

Health and Wellbeing Board

At 1.30pm on Tuesday 5 July 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	North Northamptonshire Council
Councillor Helen Harrison	North Northamptonshire Council
Councillor Macaulay Nichol	North Northamptonshire Council
John Ashton (via Teams)	Interim Director of Public Health, North Northants Council
Sally Burns	Director of Public Health, West Northamptonshire Council
Lisa Bryan (via Teams)	Northants Fire and Rescue
Dr Jonathan Cox	Chair, Local Medical Council
Louise de Chiara	Assistant Director Quality Assurance and Safeguarding, Northamptonshire Children's Trust
Michael Jones	Divisional Director, EMAS
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Professor Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS, Northamptonshire Integrated Care Board
Chief Superintendent Ashley Tuckley (via Teams)	Northamptonshire Police
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council
Sheila White	Northamptonshire Healthwatch

Officers

Cheryl Bird	Health and Wellbeing Board Business Manager
Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Polly Grimmit	Director of Strategy, University Group Hospitals
Victoria Ononeze (via Teams)	Consultant in Public Health, North Northants Council
Henna Parmar	Public Health Officer – Suicide Prevention, North Northants Council
Amy Plank	Environmental Protection and Private Sector Housing Manager

25. Apologies for non-attendance

Apologies were received from Alan Burns (Chairman of KGH and NGH Group), Colin Foster (Chief Executive, Northamptonshire Childrens Trust) Ann, Marie Dodds (Director for Education), and Naomi Eisenstadt, (Chairman of the Integrated Care Board).

26. Notification of requests to address the meeting

None had been received.

27. 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.

28. Minutes of the Meeting Held on 10 March 2022

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 10 March 2022.

29. 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. He reported the following:

- The Assistant Director of Adult Social Services would bring data on the unplanned admissions metric to the next meeting as this information was not currently available nationally.
- The Director of Public Health had asked for a media campaign to be included in Head Teachers newsletters.
- The Director of Adults, Communities and Wellbeing at North Northants Council would follow up with Samantha Fitzgerald regarding a conversation with Dr Steve O'Brien about possibilities for PhD students.
- The Director of Adults, Communities and Wellbeing at North Northants Council would continue to discuss neighbourhood policing and Local Area Partnerships with Assistant Chief Constable Ashley Tuckley.

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

30. Disabled Facilities Grant Annual Report 2021/2022

At the Chairman's invitation the Environmental Protection and Private Sector Housing Manager introduced this item highlighting the following:

- Work had been going on to clear the backlog of cases resulting from the pandemic over the last 18 months.
- The grant from central government for 2022/2023 was £2.5 million, with a carry forward sum of £1.5million from 2021/2022 and additional allocation 311k agreed by the Strategic Capital Board giving a total budget of £4.4 million. They had managed to spend £1.6 million including salaries so they had an underspend of £2.8million. There was £2.5million worth of cases in progress that would be allocated in the current year.
- These were mandatory grants that they were required to provide adaptations for disabled and vulnerable people to enable them to live independently in their own homes. This could mean they provided anything from grab rails to shower rails. The costs ranged between £3k and £30k. North Northants Private Sector Housing Policy allowed a spend of up to £40k for more complex schemes.

Timescales to deliver adaptations could range from 3-9 months depending on the scheme of works.

- There was an issue with recruitment; currently there were 2 vacant full-time posts for surveyors, with three unsuccessful recruitment cycles over the past 18 months. They would therefore undertake the agency routes and would get someone on a fixed term contract hoping this could lead to a permanent recruitment.
- There were also vacancies in the occupational therapy department which they were aiming to fill
- They had managed to spend £285,000 in the first quarter of the year.
- The service was advertised on the council website, they also reached out to social landlords, community occupational health teams and had recently advertised on a stall in the Cornmarket at Kettering.
- There were significant legal challenges. Cases must be reviewed within 6 months.
- Nationally there was a shortage of planned surveyors and builders to undertake the work. The Private Sector Housing Policy would be reviewed to create a broader housing policy which would do more future proofing of homes.
- Currently there were 578 people on the waiting list for an assessment: 90 cases were awaiting a survey and 63 cases needed to be fast tracked and 17 temporarily on hold.
- Once the backlog was dealt with, there could be an option to create a home improvement agency.

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

- The statutory element had not been reviewed for 20 years but the discretionary element had been reviewed in 2007/2008. The department was also considering providing emergency heating grants.
- They were still awaiting the new pay structure, so it was difficult to evaluate the post of surveyor. It had not been a well-paid post in the past so they were looking to advertise with market supplements in the short-term.
- The discretionary element needed to be increased from the current amount of £40,000 because those applying for it were means tested. Some residents were not eligible but remained on low incomes so would benefit from a review.
- They had two good contracts in the home improvement agency who had worked well in other areas of the country.
- The time residents waiting for an occupational therapist assessment had reduced from 25 to 14 weeks. Locums were currently assisting with this. They were confident that they would clear a lot of the backlog. Once a surveying contract was in post, they would be able to provide 12-14 surveys a month which would clear the backlog.
- There was no legal limit in relation for how long someone had to wait for an occupational therapist assessment to be completed.
- Occupational therapists could see a client in their own home or in hospital. Clients were risk assessed at the point of hospital discharge. They were classed as critical, urgent or standard. Clients classed as critical were always processed first and contact was made with organisations who wished for patients to be fast tracked and had checked on whether someone was at the end of life care.
- They did not liaise with the Fire Service in terms of visits. Their only requirement was to ensure safety access in the home. They would take into

- consideration whether they required wheelchair users' safe access to get out of the home.
- The waiting list would include children. Cases were prioritised based on the critical need. Often children received their help quicker as they would get it free because they didn't need a means test. The figures relating to children would be provided following the meeting.
 - Collaborative working with the Northants Fire and Rescue Service could be explored around completing risk assessments. When a surveyor completed a risk assessment and designed a scheme a fire escape was taken into consideration.
 - The waiting list was for children, young people and adults and prioritisation on the waiting list was based on needs, Grants for children were not means tested.

RESOLVED that:

- 1) further information would be circulated relating to the numbers of children on the Disabled Facilities Grant waiting list following the meeting: and
- 2) the Health and Wellbeing Board notes the DFG spend to date for 2021/2022

31. Director of Public Health Annual Report

At the Chairman's invitation the Director of Public Health introduced the report stating it had been refreshed and covered the period from March 2020 until March 2022. It focussed mainly on the pandemic and should not be ignored as there were many things in it that the Council and its partners could learn from, particularly as COVID19 had not gone away.

The Chair gave thanks to the previous Director of Public Health for her hard work on putting the report together.

RESOLVED that:

- a) The Health and Wellbeing Board notes the updates;
- b) The Director of Public Health will ask for a media campaign to be included in Head Teachers newsletters; and
- c) Steve O'Brien and Sam Fitzgerald to discuss opportunities for a PhD student.

32. Health Inequalities Plan

At the Chairman's invitation the Director of Public Health introduced the report stating it had been difficult to undertake the work within the timescales and formed part of the wider requirements of the Integrated Care Systems. The plan would be linked to the emerging Integrated Care Partnership Strategy and contained a set of actions . There had been strong national and regional guidance on how the report was to be approached. There was a need to be clear about how they would work in the 20% most deprived areas and how they aimed to work with travellers and consider 5 specific conditions.

A cross partnership working group had been created and reports of its first meeting had been good. Councillor Lawman had been appointed as the North Northamptonshire representative on this group.

The Health Inequalities Plan would be reviewed annually. There was also a toolkit to help them with their learning as they moved forward. Census information was received the previous week and would feed into the data.

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

- The lead for dealing with tobacco control would be the Chief Executive of NGH.
- As they progressed further into delivering the plan, they would need to have conversations with partners to ensure all the actions were covered and there was no duplication in the system.
- The Integrated Care Board 5-year plan would be able to move this work forward. Leadership and capacity was vital in being able to target communities rather than a universal approach.
- The GP contract was set nationally. General Practice might need some additional resource to help focus on an activity.

RESOLVED that: the Health and Wellbeing Board

- 1) Noted the Northamptonshire Integrated Care System Health Inequalities Plan and next steps for implementation; and
- 2) Board members would identify executive health inequalities leads in their organisations to join the Health Inequalities Oversight Board and oversee implementation of the plan.

33. Integrated Care System

At the Chairman's invitation the Chief Executive of NHS, Northamptonshire Integrated Care Board introduced the report stating they had now completed all the planning items like constitutions and agreeing terms of reference so now the work could begin.

The Director of Adults, Communities and Wellbeing at North Northants Council stated the first shadow Integrated Care Partnership Board had met and considered and supported proposals around place development. The papers included the Health and Wellbeing Board terms of reference as they needed to be agreed considering the Integrated Care System. In the North there would be four Community Wellbeing Forums, who would jointly have one representative at this Board. They may not necessarily be fully representative of black and ethnic minority groups so they had asked for a space should that be the case.

A PLACE Delivery Board would be mobilised to ensure development of the Community Wellbeing Forums and Local Area Partnerships, using existing budgets. A lot of delivery was expected from now on and they would bring forward any proposals from any learning.

The following was also confirmed:

- The democracy and standards committee had reviewed it and it would be going for approval at the end of the month.
- There was a larger volume of Integrated Care Board representation on it.
- It was noted there was a need not to lose the most important thing which was delivery of care to Northamptonshire residents.
- It was felt the local area partnerships did not adequately represent the population and it was down to the Integrated Care System to balance this between the north and west of the county.

RESOLVED that:

- 1) The Northamptonshire Children's Trust to be added to the Terms of Reference Board membership

- 2) Review the North Health and Wellbeing Board Terms of Reference for the Integrated Care System from 1 July 2022. These will be put forward for consideration to the Democracy and Standards Committee on 11 July 2022 and then to Full Council for approval on 28 July 2022;
- 3) Notes the progress of the Integrated Care Partnership North Place development since the North Place presentation to the Health and Wellbeing Board on 10 March 2022; and
- 4) Supports the proposed establishment of the North Northamptonshire Place Delivery Board to progress the mobilisation of the North Place development.

34. COVID 19 Update

At the Chairman's invitation the Director of Public Health introduced the report highlighting the following:

- COVID19 variants were now circulating widely in the community. In the last 2 weeks North Northants had seen a 50-60% increase in positive case rates. The data was received from national information on outbreaks and from the small number of PCR tests being completed.
- North Northants was slightly higher than the East Midlands average but lower than the national situation.
- There are currently 6 outbreaks in North Northamptonshire all in care homes.
- There had been a slight increase in the number of admissions to hospital; 40 in Northampton General Hospital and 58 in Kettering General Hospital, but the symptoms had been very less severe than in the past.
- The number of communications had been increased. The Health Protection team had worked hard to ensure the best advice was given.
- The advice was to stay at home and isolate if you felt ill, if going into crowded areas wear a mask and ensure vaccinations were up to date.
- The vaccination spring booster programme had been a particular success. The focus currently was ensuring all children received a second inoculation. Planning was taking place for the autumn vaccination programme.
- They expected to see a big rush in late summer/early autumn and the vaccination centre at Moulton Park would continue to be offered for the next 12 months.

The following was also noted:

- Members were asked if they had any influence with central government to request the flu and COVID vaccinations be advertised and provided at the same time. By doing this it was expected to significantly increase the amount of people being inoculated.
- The Health Protection Team had worked with colleagues in health to review vaccination levels with small communities. There was a huge disparity between the areas on what was undertaken, and they were working in different ways to encourage vaccinations.
- The correct community leaders to influence people needed to be found as many people did not take the vaccination for various reasons that they felt were good but needed to be overcome. The Local Area Partnerships were expected to be of help here. The information on where there had been difficulties would be shared.
- It was noted that national advice since April had been to invite more people in to visit care homes particularly during the jubilee celebrations. However, if the severity of illness returned there would be changes in the advice given.

RESOLVED that: The Director of Public Health West Northants Council will share information on communities with vaccine hesitancy with the Primary Care Networks the Health and Wellbeing Board notes the updates and the Northamptonshire Joint Health Protection Plan 2022-2024.

35. Health Protection Plan

The Director of Public Health introduced this item which looked ahead over the next 2 years. Health protection was about environmental disease and hazards. There were programmes to diagnose diseases such as Tuberculosis which were easy to pass on. The plan provided details of achievements and challenges. Because of the COVID pandemic many of the targets had fallen behind so the plan aimed to catch up on that. The plan had 9 themes around things such as Tuberculosis immunisations. The document also referred to some of the emergency planning arrangements which were now formally under the responsibility of the Integrated Care Board.

It was noted that an additional column where named individuals from the Integrated Care Board could be noted would be helpful.

RESOLVED that: the Board noted the Northamptonshire Health Protection 2022-2024.

36. Kettering General Hospital Re-Development

At the Chairman's invitation the Director of Strategy, University Group Hospitals provided an update highlighting the following:

- KGH had been announced as part of the government's plans to upgrade particular hospitals in 2014.
- KGH had several buildings on site only 2 of which were under 10 years old. The remainder of the buildings were very old. The boilers were 50 years old, and they were frequently without hot water and energy in the wards for long periods of time.
- The new buildings were designed to bring services from all the disparate services into one building. This would enable staff to move around the building and therefore assist people quicker.
- Car parking would also be improved.
- The Strategic Case was due to be submitted that week. Part of this reviewed 6 options from doing nothing to moving to a new site. This was narrowed down to 3 options based on the money available.
- The buildings required for the next 30 years was reviewed in line with population assumptions. These had been adjusted in line with the iCAN programme which aimed to keep people out of hospital.
- They would move from having 634 beds to 671.
- The plan reviewed all the benefits of building the new builds. Workforce efficiencies for the staff and patients was compared with the capital costs. The preferred option would be to have a 2 phased build. It would cost approximately £600million and the first phase would be a 6-storey building. It would include a brand new A&E department for adults and children on the ground floor followed by wards and frailty units on the additional storeys.

- There would also be a new energy centre and new electrical infrastructures. Enabling works would include moving more services offsite whilst work was ongoing.
- They were hopeful the plans would bring them to constructing the first building early in 2024. In all nationally 40 hospitals were required to be built by 2030.

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

- Some public events had already taken place and further events were planned. They were very tightly controlled by the national communications team on what they could do but once the public board had met, they could build on it.
- The energy centre would lower the carbon footprint by 50%. They were keen to move as much into communities which lowered the carbon footprint for patients.
- Central Government were keen to control all building work for the 40 hospitals because they needed to control the trade in each area but as far as possible, they were keen to use local suppliers.

RESOLVED that: the Health and Wellbeing Board notes the update on the Kettering General Hospital re-development.

37. Better Care Fund End of Year Performance 2021/2022

At the Chairman's invitation the Director of Adults, Communities and Wellbeing, North Northants Council introduced this item stating they were required to monitor the matrix through the Better Care Fund. It was concerned with avoidable admissions, lengths of stay in hospital, people discharged to their place of residence, care homes and reablement. They hadn't yet received the information nationally so had not been able to publish information on avoidable admissions. There were 2 matrix for lengths of hospital stays. One was 14 days or more and one was 21 days or more. For June they had performed better in both indicators although the average was 8.3%.

Those discharged to their usual place of residence was 95.3% against a target of 95.1%

On admission to Care homes there was a rate of 624.3 per hundred thousand of population which was an under performance in relation to the 2021/2022 of 604 per hundred thousand of population.

The final month's performance in relation to people still at home over 90 days of discharge from hospital showed them performing at 72% with the monthly average for the year being 57.8%. Much of the challenge had been in supporting people to get back into their own homes as part of Integrated Care across Northamptonshire (iCAN). As part of this they were focussing on improving pathway 1 which was getting people back to their own homes and then a knock on improvement to pathway 2 which was going back to care homes for a period until they were safe to go home.

In relation to a query on the report it was confirmed that there was a very small portion of people staying in hospital or having periods of time in a care home because of waiting for adaptations to their property so they could return home safely. These people would meet critical requirements and would be prioritised..

RESOLVED that: the Health and Wellbeing Board:

- 1) Approves the performance template for the Better Care Fund schemes (2021/22); and
- 2) Notes the proposed timelines for the Better Care Fund Plan for 2022/23.

38. Group Clinical Strategy

At the Chairman's invitation the Director of Strategy, University Group Hospitals introduced this report stating the following:

- The group was formed by Northampton and Kettering General Hospitals joining together with the aim to improve the hospital experience of patients. In some areas there were very unreliable resources.
- Acute care in the county had a variation in outcomes and waiting times. Some parts of the county had a variation in access to services.
- 87% of the staff felt working together on a strategy would provide improved outcomes for patients. A series of areas were identified that staff felt they should be working on.
- A clinical ambition document had been agreed in November 2021 and they had spent the winter going out to stakeholders. Details of their responses were included in the pack and the document had been amended in line with the comments.
- They would work on 4 areas. The first was working with all partners and the Integrated Care Board and their role within it would lead on that. Acute and primary care would put the seamless pathways in place.
- They were ringfencing elective capacity. They were dedicated to protecting this so patients would get planned operations when they were told they would.
- Centres of excellence. Cardiology and North Northants already undertook some good areas in cardiology. They wished to bring treatments people travelled to Leicester or London for to the county.
- Cancer Care. They wished to develop a centre of excellence and would bring in specialist staff to really improve their cancer carer over the next 4 years.
- They would not change where services were provided. Co-locating services could drive up patient outcomes. They would continue their engagement with this and local communities as they moved forward.

In answer to comments on the strategy the following was noted:

- It was noted the strategy set the benchmark for partners and it provided the opportunity to consider how to generate the desire to come, work, live and stay in the county. The links would be created between health inequalities and the emerging Integrated Care Partnership Strategy and Outcomes Framework.
- They could meet and discuss some areas of development so that in a couple of months standardisation of the work would be achieved.
- The opportunity to link up with primary care was there and those in primary care would be keen to promote job shares.
- Links with the university would strengthen the search for staff. It was suggested the health and wellbeing board could receive an update from the Northamptonshire People's Board on staff recruitment and retention. .

RESOLVED that: the Health and Wellbeing Board:

- 1) Notes the significant engagement that has taken place with staff, patients, the public and local stakeholders in developing this Group Clinical Strategy; and
- 2) Approve the document as a strategic direction of travel for acute hospital care in the county.

(The Chief Executive of the NHS, Northamptonshire Integrated Care Board left the meeting at 3.30pm.

39. Mental Health Prevention Concordat

At the Chairman's invitation, a Consultant in Public Health reported on the support of things that had been undertaken within the Population Health and Prevention pillar within the Mental Health Learning Disability and Autism Collaborative. (MHLDA) Across Northamptonshire the impact the Pandemic had had on the mental health and wellbeing of residents was clear to see. It was presented in services but also at a community level. Signing up to the Mental Health Prevention Concordat gave a real signal that they had were meeting the need. This was previously managed by Public Health England but was now managed by the Department for Health and been amended to include the emerging Integrated Care Systems.

RESOLVED that: the Board agrees to sign up to the Prevention Concordat.

40. Northamptonshire Suicide Prevention Strategy

At the Chairman's invitation, the Public Health Officer for Suicide Prevention introduced the item stating there were a range of representations from the Suicide Prevention Steering Group from a wide variety of agencies. The local picture was like that of the national one except for the number of Children and Young People self harming being slightly higher. This was an all age strategy and the strategy was being refreshed to represent 2022-2025.

The Suicide Prevention Steering Group lead on the implementation of actions, the MHLDA collaborative will provide strategic oversight and monitoring progress would be reported through the MHLDA collaborative and the two Health and Wellbeing Boards.

Included in the Strategy was countywide data and key areas achieved from the previous strategy. Work was also taking place with Northants Police to provide real time data on suicides coming across Northamptonshire. The priority areas in the refreshed strategy were in line with national priorities and included:

- Reduce risk of suicide on key high-risk groups, these had not been identified yet, and were waiting for the deep dive audit, looking at 270 cases, collecting data on ethnicity, education, sexual orientation and address.
- Completing mapping to ensure there was no cross over with the work being completed, to identify gaps and develop areas.
- Take approaches to improve mental health in specific groups and what can be done for specific groups at risk.
- Reduce access to means of suicide, working with partners, transport and highways agencies to locate areas of risk and ensure necessary safety measures were in place.
- Provide information and support to those suffering from bereavement from suicide, working with these agencies to ensure they were supported in the right place at the right time, reaching people and analysis of these services for future development areas.
- Working with the media to develop sensitive approaches to suicide and suicide behaviour.

- Supporting research and data monitoring working with steering group partners to ensure they had the right level of data and monitoring data.
- Reducing rates of self-harm, which was a key indicator of suicide risk, develop a self-harm surveillance system.
- Looking to develop a support package for education establishments, to support staff, parents and students.

The Board discussed the update, and the following was noted:

- Northants Fire and Rescue were emergency responders to suicide incidents and already completed some prevention work with adults and children at risk from suicide.
- Could a support task force be in place, to mobilise quickly to families and communities affected by suicide and stay with them until they recover. Northamptonshire Healthcare Foundation Trust offered to support this.
- There were some high-risk groups within the children and young people cohort who had experienced adverse childhood experiences or child sexual exploitation. The strategy could be used to help deliver the action plan for these groups.
- Part of the action plan was to have a different approach to support people who were known to many agencies within the county on an individual level.

RESOLVED that the Board:

- 1) Endorsed the Northamptonshire Suicide Prevention Strategy 2022-2025 and Action Plan
- 2) Endorsed the recommendation that the Suicide Prevention Steering Group lead the implementation of strategy, working closely with local partners and communities
- 3) Endorsed the recommendation that the Mental Health Learning Disability Autism (adults), and Healthy Minds and Healthy Brains (children and young people) Collaboratives maintain strategic oversight of the implementation of strategy
- 4) Endorsed the recommendation that the Mental Health Learning Disability Autism Executive Board signs of strategy

41 Recovery from the pandemic and way ahead

At the Chairman's invitation the Director of Public Health introduced the item highlighting there had been a lot of learning from the pandemic, with a rapid need for collaborative working across statutory bodies which must be treated as a legacy and built on. Derek Wandsworth had identified 3 scenarios for the NHS which was the basis for reviewing funding levels:

- Carry on doing things the way they had always been done: the NHS would fail.
- If we used best practice as an evidence base to bring the weakest up to the level of the best then the NHS still fell over but more slowly,
- Do things differently, using full engagement with the public to re-orient our health service to be more based in public health prevention and primary care.

There was a desire in Northamptonshire to connect public health across the councils, and to make sure public organisations were created that recognised most health was gained and lost outside of local authorities and health services but in everyday life. Full engagement was needed in communities and neighbourhoods and the mechanisms for this were being developed through the Local Area Partnerships and Community Hubs.

The Board discussed this, and the following was noted:

- There was a need to make strong links with agencies supporting the wider determinants of health, and strengthen relationships built during across the pandemic.
- Health was at home and hospital was for repair, and there was a need to focus on this.
- Teams would be dealing with latent problems occurring in communities suppressed by the pandemic which needed to be articulated in strategies.

There being no further business the meeting closed at 4.43pm.