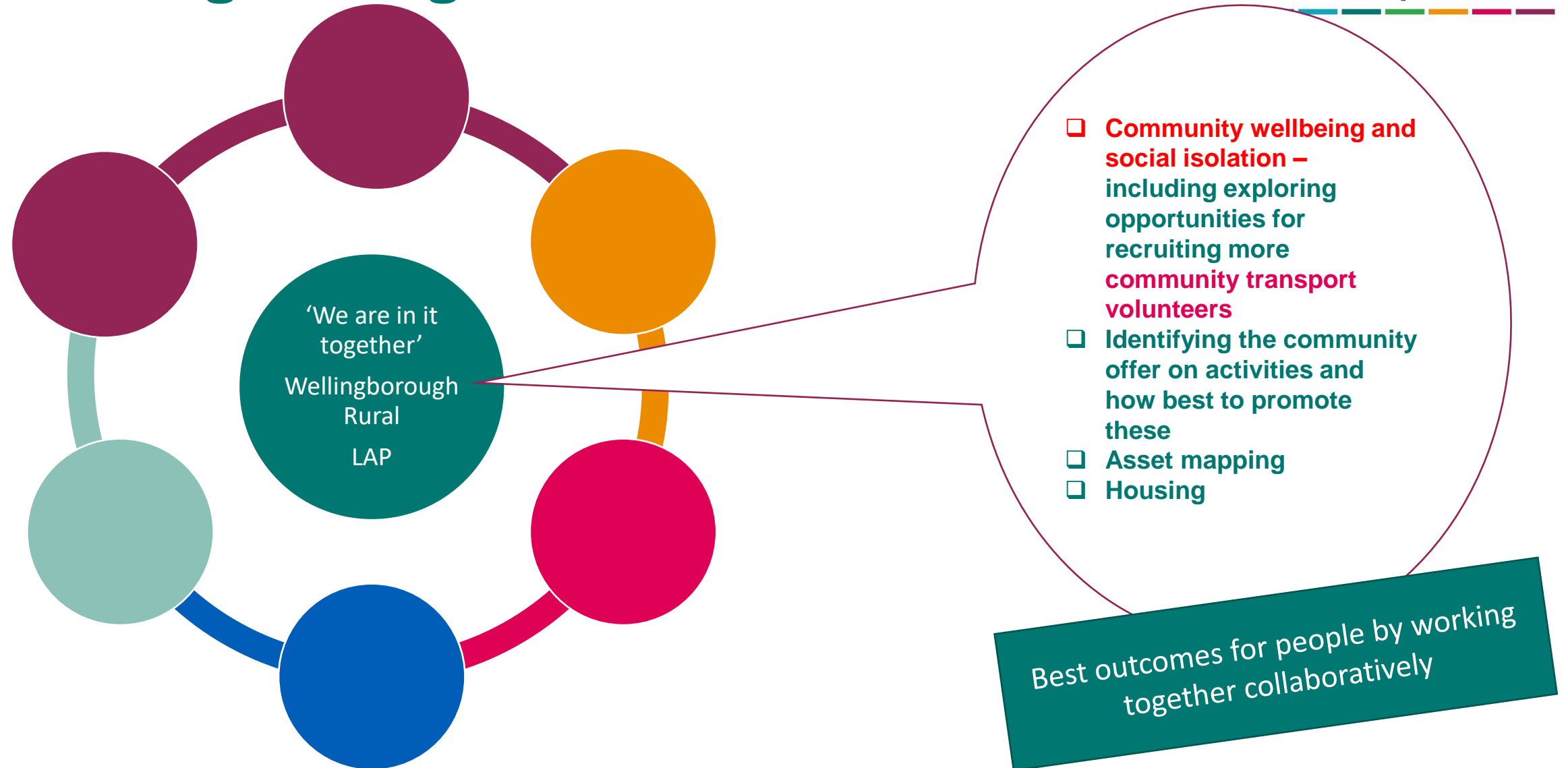


- ❑ Community mental health and wellbeing, 5-25 years
- ❑ Engagement with youth population
- ❑ Engagement with education providers
- ❑ Asset mapping of services and capacity – age range, long or short term funding

Best outcomes for people by working together collaboratively

# Wellingborough Rural LAP

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# Wellingborough Urban LAP

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- ❑ Engagement with Communities, starting with youth
- ❑ Asset Mapping of services and capacity- short and long term

Best outcomes for people by working together collaboratively

# A New Sense of Place – Next steps

- Forward planning LAP and CWF dates confirmed for next 6 months
  - Multiagency approach LAP priorities – kick off 23 March – 28<sup>th</sup> April
  - A New Sense of Place flyer invitation – wider stakeholder reach
  - Service/community asset showcase followed by World Café approach – call to action
- Asset mapping progression
- Exploration of community engagement approach
  - Phase four – embedding change

## **Output**

Collective Delivery plan of change

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## North Northamptonshire Health and Wellbeing Board

21<sup>st</sup> March 2023

<b>Report Title</b>	Integrated Care Northamptonshire Outcomes Framework	
<b>Report Author</b>	Rhosyn Harris (Consultant in Public Health)	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>John Ashton, Director of Public Health</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

**Appendix A** – Powerpoint Slides - ICP Outcomes Framework Metric Prioritisation: March 2023 Update

#### **1. Purpose of Report**

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- 1.1. To update members on progress towards prioritising metrics for the Integrated Care Northamptonshire (ICN) Outcomes Framework.
- 1.2. To ask for member feedback and support in proposing the ICN Outcomes Framework to the Partnership for sign-off at their next meeting.

#### **2. Executive Summary**

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- 2.1 Key to ensuring that the nascent Integrated Care Northamptonshire partnership moves forward towards its stated ambitions will be agreement of measures with available baselines from which to measure progress.
- 2.2 Using a prioritisation process overseen by the Strategy Development Board (with membership from the constituent partners of Integrated Care Northamptonshire) a proposed Outcomes Framework has been developed.
- 2.3 The proposed framework includes 15 priority metrics across the ten 'Live Your Best Life' ambitions of the Integrated Care Strategy.
- 2.4 We also present recommendations for areas of data development where existing metrics do not adequately capture health and wellbeing outcomes for particular groups in a meaningful way.

#### **3. Recommendations**

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- 3.1 It is recommended that the Board:

- a) That HWB recommend the proposed Integrated Care Northamptonshire (ICN) Outcomes Framework (and provide feedback on the proposed metrics) for submission to the Partnership for sign-off at their next meeting.

### 3.2 Reason for Recommendations:

- *The option proposed has been developed in line with a process agreed by a group delegated with the responsibility for developing the outcome framework by the Integrated Care Partnership.*

## 4. Report Background

### Legislative Background

- 4.1 The Health and Care Act 2022 established Integrated Care Boards (ICBs) and required that all upper-tier local authorities that fall within the footprint of the ICB must establish an Integrated Care Partnership (ICP).
- 4.2 The Act required integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessment) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

### National Guidance

- 4.3 Department of Health and Social Care (DHSC) Guidance on the preparation of integrated care strategies published in July 2022 states that:

*“Agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments, is a powerful way for the integrated care strategy to bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.*

*We expect this to be an important aspect of all integrated care strategies, which can also play an important role in supporting the setting of joint goals for local areas.”*

### Local Governance

- 4.4 In advance of Northamptonshire partners formally meeting as a new Integrated Care Partnership (ICP) a multi-agency Strategy Development Board (SDB) was established, with membership from the constituent organisations, to develop the Integrated Care Strategy.
- 4.5 Core to the emerging Integrated Care Strategy were its ten “Live Your Best Life” ambitions (Table 1) and associated 22 outcomes. For the partnership to be able to measure its progress on delivering these outcomes, however, specific metrics would need to be agreed as part of an outcome framework.
- 4.6 The SDB has had oversight of the development of the outcome framework throughout with, crucially, input from the ICB, both North and West Health and

Wellbeing Boards (HWBs), and the ICP (in its inaugural meeting in December 2022) to guide development.

## **Process**

- 4.7 The outcomes framework began as a longlist, developed by the public health team, of nearly 80 metrics that each measured an aspect of the strategy's outcomes.
- 4.8 Through compiling this longlist and sharing/engaging with key stakeholders it became clear that:
- a) The ten ambitions were comprehensive in their scope and therefore the list of potential corresponding metrics countless, therefore, there would need to be a prioritisation exercise to identify specific areas of work and metrics for the partnership to focus on in its first years.
  - b) Three ambitions sat more in the sphere of influence of the ICB, and the remaining seven – focused on the wider determinants of health – sat more in the sphere of influence of the HWBs, therefore, these constituent partners of ICN should 'own' their respective ambitions.
  - c) Existing metrics, though in some cases valid and useful, in other cases represent data that are routinely collected rather than measures that really matter in terms of health outcomes for the population, therefore, the outcomes framework would need to be complemented by a programme of data development.
- 4.9 Based on these findings, two prioritisation exercises took place using the same methodology, focusing on prioritising metrics for the ICB-led and HWB-led ambitions respectively. The process involved a workshop-style exercise in which senior leaders considered data for Northamptonshire across a broad range of metrics for each ambition and used defined prioritisation criteria or "tests" to select priorities.
- 4.10 The prioritisation criteria applied included:
- 1) There is an identified need at a county level (Northamptonshire benchmarks poorly compared with its peers)
  - 2) Both North and West of the county recognise a need (this is not a specific need in one "Place")
  - 3) Focusing on this metric area will have an impact on shifting the population health curve
  - 4) Focusing on this metric will have a significant impact on reducing health inequalities
  - 5) There will be real value added from the Partnership working together on this
  - 6) This is an issue amenable to local action

## **Results**

- 4.11 The prioritisation exercise has identified 15 priority metrics (Table 1 below) for the partnership to focus on across nine of the ten ambition areas with the tenth ambition area having a qualitative feedback focus.

**Table 1. Proposed Initial ICN Outcomes Framework – Live Your Best Life Strategy Ambitions and Priority Metrics**

<b>AMBITION</b>	<b>AVAILABLE SYSTEM PRIORITY METRICS</b>
<b>BEST START IN LIFE</b>	% achieving good level of development at age 2-3
<b>ACCESS TO THE BEST AVAILABLE EDUCATION AND LEARNING</b>	Gap in Attainment Level 8 for FSM and LAC pupils
<b>OPPORTUNITY TO BE FIT, WELL AND INDEPENDENT</b>	% Adults current smokers (APS) % Adults classified as overweight or obese Adolescent self-reported wellbeing (SHEU) Standardised rate of emergency admissions due to COPD
<b>EMPLOYMENT THAT KEEPS THEM AND THEIR FAMILIES OUT OF POVERTY</b>	Gap in employment for those in touch with 2ary MH services
<b>HOUSING THAT IS AFFORDABLE, SAFE AND SUSTAINABLE IN PLACES WHICH ARE CLEAN AND GREEN</b>	Number of households owed a prevention duty under Homelessness Reduction Act
<b>TO FEEL SAFE IN THEIR HOMES AND WHEN OUT AND ABOUT</b>	Number of re-referrals to MARAC for children experiencing domestic abuse
<b>CONNECTED TO THEIR FAMILIES AND FRIENDS</b>	% Adult social care users who have as much social contact as they would like
<b>THE CHANCE FOR A FRESH START, WHEN THINGS GO WRONG</b>	Number of emergency hospital admissions for those of no fixed abode
<b>ACCESS TO HEALTH AND SOCIAL CARE WHEN THEY NEED IT</b>	% Cancer diagnosed at stage 1/2 % of people discharged from hospital to their usual place of residence Rate of ED attendances for falls in those aged 65+
<b>TO BE ACCEPTED AND VALUED SIMPLY FOR WHO THEY ARE</b>	% Eligible LAC and adults with LD/SMI receive annual health check Qualitative feedback as part of community engagement exercises

4.12 Alongside the existing metrics identified, we also identified areas for which there were metrics that don't allow us to understand health outcomes for residents as well as we would like and therefore data development areas have been proposed (Table 2 below).

**Table 2. Suggestions for areas of required data development**

<b>AMBITION</b>	<b>DATA DEVELOPMENT SUGGESTIONS</b>
<b>ACCESS TO THE BEST AVAILABLE EDUCATION AND LEARNING</b>	<i>Need to better explore wellbeing in school aged children Need to better measure quality of education and outcomes for SEND pupils</i>
<b>HOUSING THAT IS AFFORDABLE, SAFE AND SUSTAINABLE IN PLACES WHICH ARE CLEAN AND GREEN</b>	<i>Need to explore available data on quality of homes and exposure to cold/damp/mould conditions</i>
<b>TO FEEL SAFE IN THEIR HOMES AND WHEN OUT AND ABOUT</b>	<i>Need to look at data linkages with NARP/Police observatory to track outcomes for CYP experiencing ACEs</i>
<b>CONNECTED TO THEIR FAMILIES AND FRIENDS</b>	<i>Need to look at data collection for socially excluded groups and opportunity for data linkages to start tracking outcomes (CORE20PLUS5 link)</i>
<b>THE CHANCE FOR A FRESH START, WHEN THINGS GO WRONG</b>	<i>As above, need to explore more connected data systems to understand outcomes for people with experience of rough sleeping/criminal justice</i>

4.13 The format of reporting of the outcomes framework and supporting documentation including relevant activity performance indicators will be developed with the support of the public health team, in conjunction with performance leads from constituent partners in the next phase of work.

## **5. Issues and Choices**

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5.1 The issues and choices faced in developing the outcomes framework included prioritising a shortlist of metrics for the integrated care system to focus its attention in its initial years

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

6.1.1 While there are no direct resource or financial implications arising from this paper, the purpose of the outcomes framework is to support all system partners to prioritise their spend to maximise population health outcomes.

### **6.2 Legal**

6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

6.3.1 There are no significant risks arising from the proposed recommendations in this report.

## 6.4 Consultation

6.4.1 While the public have not formally been consulted on this first version of the ICN Outcomes Framework, part of the prioritisation process involved testing out emerging priority themes against the findings of community LAP discussions and stakeholder engagement findings.

## 6.5 Consideration by Scrutiny

6.5.1 Scrutiny have not been involved in discussions around the ICN Outcomes Framework to date.

## 6.6 Climate Impact

6.6.1 One of the “Live Your Best Life” ambitions is to have *“housing that is affordable, safe and sustainable in places which are clean and green”*. While the prioritised system metric for this ambition focuses specifically on housing rather than climate, given both West and North Northamptonshire councils’ carbon commitments we expect many other areas of action to contribute to the achievement of this ambition.

## 6.7 Community Impact

6.7.1 The Health and Care Act 2022 requires Integrated Care Partnerships to positively impact the health and wellbeing of local communities

6.7.2 The approach outlined in the strategy ensures that the issues and inequalities relevant to Local Area Partnerships (LAPs) are the focus of how services work with local communities to improve outcomes as set out in the outcomes framework.

## 7. Background Papers

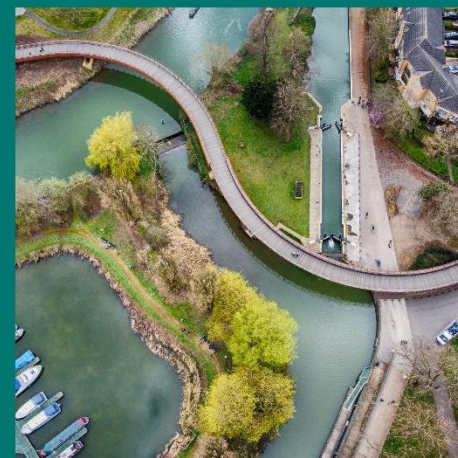
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7.1 [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

# ICP Outcomes Framework Metric Prioritisation

Page 55

March 2023 Update



Appendix



- The national “ask”
- The “ask” from the ICP in Northamptonshire
- Prioritisation process
- Prioritisation criteria
- Priority metrics identified by the ICB for 3 ‘LYBL’ ambitions
- Outputs from strategic leaders’ meeting
- Proposed priority metrics for the 7 remaining ‘LYBL’ ambitions
- Complete list priority metrics
- Areas for data development



- The Act requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessment) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
- Guidance on the preparation of integrated care strategies published in July 2022 states that:

Page 57 *Agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments, is a powerful way for the integrated care strategy to bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.*

*The Department of Health and Social Care will set out further detail on shared outcomes, as described in ‘Health and social care integration: joining up care for people, places and population’, by April 2023.*

# ICP December meeting discussion

- The ten ambitions are comprehensive, we need to prioritise metrics from the longlist to focus our (shorter term) delivery plans
- We should build on the nine priority metrics (across three ambition) identified as by the ICB as areas to focus on in their 5-year delivery plans, identifying priorities among the seven remaining ambitions
- The priority metrics need to be system-wide priorities and agreed by key partnership stakeholders recognising that Place(s) and Local Area Partnerships may identify additional localised priorities that speak to the system-wide ambitions.
- Metrics for this first iteration of the framework need to be currently available data that we can use to baseline, though we should not be restricted to this and need to explore new areas of data collection.
- The strategy development board (meeting Thursdays fortnightly) will continue to meet to oversee metric prioritisation to bring a suggested framework back to the ICP before its next meeting.

# Prioritisation Process

STRATEGY AMBITION	STRATEGY OUTCOME	Suggested Metrics (priorities identified by ICD)	Date of data	Ranking	Unit	Mark	Weight
Womens health	Womens are healthy and well during and after pregnancy	M1: % women who are in early pregnancy	2020/21	22	20%	100	2
		M2: % women who are in late pregnancy	2020/21	25	20%	100	2
		M3: Number of women receiving specialist postnatal mental health	2020/21	35	20%	100	2
		M4: % babies with low birth weight at term (LBWG)	2020/21	38	20%	100	2
All children grow and develop so they are ready and equipped for school	All children grow and develop so they are ready and equipped for school	M5: % children with special educational needs (SEN)	2020/21	40	20%	100	2
		M6: % children with SEN who are in primary school	2020/21	42	20%	100	2
		M7: % children with SEN who are in secondary school	2020/21	44	20%	100	2
		M8: % children with SEN who are in further education	2020/21	46	20%	100	2
Education settings are good and inclusive and children and young people, including those with special educational needs	Education settings are good and inclusive and children and young people, including those with special educational needs	M9: % of people achieving 5+ GCSEs at grade 4 or above	2022	48	20%	100	2
		M10: % of people achieving 5+ GCSEs at grade 5 or above	2022	50	20%	100	2
		M11: % of people achieving 5+ GCSEs at grade 6 or above	2022	52	20%	100	2
		M12: % of people achieving 5+ GCSEs at grade 7 or above	2022	54	20%	100	2
Adults have access to learning opportunities which support them	Adults have access to learning opportunities which support them	M13: % of people completing Level 1 or above qualification	2022	56	20%	100	2
		M14: % of people completing Level 2 or above qualification	2022	58	20%	100	2
		M15: % of people completing Level 3 or above qualification	2022	60	20%	100	2
		M16: % of people completing Level 4 or above qualification	2022	62	20%	100	2
Children and adults are healthy and active and enjoy good mental health	Children and adults are healthy and active and enjoy good mental health	M17: % of people who are physically active	2022	64	20%	100	2
		M18: % of people who are mentally healthy	2022	66	20%	100	2
		M19: % of people who are socially active	2022	68	20%	100	2
		M20: % of people who are financially active	2022	70	20%	100	2

Jan to Feb 2023

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- Criteria and process agreed by strategy development board
- Supporting data circulated to inform prioritisation discussion

Process and criteria agreed

Strategic Leaders

- Workshop of strategic leaders focusing on ambition areas
- Polling software used to gather feedback on strategic priorities

- Meetings with analyst network (NHS, Police and Local Authorities)
- Reviewed strategic priorities and available datasets

Technical expertise

Final Proposal

- “Best Fit” metrics proposed for strategic priorities
- Data development recommendations where gaps in our data collection

# Prioritisation Criteria

## Metric Selection “Tests”

1. There is an identified need at a county level (Northants benchmarks poorly compared with its peers)
2. Both North and West of the county recognise a need (this is not a specific need in one “Place”)
3. This will have an “upstream” impact and help shift the population curve
4. This will have a significant impact on reducing health inequalities
5. There will be real value added from the Partnership working together on this
6. This is an issue amenable to local action

Ambition	Available System Priority Metrics
Best Start in Life	% achieving good level of development at age 2-3
Opportunity to be fit, well and independent	% Adults current smokers (APS)
	% Adults classified as overweight or obese
	Adolescent self-reported wellbeing (SHEU)
	Standardised rate of emergency admissions due to COPD
Access to health and social care when they need it	% Cancer diagnosed at stage 1/2
	% of people discharged from hospital to their usual place of residence
	Rate of ED attendances for falls in those aged 65+
	% Eligible LAC and adults with LD/SMI receive annual health check



Ambition	Outcomes	Available System Priority Metrics
Access to the best available education and learning	<ul style="list-style-type: none"> <li>Education settings are good and inclusive and children and young people, including those with special needs perform well</li> <li>Adults have access to learning opportunities which support them with work and life skills</li> </ul>	Gap in Attainment Level 8 for FSM and LAC ?SEND pupils ( <b>reduction = improvement</b> )
Employment that keeps them and their families out of poverty	<ul style="list-style-type: none"> <li>More adults are employed and receive a 'living wage'</li> <li>Adults and families take up benefits they are entitled to</li> </ul>	Gap in employment for those in touch with 2ary MH services ( <b>reduction = improvement</b> )
Housing that is affordable, safe and sustainable in places which are clean and green	<ul style="list-style-type: none"> <li>Good access to affordable, safe, quality, accommodation and security of tenure</li> <li>The local environment is clean and green with lower carbon emissions</li> </ul>	Number of households owed a duty under HRA (to prevent loss of tenancy) ( <b>reduction = improvement</b> )
To feel safe in their homes and when out and about	<ul style="list-style-type: none"> <li>People are safe in their homes, on public transport and in public places</li> <li>Children and young people are safe and protected from harm</li> </ul>	Number of re-referrals to MARAC for children experiencing domestic abuse ( <b>reduction = improvement</b> )
Connected to their families and friends	<ul style="list-style-type: none"> <li>People feel well connected to family, friends and their community</li> <li>Connections are helped by public transport and technology</li> </ul>	% Adult social care users who have as much social contact as they would like ( <b>increase = improvement</b> )
The chance for a fresh start, when things go wrong	<ul style="list-style-type: none"> <li>Ex-offenders and homeless people are helped back into society</li> <li>People have good access to support for addictive behaviour and take it up</li> </ul>	Number of emergency hospital admissions for those of no fixed abode ( <b>reduction = improvement</b> )

Ambition	Priority Theme Identified by Strategic Leaders	Data Development Suggestions
Access to the best available education and learning	All can reach their potential and good mental wellbeing for CYP	Need to better explore wellbeing in school aged children Need to better measure quality of education and outcomes for SEND pupils
Employment that keeps them and their families out of poverty	Gap in employment for those with mental health need	None – adequate metric available
Housing that is affordable, safe and sustainable in places which are clean and green	Access to affordable and quality homes	Need to explore available data on quality of homes and exposure to cold/damp/mould conditions
To feel safe in their homes and when out and about	Adverse Childhood Experiences – improving outcomes for those experiencing ACEs	Need to look at data linkages with NARP/Police observatory to track outcomes for CYP experiencing ACEs
Connected to their families and friends	Improving outcomes for those who are socially excluded	Need to look at data collection for socially excluded groups and opportunity for data linkages to start tracking outcomes (CORE20PLUS5 link)
The chance for a fresh start, when things go wrong	Improving outcomes for those experiencing multiple exclusion homelessness	As above, need to explore more connected data systems to understand outcomes for people with experience of rough sleeping/criminal justice



Ambition	Available System Priority Metrics
<b>Best Start in Life</b>	% achieving good level of development at age 2-3
Access to the best available education and learning	Gap in Attainment Level 8 for FSM and LAC pupils
<b>Opportunity to be fit, well and independent</b>	% Adults current smokers (APS) % Adults classified as overweight or obese Adolescent self-reported wellbeing (SHEU) Standardised rate of emergency admissions due to COPD
<b>Employment that keeps them and their families out of poverty</b>	Gap in employment for those in touch with 2ary MH services
<b>Housing that is affordable, safe and sustainable in places which are clean and green</b>	Number of households owed a prevention duty under Homelessness Reduction Act
<b>To feel safe in their homes and when out and about</b>	Number of re-referrals to MARAC for children experiencing domestic abuse
<b>Connected to their families and friends</b>	% Adult social care users who have as much social contact as they would like
<b>The chance for a fresh start, when things go wrong</b>	Number of emergency hospital admissions for those of no fixed abode
<b>Access to health and social care when they need it</b>	% Cancer diagnosed at stage1/2 % of people discharged from hospital to their usual place of residence Rate of ED attendances for falls in those aged 65+ % Eligible LAC and adults with LD/SMI receive annual health check

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## North Northamptonshire Health and Wellbeing Board

21<sup>st</sup> March 2023

<b>Report Title</b>	<b>Developing the Joint Strategic Needs Assessment (JSNA)</b>	
<b>Report Author</b>	<b>Susan Hamilton, Deputy Director of Public Health, North Northamptonshire Council Susan.Hamilton@northnorthants.gov.uk</b>	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>John Ashton, Director of Public Health</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

#### Appendix A – Developing the Joint Strategic Needs Assessment – Presentation

##### 1. Purpose of Report

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To propose an approach to redesigning the JSNA to meet the requirements of the North and West Northamptonshire Health and Wellbeing Boards and the Northamptonshire Integrated Care Partnership.

##### 2. Executive Summary

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The process for developing the current JSNA was established by the former Northamptonshire County Council and CCG to support the work of the Northamptonshire Health and Wellbeing Board. A new approach is needed to reflect the changing organisational arrangements, in particular the formation of the two Health and Wellbeing Boards in Northamptonshire and the establishment of the Northamptonshire Integrated Care Partnership.

Each local area takes a different approach to developing the JSNA, and the presentation highlights the different approaches areas are using. JSNAs differ considerably in terms of the topics and type of intelligence included, format, involvement of different stakeholders and process for ongoing development. Technological advances and use of tools such as Power BI have changed the way many areas are developing their JSNAs. These tools provide end users with dynamic and interactive dashboards that are tailored to their own needs and regularly updated. Examples of the approaches other areas have taken to developing their JSNA are contained in the presentation.

There is a need to redesign the JSNA to meet the changing needs of the Health and Wellbeing Boards and the Integrated Care System. A JSNA redesign project to establish the vision for the JSNA, scope, format, governance, and process for ongoing development would achieve this. Engagement with members of the Health and Wellbeing Board, Integrated Care Partnership and wider stakeholders will be critical to the JSNA redesign. The approach to redesigning the JSNA recognises that evidence and intelligence products will be required at both System and Place level.

### **3. Recommendations**

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- 3.1 It is recommended that the Board support the
- a) Development of a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) are easily found.
  - b) Initiation of a JSNA redesign project to determine the scope of the JSNA in the context of plans for wider intelligence in Northamptonshire. Project to determine the vision for the JSNA, scope, format of the final product, governance and process for ongoing development and review.
  - c) Establishment of a project steering group for the JSNA redesign project to oversee the stakeholder engagement and development of recommendations to Health and Wellbeing Boards.

### **4. Report Background**

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Health and Wellbeing Boards have a responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA.<sup>1</sup> The purpose of the JSNA and Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities. Local authorities and Integrated Care Boards (ICBs) have equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board. The Health and Wellbeing Act 2022 requires the Integrated Care Partnerships to write an integrated care strategy to set out how the assessed needs identified in the JSNA can be met through the functions of the ICB, partner local authorities or NHS England (when commissioning in that area).<sup>2</sup>

There is no single, agreed definition of a JSNA. National guidance states that local areas are free to undertake JSNAs in a way that is best suited to their local circumstance – there is no template, format or mandated dataset that must be used.<sup>3</sup> The accompanying presentation provides details of how other areas have approached developing their JSNAs to meet local needs.

Drawing on the approach from other areas, the presentation identifies several

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<sup>1</sup> DHSC. [JSNA and JHWS statutory guidance](#). Updated 24<sup>th</sup> August 2022.

<sup>2</sup> DHSC. Statutory guidance. [Guidance on the preparation of integrated care strategies](#). 29<sup>th</sup> July 2022

<sup>3</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf)

aspects that should be considered going forward. This includes development of a vision for the JSNA together with scope, format and governance. The JSNA needs to be developed in the context of wider intelligence plans within the system. A JSNA redesign project with wide stakeholder engagement is required to inform development of a new JSNA product.

## **5. Issues and Choices**

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- 5.1 The presentation highlights that choices will be required in developing the JSNA to meet current and future needs. These will be addressed in the proposed JSNA redesign project. This includes the topics for inclusion, format of products, resources, and process for development including involvement of stakeholders.

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

- 6.1.1 Funding will be required for a project manager to lead the redesign project. The project will be funded by Public Health and Northamptonshire ICB. The redesign project will establish longer term resource requirements for the council and ICB to support the ongoing development of the JSNA.

### **6.2 Legal**

- 6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

- 6.3.1 There are no significant risks arising from the proposed recommendations in this report.

### **6.4 Consultation**

- 6.4.1 Not applicable

### **6.5 Consideration by Scrutiny**

- 6.5.1 Not applicable

### **6.6 Climate Impact**

- 6.6.1 Not applicable

### **6.7 Community Impact**

- 6.7.1 Not applicable

## **7. Background Papers**

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7.1 Presentation - Developing the Joint Strategic Needs Assessment.



North  
Northamptonshire  
Council



West  
Northamptonshire  
Council



Northamptonshire  
Integrated Care Board

# Developing the Joint Strategic Needs Assessment

# Legislation

- Health and Wellbeing Boards have a responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA.
- Local authorities and Integrated Care Boards (ICBs) have equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board.
- The Health and Wellbeing Act 2022 requires the Integrated Care Partnerships to write an integrated care strategy to set out how the assessed needs identified in the JSNA can be met through the functions of the ICB, partner local authorities or NHS England (when commissioning in that area).



# Changing landscape

Current JSNA is based on the process designed by the former Northamptonshire County Council and Northamptonshire CCG. Landscape has changed:

- New Health and Wellbeing Boards – North and West (2021)
- NHS organisational change: move from CCGs to the ICB (2022)
- Establishment of the ICS / ICP and publication of the 10 year ICN strategy (2023)
- Planned new Health & Wellbeing Strategies for North and West (2023)
- Formation of new teams in the councils (2022)
- New website and technology options

# Current approach

Focus in recent years has been on development of specific products to meet strategy development and commissioning needs at a given point, including:

- Overview of health and wellbeing needs (JSNA headline summary pack)
- Detailed needs assessment (e.g., 0-19's, sexual health, drugs & alcohol)
- Health profiles of a community (e.g., PCN and Local Area Partnership Profiles)
- Briefings and insight packs (short profiles on specific topics)
- Demographic reports (including ONS and census outputs)

# Moving forward - what are the options?

There is no single, agreed definition of a JSNA. National guidance states that local areas are free to undertake JSNAs in a way that is best suited to their local circumstance – there is no template, format or mandated dataset.

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JSNA vary considerably in terms of

- Topics
- Format
- Process

# Topics – set list of topics

Many JSNAs do contain data on a standard list of topics, often presented along a life course alongside demographic and wider determinants (e.g. [Liverpool](#))

**Joint Strategic Needs Assessment (JSNA)**

- About the JSNA**  
The JSNA identifies key issues affecting the health and wellbeing of our residents, both now and in the future.
- Our city**  
The JSNA highlights the key health and wellbeing issues affecting our residents so that the health and social care system can help address them.
- Wider determinants of health**  
Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

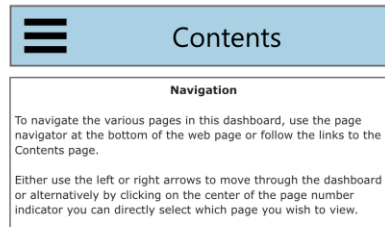
- Start well**  
Every child in Liverpool should be given the best start in life, with the crucial period starting from pregnancy to the age of two.
- Grow well**  
How we develop policies and interventions that effectively improve health in early years, and give children the best start in life.
- Live well**  
Living well is essential in helping us manage our health and maintain our independence.
- Conditions and diseases**  
Information on particular disease types and data on some of the main causes of death in the city.
- Age well**  
Healthy active ageing and supporting independence so older people are able to enjoy long and healthy lives, feeling safe at home and connected to their community.
- Specific population groups**  
Health needs assessments for military veterans, homelessness and asylum seekers.

# Topics – agile response to priority areas

JSNAs are increasingly developing topics aligned to the immediate priorities e.g. cost of living and damp and mould (e.g. [Suffolk JSNA](#))



## Suffolk Cost of Living Dashboard



# Topics – observatory style

Some JSNAs hold a wide variety of evidence and intelligence products from multiple partners e.g. VCSE, council, ICB, university e.g. [Suffolk JSNA](#)

## Topic list

- [Adult and child weight management needs assessment](#) (2022)
- [Ageing needs assessment \(Ageing summary report, Ageing presentation delivered 2019\)](#) (2018)
- [Air quality profile](#) (2021)
- [Alcohol](#) (topic) (2018)
- [Alcohol needs assessment](#) (2022)
- [Cancer](#) (report) [Cancer summary report](#) (2018)
- [Census 2021](#) (including summaries as data is released) (2022-23)
- [Childhood immunisations](#) (topic) (2021)
- [Children in Care needs assessment](#) (2018)
- [Children in Suffolk: Suffolk data stories \(2020\)](#)
- Children: [Suffolk through a child's eyes](#) (APHR) (2019)
- Children: [State of Children in Suffolk](#) (2022)
- Children: [National Childhood Measurement Programme Briefing](#) (2022)
- [Citizens Advice Impact Report](#) (external report) (2019)
- [Community profiles - East Suffolk \(opens in new window\)](#) by partnership area (2019)
- [Cost of living profile](#) (2022)
- [COVID-19](#)
- [Crisis in people with poor mental health](#) (2019)
- [Dementia](#) (State of Suffolk) 2021
- [Deprivation \(2019\)](#) Suffolk report and summaries
- [Drug and alcohol health needs assessment](#) (2022)
- [Economy, skills and employment](#) (Suffolk summary) (2022)
- [Evidence-based findings about the veteran population in the East of England](#) (Northumbria University research: 2019)
- End of life: [Lasting Legacies \(APHR\)](#) (2018)
- [Food insecurity in Suffolk \(2021\)](#)

- 2022
- 2021
- 2020
- 2019
- 2018

# Topics – mapping assets

JSNA guidance states that assets should be mapped alongside needs. Few achieve this, exceptions include [Bolton](#)

BOLTON JSNA

MENU ☰

## ASSETS

Mounting evidence shows that when practitioners begin with what communities have – their assets – as opposed to what they don't have – their needs – a community's ability to address those needs increases.

FIND OUT MORE



# Topics – beyond the data

Many JSNAs are incorporating different types of information and intelligence including literature reviews, related strategies, national data and consultations e.g. [Herts](#) and [Kent](#)



## JSNA Lite Bite: Creative Health

January 2023

### Purpose

- This JSNA Lite Bite provides an overview of Creative Health, exploring the potential benefits of greater investment in arts and culture for national and local health outcomes.

### Review of literature

#### What is Creative Health?

- Creative Health refers to the relationship between the arts, culture, heritage, health and wellbeing. It encompasses the growing recognition that engaging with creativity, culture and heritage can help improve health outcomes and facilitate a shift from an illness-based medical

A screenshot of the Kent Public Health Observatory website. The header is a dark teal banner with the text 'KENT PUBLIC HEALTH OBSERVATORY' in white. A search bar is located in the top right corner. Below the banner, there are navigation links: 'Home &gt;' and 'Joint strategic needs assessment &gt;'. The main content area features the title 'JSNA stakeholder insight' in a large, bold, dark font. Below the title, there is a paragraph of text: 'Stakeholder insight is a critical part of the JSNA. It involves collecting, collating and explaining the views, expectations, perceptions and experiences of local communities about what contributes to good health.'





# Format

Often JSNAs will contain use a standard format for topics - short “bite sized” for set topics with longer needs assessments or “deep dives” in focused areas.

Most are using web based tools, such as Power BI, to create interactive, dynamic dashboards that end users can tailor to their needs e.g. [Devon](#) and [Essex](#)


Information can be regularly updated and tailored to focus on specific variables, can include:

- Geographical areas (LAPs, wards, neighbourhoods)
- Population of interest
- Time periods

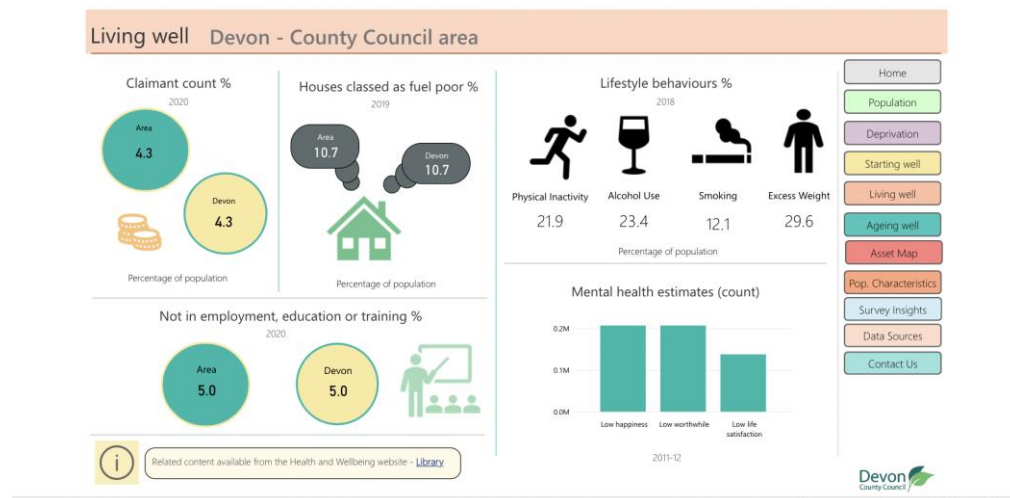
# JSNA headline tool

The JSNA Headline tool is an interactive resource which sits underneath the umbrella of the Joint Strategic Needs Assessment (JSNA). It provides headline Health and Wellbeing across the life course for many different areas across Devon.

If you require the Joint Strategic Needs Assessment resource information in an alternative format please email [publichealthintelligence-mailbox@devon.gov.uk](mailto:publichealthintelligence-mailbox@devon.gov.uk) or call 01392 383000 and ask for Public Health Intelligence.

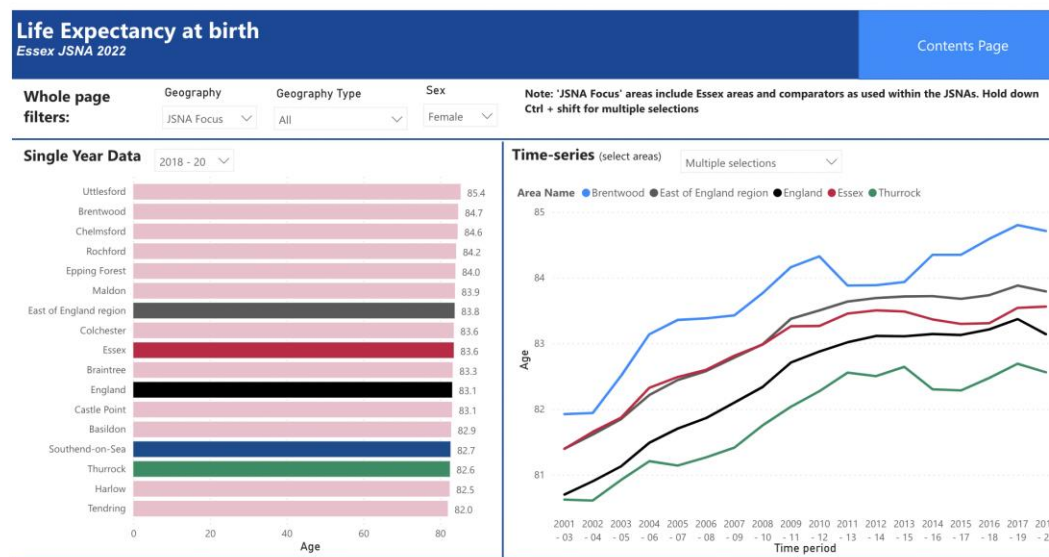
You can click on the  icon below the report to make the report larger.

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## Essex County Council

The Health Outcomes -Length and Quality of Life dashboard is an interactive tool that presents information and intelligence to allow our stakeholders to understand the need in their local areas and inequalities as they pertain to length and quality of life. To make the most of this dashboard, it is important that it is used in conjunction with the accompanying downloadable reports so that the combined information and intelligence supports the provision of services to improve Essex resident's health and wellbeing and to reduce health inequalities.



# Process

Most areas will have a multiagency JSNA steering group established to continuously develop the JSNA. Remit of the steering group often includes:

- Determining the scope of JSNA
- Prioritisation of requests (can include use of a matrix)
- Standardisation of approach to product development
- Resourcing
- Work programme development
- Quality assurance
- Promotion and evaluation

# Next steps for Northamptonshire

Determining what the JSNA should be for Northamptonshire requires an understanding of the vision for the JSNA, with clarity on

- Scope
- Target audience and their needs
- Website and platforms for publication
- Involvement of wider stakeholders
- Governance and ongoing development

National guidance states that there is no requirement for each Health and Wellbeing Board to have its own JSNA – two or more Health and Wellbeing Boards could choose to work together to develop their JSNAs. Intelligence products are needed at System and Place level.

# Recommendations

This review has highlighted the need to redesign the JSNA and process for ongoing development, considering organisational changes and priorities. Recommendations:

- **Develop a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) can be developed and are easily found.**
- **Initiate a JSNA re-design project to determine the scope of the JSNA in the context of plans for wider intelligence in Northamptonshire. Project to determine the vision for the JSNA, scope, format of the final product, governance and process for ongoing development and review.**
- **Establish a project steering group for the JSNA re-design project to oversee the stakeholder engagement and development of recommendations to Health and Wellbeing Boards.**

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## North Northamptonshire Health and Wellbeing Board

21<sup>st</sup> March 2023

<b>Report Title</b>	<b>Northamptonshire Substance Misuse Needs Assessment</b>	
<b>Report Author</b>	<b>Susan Hamilton, Deputy Director of Public Health, North Northamptonshire Council Susan.Hamilton@northnorthants.gov.uk</b>	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>John Ashton, Director of Public Health</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

None

#### **1. Purpose of Report**

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To outline the approach to developing the substance misuse needs assessment as part of the work programme of the Northamptonshire Combating Drugs Partnership.

#### **2. Executive Summary**

---

A substance misuse needs assessment led by Public Health commenced in 2022 to inform the recommissioning of substance misuse services and the priorities of the Northamptonshire Combating Drugs Partnership.

The needs assessment used information from different sources. Quantitative data from national and local datasets was used to identify risk factors, prevalence and trends in the use of drugs and alcohol, impact of substance misuse on the local community, and use of substance misuse services.

Qualitative information was obtained from two separate workstreams. The University of Bath and Manchester Metropolitan University were commissioned to undertake a system mapping exercise for harm reduction. This involved identifying organisations involved in harm reduction in Northamptonshire, their interactions, and stakeholder priorities. Over 70 stakeholders took part in workshops held over 2 days. The second workstream involved 1:1 semi-structured interviews and focus groups with 86 adults who were current or former users of substance misuse and recovery or parents and carers of young people in substance misuse services. Key

themes were identified from both workstreams. These findings, combined with the quantitative data analysis identified priorities for future years. A multiagency steering group was established to review sections and contribute data and intelligence to the development of the needs assessment.

The key findings from the needs assessment and recommendations were presented at a Combating Drugs Partnership stakeholder day in December 2022. The resulting stakeholder discussion on the findings of the needs assessment and recommendations informed the Combating Drugs Partnership development of the delivery plan.

### **3. Recommendations**

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- 3.1 It is recommended that the Board note the development of the substance misuse needs assessment as part of the work programme of the Combating Drugs Assessment and Joint Strategic Needs Assessment.

### **4. Report Background**

---

In October 2022, Northamptonshire established a Combating Drugs Partnership to deliver the strategic priorities of the national 10-year drugs strategy, From Harm to Hope, launched in December 2021. National guidance states that Combating Drugs Partnerships should produce a needs assessment to inform their local delivery plan. A needs assessment led by Public Health had commenced earlier in 2022 to inform the department's commissioning priorities. This work was formally brought under the remit of the Northamptonshire Combating Drugs Partnership when it became established.

The output is designed to meet the requirements of the Combating Drugs Partnership and to inform commissioning intentions of individual organisations. This includes commissioning of substance misuse treatment services, a responsibility of Public Health departments in councils, and plans for the Office for Health Improvement and Disparities (OHID) substance misuse grants. Therefore, the needs assessment took a broad approach, focusing on both alcohol and drugs, and the impact of the many factors contributing to increased risk of ill health from substance misuse. The key findings from the needs assessment are presented in the accompanying presentation. The intelligence informing the needs assessment were obtained from the following sources:

1. **Northamptonshire Police Supply report.** This report contains intelligence related to drug supply in Northamptonshire and recent trends. The findings were presented at a Combating Drugs Partnership workshop in December 2022. The recommendations from this report are included in the first section on breaking drug supply chains to provide all recommendations relevant to the work of the Combating Drugs Partnership in one report.
2. **Health needs assessment – identifying health needs.** Led by the Public Health departments and supported by a multiagency steering group, this work analyses routinely collected data to identify the needs of the local population, groups at high risk, access to substance misuse treatment services and



outcomes. A comparative approach was used where possible, comparing Northamptonshire to England and other similar geographical areas. Data from a wide variety of national and local sources were used, including routine public health datasets on risk factors, hospital admissions and deaths; use of treatment services; social care on assessment; health data on attendance at the emergency department and Criminal Justice System data. Where local data was not available, national reports and research articles were used to identify likely patterns in the local population.

3. **Health needs assessment – system mapping.** Understanding local assets and building on these strengths (or addressing deficits) is an important part of determining priorities within a local strategy. Many organisations in Northamptonshire are involved in responding to issues related to substance misuse and together they form an interconnected system. Funded by Public Health and commissioned by the adult treatment provider Change Grow Live (CGL), the University of Bath and Manchester Metropolitan University undertook systems mapping for harm reduction in Northamptonshire. Workshops were held over 2 days in July and August 2022, attended by over 70 stakeholders. Those working at operational and strategic level attended the event along with individuals with lived experience. The workshops were used to map the local system, and identify the main themes related to harm reduction and to identify the main priorities for addressing local challenges.
4. **Health needs assessment – qualitative research.** Understanding the experience of those with problematic substance misuse and their family /carers is an important part of identifying gaps in the system and priorities. Public Health commissioned a qualitative study to understand this experience, using a mix of focus groups and semi-structured 1:1 interviews with adults and parents or carers of those who have used substance misuse services. A total of 86 people took part in 1:1 interviews and focus groups. Thematic analysis of the discussions taking place over the 4 days identified the main areas of concern and suggested recommendations for addressing these areas. This work was undertaken in November 2022.

The needs assessment had input from a wide range of partners including Northamptonshire Integrated Care Board, Northamptonshire Probation Service, Northamptonshire Police, Fire and Crime Commissioner, West and North Northamptonshire Council departments – Housing, Adult Social Care, Children’s Trust and Public Health.

The findings were presented at a Northamptonshire Combating Drugs Partnership event in December 2022 and attended by over 40 stakeholders. Stakeholders discussed the findings and identified priorities to inform the development of the Combating Drugs Partnership delivery plan.

The findings are available in an executive summary and full report and will be included on the list of products on the Joint Strategic Needs Assessment.

## **5. Issues and Choices**

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- 5.1 The findings from the needs assessment are being used to inform the recommissioning of substance misuse services and the priorities of the Combating Drugs Partnership.

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

- 6.1.1 There are no funding implications arising from the substance misuse needs assessment. The findings will be used to inform the funding priorities for recommissioning the substance misuse services, the OHID substance misuse grants and the priorities of the Northamptonshire Combating Drugs Partnership.

### **6.2 Legal**

- 6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

- 6.3.1 There are no significant risks arising from the proposed recommendations in this report.

### **6.4 Consultation**

- 6.4.1 Not applicable

### **6.5 Consideration by Scrutiny**

- 6.5.1 Not applicable

### **6.6 Climate Impact**

- 6.6.1 Not applicable

### **6.7 Community Impact**

- 6.7.1 Not applicable

## **7. Background Papers**

---

- 7.1 None

## North Northamptonshire Health and Wellbeing Board

21<sup>st</sup> of March 2023

<b>Report Title</b>	<b>Additional Winter Discharge Fund</b>	
<b>Report Author</b>	<b>Samantha Fitzgerald – Assistant Director Adults Services</b>	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>David Watts, Executive Director Adults, Health Partnerships and Housing</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

None

#### **1. Purpose of Report**

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- 1.1. To provide an update to the Health and Wellbeing Board on the Additional Winter Discharge Fund allocated to North Northamptonshire.
- 1.2. How the Additional Winter Discharge Fund has supported performance in relation to hospital discharge and increased flow.

#### **2. Executive Summary**

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- 2.1 On the 16<sup>th</sup> of November 2022, the secretary of State shared details of the £500 million Adult Social Care Discharge Fund.
- 2.2 The letter from the Minister for Care on 16 November stated: The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

In some areas where there are particular delays to discharge of patients with long hospital stays – for instance those with particularly complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

2.3 **The conditions** for receipt of funds are set out in an addendum to the BCF framework, where Local authorities and ICBs were requested to use the fund to:

- Prioritise those approaches that are most effective in freeing up the maximum number of hospital beds, and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time
- Boost general adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges. This could include, but is not limited to, measures such as retention bonuses or bringing forward pay rises ahead of the new financial year.

2.4 To demonstrate this, local authorities and ICBs will be asked to work together to provide:

- A plan for spending the funding, which will be an addition to existing BCF plans, due 4 weeks after funding conditions are published. This should outline how the local authority plans to increase expenditure on discharge in comparison to their BCF plan. The department expects to receive one planned spending report per local authority
- Fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. Spending plans should be submitted by 16 December 2022, and the first activity report should be submitted on 30 December 2022
- A final spending report provided to the department alongside the wider end of year BCF reports by 2 May 2023

2.5 This funding was 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.

## 2.6 Local allocations

Source of funding		Amount pooled	Planned spend
LA allocation		£1,051,744	£1,279,634
ICB allocation	NHS Northamptonshire ICB	£2,190,467.00	£1,962,577
		<i>Please enter amount pooled from ICB</i>	
		<i>Please enter amount pooled from ICB</i>	

## 3. Recommendations

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- 3.1 It is recommended that the Board note the Additional Winter Discharge Fund update.
- 3.2 How the Additional Winter Discharge Fund has supported performance in relation to hospital discharge and increased flow.

#### 4. Report Background

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 (£)
14	Repurposing Thackley Green or SPOT purchasing	Bed Based Intermediate Care Services	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)				Social Care	North Northamptonshire	ICB allocation	£662,400
16	Increased hourly rate for home care	P1 payment to provider market to stabilise and retain workforce	Improve retention of existing workforce	Incentive payments				Social Care	North Northamptonshire	Local authority grant	£220,000
17	Emergency Respite to facilitate discharge	Bed Based Intermediate Care Services	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		10 Beds		Social Care	North Northamptonshire	Local authority grant	£153,000
18	Older persons mental health DTA bedded capacity	Mental Health discharge to assess	Residential Placements	Care home		10 beds		Mental Health	NHS Northamptonshire ICB	Local authority grant	£153,000

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 (£)
19	Capacity for commissioning of bespoke packages of care and additional block or spot contracts as required	Additional capacity and planned flexibility to enable enhanced commissioning of packages of care and additional provision of equipment as required to enable bespoke commissioning for complex packages to facilitate rapid discharge or admission avoidance.	Home Care or Domiciliary Care	Domiciliary care packages				Social Care	North Northamptonshire	Local authority grant	£200,000

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 (£)
20	Additional staff to support onward assessment	Increased Assessments team to manage Discharge to Assess	Additional or redeployed capacity from current care workers	Costs of agency staff				Social Care	North Northamptonshire	Local authority grant	£125,456
21	NNC quick pick-up incentive (P2/3)	Home care Provider incentives to support quick pick up of discharge packages and support flow out of winter schemes / reablement and DTA.	Residential Placements	Discharge from hospital (with reablement) to long term care				Social Care	North Northamptonshire	Local authority grant	£170,000



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 (£)
22	NNC quick pick-up incentive (P1)	Home care Provider incentives to support quick pick up of discharge packages and support flow out of winter schemes / reablement and DTA.	Home Care or Domiciliary Care	Domiciliary care packages				Social Care	North Northamptonshire	Local authority grant	£106,216
23	NNC complex home care block extension	Increase to the short-term block contract for complex homecare block by 20%	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	North Northamptonshire	Local authority grant	£74,303
25	Expansion of virtual respiratory ward at KGH	Increase in provision to allow virtual assessments from home	Assistive Technologies and Equipment	Telecare				Social Care	North Northamptonshire	ICB allocation	£44,460

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 (£)
26	Additional brokerage and contracting capacity	Increased Brokerage capacity to manage Discharge to Assess	Additional or redeployed capacity from current care workers	Costs of agency staff				Social Care	North Northamptonshire	Local authority grant	£38,250
28	Senior mental health flow coordinator	Senior post to enable oversight, unblock issues and escalations that will enable safe and timely discharge	Additional or redeployed capacity from current care workers	Costs of agency staff				Mental Health	NHS Northamptonshire ICB	Local authority grant	£22,409
29	Increased opening hours for KGH discharge lounge	Reducing LoS / Increasing Capacity	Other		Reducing LoS / Increasing Capacity			Community Health	North Northamptonshire	ICB allocation	£32,617

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 (£)
30	Dedicated mental health brokerage capacity	Mental health step down placement broker	Additional or redeployed capacity from current care workers	Costs of agency staff				Mental Health	NHS Northamptonshire ICB	Local authority grant	£17,000
31	#NOF early discharge pathway		Other		Reducing LoS / Increasing Capacity			Community Health	North Northamptonshire	ICB allocation	£15,600
44	Discharge Fund Administrator - North	Business support officer to track and report schemes	Administrative					Social Care	North Northamptonshire	ICB allocation	£17,500
50	Enhanced assessment schemes (North)	Increased Assessments team to manage home care and step-down arrangements	Additional or redeployed capacity from current care workers	Costs of agency staff				Social Care	North Northamptonshire	ICB allocation	£1,080,650

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 (£)
51	Supported accommodation for acute mental health discharge (North)	Capacity to support housing delays preventing discharge	Other		Capacity to support housing delays preventing discharge			Social Care	North Northamptonshire	ICB allocation	£59,350
47	Age concern consumables	Essential items required in the community that will expedite discharge from acute settings	Other		Essential items to expedite discharge			Community Health	North Northamptonshire	ICB allocation	£50,000

## **5. Issues and Choices**

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NA

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

NA

### **6.2 Legal**

NA

There are no legal implications arising from the proposals.

### **6.3 Risk**

NA

### **6.4 Consultation**

### **6.5 Consideration by Scrutiny**

NA

### **6.6 Climate Impact**

**NA**

### **6.7 Community Impact**

**NA**

## **7. Background Papers**

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None

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## North Northamptonshire Health and Wellbeing Board 21<sup>st</sup> of March 2023

<b>Report Title</b>	<b>Better Care Fund Q3 Performance update</b>	
<b>Report Author</b>	<b>Samantha Fitzgerald – Assistant Director Adult Services</b> <a href="mailto:Samantha.fitzgerald@northnorthants.gov.uk">Samantha.fitzgerald@northnorthants.gov.uk</a>	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>David Watts, Executive Director Adults, Health Partnerships and Housing</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

None

#### **1. Purpose of Report**

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- 1.1. To provide an update to the Health and Wellbeing Board on the Better Care Fund Q2 performance against the (BCF) policy statement for 2022 to 2023 and the metric proposed in the Better Care Fund plan for 2022 to 2023.

#### **2. Executive Summary**

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- 2.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires the Integrated Care System (ICS) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 2.2 The Health and wellbeing Board has a duty to monitor the performance against the Better Care Fund plan.
- 2.3 The performance is generally positive overall showing an increased percentage of people over 65 returning to their usual place of residence, and volumes accessing Reablement is showing a positive trend.

### **3. Recommendations**

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3.1 The board is asked to Note the BCF Q3 performance update

## **4. Report Background**

### **4.1 The Better Care Fund**

4.1.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires the Integrated Care System (ICS), and local government, to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

4.1.2 The Better Care Fund plan sets out the ambitions on how the spending will improve performance against the following metrics:

- Avoidable admissions to hospital
- People discharged to their usual place of residence
- Admissions to residential and care homes
- Effectiveness of reablement

4.1.3 This year's BCF plan remains linked to the Integrated Care Across Northamptonshire (ICAN) services and schemes. Our main objective in 2022-23 is to build on the transformation work done in 2021-22 and progress our integrated out of hospital delivery Model. This will mean bringing together health, care, and voluntary services, resources, assets, BCF, and other funding sources into a single collaborative working integrated delivery structure. In 2022-23 we continue to work towards this design through our ICAN programme, whose purpose is to deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible by:

- Ensuring we choose well – no one is in hospital without a need to be there
- Ensuring people can stay well
- Ensuring people can live well – by staying at home if that is right for them

4.1.4 Targeting key improvement and transformation, as well as formalising collaborative arrangements with delegated commissioning responsibility and single outcomes contract for delivery, with delegation coming from the ICB and HWBB to deliver:

- Reducing unplanned hospital admissions
- Reducing escalations to Acute care



- Reducing length of stay in Acute hospitals including reductions in patients with no reason to reside and stranded patients
- Reducing the Length of stay in community hospitals and rehab
- Improving our community offer & intermediate care
- Reducing the reliance on and use of long-term Care
- Delivering significant finance benefits to the system

## 4.2 Current performance for Q3

### 4.2.1 Admission Avoidance

Admission Avoidance	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	The necessity to report on this metric has been removed for both North and West Northamptonshire for 22/23.

### 4.2.2 Discharge to usual place of residence

	Q1	Q2	Q3
Quarter (%)	93.1%	95.4%	95.0%
Numerator	6,290	6,442	6,495
Denominator	6,755	6,751	6,838

The aim was to maintain current performance throughout 2022/23 at 91.2%. Rates have been positive to date, with an increase seen in Q2 and performance maintained in Q3 at 95%. The number of discharges increased in Q3 as planned, however this was a lower proportion due to unplanned increases in Q2. The rates seen this year are in line with 2021/22 quarterly actuals.

### 4.2.3 Residential Admissions

	Q1	Q2	Q3
Quarter Rate	141.0	292.2	466.6
Numerator	97	201	321
Denominator	68,800	68,800	68,800

This metric has an annual planned rate of 595.9 per 100k based on BCF estimated population of 68.8k. The rate increased to 466 in Q3, which is higher than expected based on our estimated monthly growth of ~48 admissions per 100k. The average monthly growth so far this year is ~51, exceeding year end estimates.

### 4.2.4 Reablement

Quarterly	Q1	Q2	Q3
Numerator	100	120	164
Denominator	130	148	182
Score (%)	76.9	81.1	90.1

This metric has an annual planned rate of 79.9% based on Q4 performance, which is reflective of SALT submissions. The rate shows positive growth with Q3 at 90% from 81% in Q2. There was a fairly significant increase in October and rates have remained high throughout Q3 with December having the highest rate this financial year at 91%. The year-to-date rate now exceeds the year-end plan at 83.5%.

**5. Issues and Choices**

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None

**6. Implications (including financial implications)**

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**6.1 Resources and Financial**

None

**6.2 Legal**

None

**6.3 Risk**

None

**6.4 Consultation**

6.4.1 No consultation was required

**6.5 Consideration by Scrutiny**

6.5.1 This report has not been considered by scrutiny.

**6.6 Climate Impact**

6.6.1 There are no known direct impacts on the climate because of the matters referenced in this report.

**6.7 Community Impact**

6.7.1 There are no distinct populations that are affected because of the matters discussed in this report, however those that access care and health services more frequently than the general population will be impacted more by any improvements associated with activity undertaken

**7. Background Papers**

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None