

## **Health and Wellbeing Board**

At 1.30pm on Tuesday 6 September 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	Interim Director of Public Health, North Northants Council
Ann Marie Dodds	Executive Director of Children's Services
Naomi Eisenstadt	Chair, Northamptonshire Healthcare Partnership
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Nicci Marzec	Director for Early Intervention, Office of Police, Fire and Crime Commissioner
Mike Naylor	Director of Finance, East Midlands Ambulance Service
Deborah Needham	University Group Hospitals Northamptonshire
Professor Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS, Northamptonshire Integrated Care Board
Colin Smith	Chief Executive, Local Medical Council
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)
Sam Fitzgerald	Assistant Director of Adult Social Services
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Rhosyn Harris	Consultant in Public Health
Dionne Mayhew (via Teams)	Director of Communications, Northamptonshire Health Foundation Trust
Russell Rolph (via Teams)	Chief Executive, Voluntary Impact Northamptonshire

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

Apologies were received from Michael Jones (Divisional Director, EMAS) and Chief Superintendent Ashley Tuckley,(Northamptonshire Police)

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

None had been received.

### **44. 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.

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

**RESOLVED that:** the Health and Wellbeing Board approved the minutes of the meeting held on 5 July 2022.

#### **46. 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 that all actions from previous meetings were complete with the exception of Steve O'Brien and Sam Fitzgerald to discuss opportunities for a PhD student.

Dr O'Brien stated he had a discussion with Sam Fitzgerald regarding a possible PhD student based in the South of the country but they had not yet had a general discussion and would do so at a later date.

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

#### **47. 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 Partnership (ICP in North Northamptonshire highlighting the following:

- It had not been a strategy but a consolidation of an existing strategy. A lot of engagement was being undertaken as part of it.
- A strategy was now in place and would link into the Integrated Care Partnership. It would oversee the development of the Joint Strategic Needs Assessment (JSNA) and they were working with communities on that.
- The North Place Development Delivery Group had met and decisions made by them were detailed in the report. This would then enable the development of the Local Area Partnerships and Community Wellbeing Forums.

In answer to a concern that the papers referred to the Northamptonshire Strategy Development Board but 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. The work undertaken to date was the start of it and a finished product would be submitted in December 2022. Further work was required in particular to the Integrated Care Partnership (ICP).
- An important part of this was the emerging strategy and officers had received feedback that they were slightly further ahead than many others in this so they were in a good position.

- Although some additional members still needed to be appointed to the ICP the Director of Adults, Communities and Wellbeing had been given some suggestions for members from voluntary sector organisations.
- Local Area Partnerships 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.

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

- a) Notes progress of the Integrated care Partnership Strategy development; and
- b) Notes the progress of the Integrated Care Partnership North Place development.

#### **48. Outcomes Framework and JSNA Update**

At the Chairman's invitation a Consultant in Public Health provided an update on the work of the JSNA highlighting the following:

- As part of the JSNA the summary update was very much a consolidation of the joint needs assessments that had been published with some up to date data. This should be run in tandem with a summary of exercises. The pack of engagement and qualitative data was currently being developed.
- The executive summary identified some of the challenges and strengths of the county in terms of natural assets and a strong community and voluntary sector.
- They continued to address inequalities across the county. Particular interest was given to communities that identified with an ethnicity or communities with shared interests.
- They struggled in some aspects of data. For example, there was a lack of black women in maternity services in Northamptonshire. They did not know what was driving this but were working on it.
- Another area of challenge was the fact that Northamptonshire had an ageing population but also a really fast growing population across the county in all age groups. That created more pressures on services which was a known challenge.
- A key factor in terms of preventing ill health and promoting health and wellbeing was in providing safe, affordable and good quality housing. They had received a lot of feedback from communities that identified feeling safe on the streets and the amount of litter on streets as a real issue rather than some of the health problems like blood pressure that they could suffer from.
- North Northants was a real outlier in terms of emergency admissions to hospital for heart disease and for COPD. They were not an outlier for diagnosis of or death from these conditions. So they were doing well at treating them but not so well at preventing patients from entering hospital. This was an area the partnership as a whole could really add some value and she looked forward to working together on reducing admissions.
- Community engagement was a pack that pulled together existing things. They had not undertaken a full consultation process with the community as that was to come.
- The JSNA was a starting point for them to build a set of shared outcomes that would measure whether they had delivered against the strategy.
- Whilst they had very little time to engage with stakeholders it had taken place over the summer. They had spoken to all public sector agencies across the county and the voluntary sector. Some had continued to give more detailed

feedback after the pack was published to the Health and Wellbeing Board so version 7.1 was still a working document.

- One of the challenges was the fact that it was shared around 10 agreed outcomes. If one of the ambitions was to improve timely access to services the outcomes were tied to waiting times which wasn't really an outcome. Each of the ambitions had a number of outcomes and they had worked with stakeholders to identify a currently measured matrix. For some of them they were still working with partners to get a better outcome.

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

- There was a lot more local data that could be used and the JSNA would be updated annually and statutory guidance would also be updated as the JSNA was updated. They did know that qualities identified in the pack had been exacerbated through the pandemic. Some had been slightly better. For instance some flexible ways of working had been introduced in substance misuse.
- It was known that some of the collaboratives had undertaken more work so they were in discussion with these to be able to include more data on the work undertaken.
- The need to use evidence on the JSNA to guide the ways of addressing issues was noted.
- There was a preventative asset they could be undertaking in communities. For example working with schools and GP practices to deal with children with eating disorders to better educate and support people so they didn't require targeted support. Data could be used to target interventions.
- Access did not equate an outcome. For example with the smoking in pregnancy figures it was not about whether people stopped smoking as a result of attending a service.
- The Director of Public Health agreed that they did need to be clear on how outcomes were framed. For instance, what did it mean for children to be thriving and how was this measured. Clinicians would say more clinicians were needed to address the number of children requiring some kind of specialist intervention, however it required a whole system approach and the partnership to be working together to get that approach. The public was central to this if they were to be supporting and building community activity to address issues related to mental health and wellbeing. The asset based community approach was essential to prevent the national health from falling over.
- More work was requested on ensuring children were active and ate well. It was cheaper to buy food that wasn't really wholesome and some interventions were perhaps needed to enable people to afford to eat well.
- As well as being the outcomes framework it needed to inform the Integrated Care Board's 5-year plan. It was really difficult to try and meet all the needs in an outcomes framework. This had a set of outcomes which had broadly been aligned as priorities and then there was some drilling down to identify where the broader areas were.
- A bit more work was needed with the Integrated Care Partnership to refine what it meant to the NHS and care.

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

- a) Agrees publication of the ICP JSNA summary including additional data where possible.
- b) Endorses the first iteration of the ICP Outcomes Framework to present for approval to the Integrated Care Partnership Board.

#### **49. Better Care Fund Plan 2022/23**

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

- New guidance had been received and they were to submit a planning template by the end of September. They were currently working through the matrix on it.
- The BCF Plan was accompanied by the narrative plan which set out the outcomes and objectives. There were 2 new objectives in the new guidance; to enable people to stay safe and well in their own home and to provide the right care at the right time. The majority of these would be delivered through the iCAN programme.
- Timeframes for the health and wellbeing board and the submission of the narrative plan were tight so they were seeking today to delegate final approval to Councillor Helen Harrison, the Director of Adults, Communities and Wellbeing, North Northants Council and the Chief Executive, NHS, Northamptonshire Integrated Care Board.

The Director of Adults, Communities and Wellbeing, North Northants Council stated because of all the reorganisation that had been taking place in North Northants Council there wasn't a massive change in the narrative plan or the performance matrix that The Assistant Director of Adult Social Services had alluded to. The guidance had not been received until the summer so they ended up with a short timeframe in which to do anything. They had submitted a draft of the narrative plan and had received some feedback.

The Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust stated there was a need to have reassurance that the delivery stakeholders were involved prior to the sign off. It would be good for them to think as a whole about the flow on stays in hospital.

The Assistant Director of Adult Social Services Sam stated there had been a lot of work into the narrative plan. All of the key stakeholders had been engaged. Chief Operating Officers in the matrix would discuss it next to ensure everyone was comfortable with it.

**RESOLVED that:** the Health and Wellbeing Board delegated approval for the BCF Plan to Councillor Helen Harrison, the Director of Adults, Communities and Wellbeing at North Northants Council and the Chief Executive, NHS Northamptonshire ICB.

#### **50. Integrated Care Across Northamptonshire (iCAN) Case for Change**

At the Chairman's invitation the Director of Adults, Communities and Wellbeing at North Northants Council briefed the Board on the work to transform the iCAN programme into a collaborative. This was effectively taking integrated care across the Northants Programme. Councillor Helen Harrison wished to ensure residents were treated fairly in the way services were provided.

Members of the Health and Wellbeing Board commented as follows:

- The Deputy Chief Executive Northamptonshire Healthcare Foundation Trust would have a chat with Councillor Harrison regarding democratic representation that was required.

- Model services were supposed to be presented to the GP Board in July but they were not for various reasons. It was a long process but the path was being laid as they went through a number of engagement routes. Reassurance was also given that the health and wellbeing board had been re-tiered to ensure responsibility and that the executive that was required would be in place.
- The focus on health care provision through to mental health and the ICP would be different depending on the territory involved. The next issues to be worked through on iCAN were funding, budgets and accountability. They would need to work out where there were the opportunities to fund some things through a collaborative.
- It was recommended to have plenty of governance to provide clarity and track and ensure care people received was safe.
- It was noted that this was more about the emergency care collaborative. Some services were not yet fully functioning but just emerging.

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

- 1) Supports the broad direction of travel set out in the iCAN collaborative case for change and the ambitions and intentions to improve the experience of people; and
- 2) Notes the decision notice of North Northamptonshire Council and support the proposed approach to continue with the direction of travel for the iCAN collaborative development, whilst the council corresponds with the ICB Chair and Chief Executive Officer (CEO) to identify mutually agreeable ways to provide assurance and political oversight satisfactory to the Executive of the Council.

**51. Health Equality Grant**

At the Chairman's invitation the Chief Executive of Voluntary Impact Northamptonshire (via Teams) briefed the Board on the Health Equality Grant stating they had been successful in obtaining lottery funding of £448,000. This equality grant would help embed the voluntary sector into the Integrated Care System (ICS) as the voluntary sector would be important players in the ICS especially around collaboratives and delivery.

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

- The grant would not be co-ordinated in isolation. Organisations such as Citizens Advice would be invited to be part of the group so it would be a collaborative thing.
- It was very important that advocacy and leadership would be part of the health equality grant.
- The Chief Executive of Voluntary Impact Northamptonshire would discuss who the partners should be with members of the Health and Wellbeing Board outside of the meeting.

Finally, the Chief Executive of Voluntary Impact Northamptonshire thanked the Director of PLACE, North Northamptonshire Council for all the assistance she had provided in obtaining the lottery funding.

**RESOLVED that:** The Health and Wellbeing Board ratify and endorse the Health Equality Grant Memorandum of Understanding

## 52. Integrated Care Board Update

At the Chairman's invitation the Chair of Northamptonshire Healthcare partnership updated the Board on the Integrated Care Board highlighting they were no longer in shadow form, had a Chair and a Chief Executive Officer. As was usual in the NHS they were under extreme pressure in terms of winter planning, handovers and elected members. It was felt they had been slow in terms of children and young people but they were beginning to move on that. The data on mental health had massively changed over the years. Despite all these pressures though it was felt they were in a good place with chief executives from the North and West Northamptonshire Councils on board and assisting to hold them to account.

The Chief Executive of NHS, Northamptonshire Integrated Care Board stated this would be a standing item on the agenda whilst they transitioned. He would ensure key items were fed into the agenda each time. Work would start on collaboratives and how they worked and connected with the ICB to really make a difference. As already stated there was massive pressure brought on by winter planning. A financial challenge also existed as a result of the COVID Pandemic.

Members of the Health and Wellbeing Board commented as follows:

- It was noted that many things were addressed when it became too late. So it was asked if planning for Winter 2023 could be begun earlier in the year. People needed to be involved sooner.
- It was noted there were great pressures in mental health and primary care and there was a need to remember partnerships. There was a need to be clear about what the priorities were before additional pressure was placed on people who provided a service and who might be already be undertaking something else and therefore at risk of being overburdened.

**RESOLVED that:** the Health and Wellbeing Board notes the update.

## 53. Communications Framework

At the Chairman's invitation the Director of Communications at Northamptonshire Health Foundation Trust introduced the communications framework to the Board noting the following:

- A number of colleagues in the room had been involved with the process and would continue to work on it.
- It was about bringing shared outcomes to life.
- It was about involving and listening to a vast breadth of communities in the area. How they worked together was crucial as were the links they created for working together.
- There were more people to involve and it remained an organic piece of work. They wished to build on good practice in the shape of an integrated cared system.
- There was a short timeframe in which to launch it. There was a need to keep conversations going.
- The feedback should be clear and responsible, and they would review the impact of the ambitions and values on an ongoing basis.
- They needed to work together on the framework. They were looking to aligning it with the strategy.
- They would share intelligence with the Board and the outcome should be good practice.

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

- 1) Notes the Integrated Care Board's Draft Community Engagement Framework; and
- 2) Supports the ongoing development of the Framework and its priority programmes to ensure they embed across health and care

#### **54. Northamptonshire People's Board**

At the Chairman's invitation, Dr Steve O'Brien (University of Northampton) introduced the report stating there had been a brief discussion around the ongoing system and recruitment. Without the right people to perform them the best of systems would not work very well. A cross system programme was being used that talked about retention as well. They knew where they needed people.

The Director of Public Health stated that collaboration with the University of Northampton was assisting them to grow their own staff and keep them. They could provide courses locally that helped local people stay where they lived.

The University of Northampton representative stated there had been a big boom on recruitment during the pandemic and they were doing lots to keep people in the system. A number of students had also come from overseas and there was a need to retain them in the system.

The Director of Public Health stated the facilitation of return to work of older staff required work to ensure they were confident in their skills. There had also been a tendency in this country to turn down medical students who were not as experienced from this country and then employ people from abroad. There was a need to explore placements in primary care and other settings to ensure more local people were employed and less reliance was held on people from abroad.

The following was also noted:

- There had been less people in various health settings such as health visitors in the last 7 years and there was a need to be clear about who was needed and where.
- The Council's Executive had recently had discussions on how to support staff not just the low paid ones who were visiting food banks. But all staff to ensure people did not go sick because of overwork or a lack of support.
- There was a need to move from being a pandemic driver discussion to supporting staff, particularly in view of the cost of living crisis that was currently being experienced.
- Sometimes the process of applying for a post was more involved than the level of the applicant. Local authorities and the NHS were major employers in the area and maybe their applications could be made easier to complete.
- Some good work was being undertaking in schools and maybe some data on this could be presented to a future Board meeting.
- Where training was located could also be looked at. Some organisations could not afford to send people miles away to attend training so perhaps there could be more training provided locally.

The University of Northampton representative was happy to take all the points back. Innovation and how to support people must be seen in practice. All opportunities were being explored and Northants was doing well in recruitment, particularly nursing.



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

- 1) notes the report on the Northamptonshire People's Board; and
- 2) would receive a later update providing data to be better able to identify gaps in provision.

## **55. Progress and Future Ambitions**

At the Chairman's invitation The Director of Public Health (North Northamptonshire Council) stated he felt it would be useful to discuss what had happened in the first half of the year and what was still to come. In the spring they had still dealt with the end of the pandemic so some things had taken a back seat. At the same time there had been the need to keep the show on the road. In the summer there had been the disaggregation between the North and West Councils. Post 1 October there would be public health teams in the North and West but some things still undertaken across the county.

It had not been business as usual. Public health had been taken out of the responsibility of local authorities in 1974 but now it was again under the responsibility of local authorities. Many things had changed during the years when the Council had not been responsible for Public Health and there was a need to ensure it was complicit throughout the whole council. This had begun and he had spoken with the Director of Adults, Communities and Wellbeing, North Northants Council and would continue to build on the work of public health through the pandemic.

There being no further business the meeting closed at 4.05pm.