

Health and Wellbeing Board

At 2pm on Tuesday 21 March 2023

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
Councillor Macauley Nichol	North Northamptonshire Council
John Ashton	Director of Public Health, North Northants Council.
Pratima Dattani	Chief Executive, Support Northamptonshire
Ann Marie Dodds	Executive Director of Children's Services
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Alison Gilmour	Director of Strategy, Northamptonshire Healthcare Foundation Trust
Dr Shaun Hallam	Assistant Chief Fire Officer, Northamptonshire Fire & Rescue
Lyn Horwood	East Northamptonshire Community Wellbeing Forum
Michael Jones	Divisional Director, EMAS
Deborah Needham	Kettering General Hospital
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	Healthwatch Northamptonshire
Pratima Dattani	Chair of the Wellingborough Community Wellbeing Forum

Officers

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
Susan Hamilton	Deputy Director of Public Health, North Northamptonshire Council

01. Apologies for non-attendance

Apologies were received from Colin Foster, Chief Executive Northamptonshire Children's Trust, David Maher, Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust, Nicci Marzec, Director for Early Intervention, Office of Police, Fire and Crime Commissioner, Jo Moore, Chair of the Kettering Community Wellbeing

Forum Toby Sanders, Chief Executive, NHS Northamptonshire Integrated Care Board, Jess Slater, Chair of the East Northants Community Wellbeing Forum & Kate Williams, Chair of Corby Community Wellbeing Forum.

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:

- Jess Slater – Chair of the East Northants Community Wellbeing Forum.
- Kate Williams – Chair of the Corby Community Wellbeing Forum
- Jo Moore – Chair of the Kettering Community Wellbeing Forum

05. Minutes of the Meeting Held on 29 November 2022

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 29 November 2022 subject to the a correction of the Assistant Director or Recovery at North Northants Council which should read '*Shirley Penderleith*'.

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 as follows:

- The title for Naomi Eisenstadt be amended to Chair, NHS Northamptonshire Integrated Care Board. This had been completed by Jenny Daniels.
- Cheryl Bird to send dates for the Corby Local Area Partnership (LAP) to Steve O'Brien. This had been completed and Steve had been added to the distribution list.
- Paul Birch to link in with Katie Jones, North Northants Council. This had been completed.

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

07. A New Sense of Place - North Northamptonshire Place Development

The Chairman stated the North Place development, overseen by the North Health and Wellbeing Board, was a key component of the Northamptonshire Integrated Care System operating model which would support the delivery of the strategic ambitions and improvement outcomes required in the 'Live Your Best Life' strategy.

He then invited the Director of PLACE to address the Committee who introduced the report (copies of which had been previously circulated) which gave an update on the

work including mobilisation of the Community Wellbeing forums and Local Area Partnerships.

Since November 2022 all the Community Wellbeing Forums (CWFs) and Local Area Partnerships (LAPs) have been launched. The LAPs have now identified their emerging priorities and we are now moving into phase 3 with the LAPs working on their emerging priorities. All LAPs identified improving community health and wellbeing as an emerging priority and stakeholders will work collectively in identifying solutions. There is also a focus on transport within some of LAPs in rural areas.

The LAP boundaries will not be changing in North Northamptonshire.

An Engagement Insight Hub has been created where organisations can store and share information on their engagement activities.

The Support North Northamptonshire model is linked into North PLACE Delivery Board and this will be mobilised in May 2023.

A PLACE engagement event was held in March for elected member, town and parish councillors. Engagement work has also taken place with Kettering General Hospital and Northampton General Hospital governors.

The Chief Executive of the Local Medical Council confirmed they had managed to secure some funding but this was limited and they weren't yet sure if NHS Northamptonshire Integrated Care Board (ICB) would meet the Local Medical Council's needs in the coming year.

The Chair of Wellingborough CWF stated the first LAP meeting in the next round of meetings would be in Wellingborough on Thursday of that week and transport and young people had been identified as issues to consider in 2 of the LAPs. They had been encouraging people in the voluntary sector to engage.

The Chair of the ICB noted the good work that had already taken place and the level of commitment that had been shown. Also noting that some of the ambitions were not easy to achieve and some quick wins would really make a difference to the feeling that something was being achieved.

The Chairman then invited the Consultant in Public Health to present a report (copies of which had been previously circulated) which detailed progress to date on the Outcomes Framework Metric. There is a statutory requirement for the Integrated Care Partnership (ICP) to agree a set of outcomes/metrics to measure delivery of the 10 'Live Your Best Life' ambitions contained within Integrated Care Northamptonshire Strategy. The ICB has identified 3 of the 'Live Your Best Life' ambitions linked to health services to focus on, each ambition has 3 identified metrics. The proposed metrics for the remaining 7 ambitions needed to add benefit from a partnership approach, focusing on prevention and reducing health inequalities. The Strategy Development Board identified a prioritisation criteria for data metrics to be presented to the ICP. The 'people feeling valued for who they are' ambition will be a golden thread running through the other ambitions.

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

- The Health Inequalities Group had data collection as one of its priorities. They would have the overall metrics that would influence setting and some priorities

which supported it. There would also be a core set of system level metrics that everyone agreed on. The score cards would capture an element of local work as well as the PLACE work.

- There would be outputs as well as actions which will be different in individual LAPs. They would want to see an increase in the uptake of community health care and access to acute services which in turn should reduce the number of hospital admissions.

RESOLVED that: The Board:

- Notes the progress and phased next steps approach of the North Place development – A New Sense of Place; and
- Recommends the proposed Integrated Care Northamptonshire (ICN) Outcomes Framework (and provide feedback on the proposed metrics) for submission to the ICP for sign-off at their next meeting

08. Joint Strategic Needs Assessment development

The Chairman announced that Health and Wellbeing Boards had a responsibility for assessing the health and wellbeing needs of the area and publishing a Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA and Joint Health and Wellbeing Strategy was to improve the health and wellbeing of the local community and reduce inequalities. Local authorities and Integrated Care Boards (ICBs) had equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board

He also thanked the current Director for Public Health for all he had done whilst in the role.

The Chairman then invited the Deputy Director for Public Health to introduce a report (copies of which had been previously circulated) which discussed the approach to redesigning the JSNA to meet the requirements of the North and West Northamptonshire Health and Wellbeing Boards and the ICP.

The focus of the countywide JSNA in recent years has been on development of specific products to meet strategy development and commissioning needs at a given point. Needs assessments are currently being completed on 0-19 services and sexual health, with a needs assessment on alcohol and substance misuse being completed earlier in the year. There is no national guidance on what a JSNA should look like or information it should contain. JSNA's produced in other areas of the country have been more agile and been able to create products in a short turnaround.

Health and Wellbeing Boards are not required to have their own JSNA, they can combine with other Health and Wellbeing Boards. For Northamptonshire some topics will need to be a countywide JSNA and for other topics there will be specific JSNA's for North and West Northamptonshire.

(The Executive Director for Children's Services joined the meeting at 2.40pm)

The outgoing Director of Public Health stated then when just focusing on needs, this results in statutory service solutions, but if needs assessments are combined with asset mapping this will highlight a different approach of working with residents building on the strengths and resilience of communities. This was about saying the solution to many of our problems was in the resources that could be found in the PLACE and neighbourhood level.

RESOLVED that: the Health and Wellbeing Board supports:

- 1) The development of a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) are easily found.**
- 2) 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; and the**
- 3) 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.**

09. Combatting Drugs Partnership Needs Assessment

The Chairman informed the meeting that national guidance stated that combating drugs partnerships should produce a needs assessment to inform their local delivery plan. 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.

The Chairman then invited the Deputy Director of Public Health to outline the approach to developing the substance misuse needs assessment as part of the work programme of the Northamptonshire Combating Drugs Partnership who stated the following:

- The needs assessment was originally started to support re-commissioning of alcohol, and substance misuse services and identify the objectives of the combating drugs partnerships.
- The police had undertaken a really good piece of work on drugs supply which informed the recommendations to the combating drugs partnership.
- System mapping has taken place which identified organisations and key individuals within Northamptonshire working with effective substance misuse services on how they worked and reacted.
- There was also a focus group with workers who worked 1-to-1 with people either feeling the effects of substance misuse or were recovering from it.
- Work had been focussed on both adults and children. The national trend showed a decline in children and young people consuming alcohol but young adults were most likely to binge drink which can lead to crime and violent incidents
- They had local data from a school survey. They were identifying drugs and alcoholic levels of consumption on secondary school children.
- There is a decrease in young people being admitted to hospitals to hospital due to alcohol, but a higher a higher than national average for hospital admissions related to substance misuse.
- Young adults had the highest level of consumption of drugs which had increased since 2013. Those over 25 years did not have significantly higher admissions to hospital.
- Some population cohorts have higher risk factors of substance misuse, with some overlapping vulnerabilities such as domestic abuse, poor living environment.. There is also a correlation between poor mental health and and substance in adults and children, with 62% of those entering treatment also had a mental health need.

- Data had also been reviewed on the impact of it. Substance misuse impacted on education in terms of children being excluded. There were also impacts on social care, hospital admissions, offenders and young carers.
- Emergency hospital admission attendances peaked at aged 15-24 years. This was drawn from local and national data.
- There was an impact of adverse childhood experiences which has a inter generational impact of substance misuse. They were therefore prioritising these groups and reviewing how they could better support those in childhood.
- They were more likely locally to see referrals from education, so will be reviewing the pathways within social care to ensure children were identified early.
- Outcomes for those in treatment services were similar to those nationally. They were using data up to 2021, but during the past year are seeing children with more complex needs coming through. They were therefore working with health partners.
- Generally there is a higher level of need of alcohol misuse services. There was not much change in those affected by alcohol in recent years and deaths had been fairly static for the last 10 years across Northamptonshire.
- There had been an increase in the number of deaths from drugs misuse, which mirrors the national average. A national strategy had been developed on this and they were doing a lot locally on this. The deaths appeared to be concentrated in more deprived areas, with the average age of 44.3 in men and 41.3 in women.
- The cost of A&E admissions was £3million a year.
- The wider societal impacts such as housing and healthcare was also viewed as these had a significant impact.
- The access to drugs treatment is slightly higher than the national average, but hadn't changed a huge amount over time. However people going into treatment had a slightly different profile tending to older and had disabilities.
- Many who needed treatment weren't accessing it so they were reviewing who accessed treatment and sources of referral. There was a locally heavy reliance on self referral on the national justice system but there was also a need to look at other areas such as social care to identify people earlier.
- There was system mapping and they looked at who was involved in supporting those in substance misuse and how they interacted.
- The importance of co-production was really strong and there was fundamental need to share the data for individuals to aid identification of early need.
- From the themes explored with 86 people, similar themes could be seen both in terms of the role of other agencies in spotting people earlier and referring them. It was about people being aware of the service offered. There was also more they could do in statutory treatment. They needed to identify people much earlier and do more so that other services could support people into their services.
- Feedback on the Council's services was pretty good.
- A lot was dependent on joining up the system and identifying specific gaps in services.
- The action plan included 7 recommendations from the Police on breaking drug supply chains. There were some recommendations on shifting the generation demand for drugs. For instance how do we prevent the next generation from the harms of substance misuse. They had been talking with communities and those working in PLACE development and undertaking some work specifically with children suffering with adverse childhood experiences.

In answer to query on the report it was confirmed the question was strongly asked at stakeholder events of how they worked with PCN's infrastructure. Outreach work was also being considered.

The outgoing Director for Public Health stated drug abuse was very complex and constantly evolving and changing. Rural areas are not immune to the availability of drugs. Those dealing drugs are mobile and meet in public places. So keeping track of it was very challenging and it was very much a multi-agency issue. Children and young people with more complex needs used drugs and there was a shortage of expertise both nationally and locally for dealing with youngsters.

RESOLVED that: The Health and Wellbeing Board notes the development of the substance misuse needs assessment as part of the work programme of the Combating Drugs Assessment and Joint Strategic Needs Assessment.

10. NHS Northamptonshire Integrated Care Board 5 Year Forward Plan

The Chairman stated that following implementation of the Health and Care Act 2022, Health and Wellbeing Boards were required to submit a statement to be included in the 5-Year Forward plan as to whether the plan took into account the Joint Health and Wellbeing Strategy.

He then asked the Chair of NHS Northamptonshire Integrated Care Board to give a progress update on development of the forward plan and the request for delegated authority included in the recommendations. She highlighted the following:

- They had to produce a 5-year joint plan and had to take account of the NHS Long Term Plan, Integrated Northamptonshire Strategy, the ICB Operational plan.
- It was important that they had to agree what they were working towards as a system and acknowledged respective responsibilities to the plans.
- The Five Year Forward Plan would set out how they would achieve the 4 aims of the integrated care systems.
- It was important in tackling health inequalities in Northants and questioned what would you change to reduce it.
- There were particular groups who suffered from much greater health inequalities linked to a combination of personal behaviours and system affects.
- Key points for consideration included how to exercise their function, describe how to meet population needs, and discharge certain duties
- The plans were for them and having to do them by law should not be a tick box exercise. They should be the key tool in planning and setting priorities, particularly when the system is under such financial constraint. The NHS was particularly under financial constraint too.
- There were some things that would take much longer to complete to achieve results, but unless they were started now they wouldn't happen. Deciding on the order activities are started in important.
- The ICP had 10 ambitions from the ICN strategy and 3 of them were particularly relevant to what the NHS could and should be doing, best start in life, opportunity to be fit well and independent, access to health and social care when needed. A matrix for delivery of these 3 was therefore created.
- These 3 priorities have been overlaid within the ICB's programmes of work. First thing many senior people in an organisation undertake is a re-structure. It very rarely changed anything but people signing up to things made a difference.

- The draft strategy was out for development and would be presented to the Health and Wellbeing Board and published in June.
- There was a need to get the plan to NHS England before the next meeting but the Health and Wellbeing board had to agree the Five Year Forward Plan takes into consideration the Joint Health and Wellbeing Strategy..

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

- Their Director of Finance was responsible for putting together the 5-year strategy. The toughest national priority was not to go over 92% bed occupancy. Prevention, early intervention and a life cycle approach to healthy living is needed. As senior leaders in the system they needed to manage tensions so as to protect front line services from demands.
- The deadline for getting this to the Board was likely to be missed because they had received the national guidance late.
- It was also noted that health scrutiny was being strengthened in the forthcoming year and could have a role in reviewing things and then inform the Health and Wellbeing Board of decisions made.
- Primary care is not an urgent care provider, they do assess needs on the day and the national priorities do not address high demand primary care is currently facing. There were 2 GPs on the ICB so they would review the document as well.
- Due to national guidance often being received late, planning for specific services can be commenced but commissioning of services cannot start until the guidance is received.

RESOLVED that: the Health and Wellbeing Board:

- Notes that the draft plan is still in development at the time of this Health and Wellbeing Board
- Delegate submission of this statement for the ICB 5 Year Forward Plan to the Chair of the Health and Wellbeing Board in consultation with the Executive member for Adults, Health and Wellbeing, the Director of Public Health and Wellbeing and the Executive Director for Adults, Health Partnerships and Housing, in order to ensure that required timescales are met.

11. Additional request from NHS Northamptonshire Integrated Care Board.

The Chairman informed members of the Health and Wellbeing Board that the NHS Northamptonshire Integrated Care Board was also required to submit an annual report. Following this implementation of the Health and Care Act, Integrated Care Boards must outline in the report how they have contributed to the Joint Health and Wellbeing Strategy and consult with Health and Wellbeing Boards when preparing it.

RESOLVED that: The Health and Wellbeing Board:

- 1) Notes that the draft annual report is still in development at the time of this Health and Wellbeing Board
- 2) Delegates review of the annual report (Health and Wellbeing Strategy Section) to the Chair of the Health and Wellbeing Board in consultation with the Executive member for Adults, Health and Wellbeing, the Director of Public Health and Wellbeing and the Executive Director for Adults, Health Partnerships and Housing, in order to ensure that required timescales are met.
- 3) The report once finalised will be brought back to a future meeting.

12. Health Inequalities Funding 2023/2024

The Chairman informed the Health and Wellbeing Board that a briefing on this would be circulated following the meeting.

13. Better Care Fund Plan 2022/2023 and Additional Winter Discharge Fund

The Chairman informed the Health and Wellbeing Board that on 16 November 2022, the secretary of State shared details of the £500 million Adult Social Care Discharge Fund. The purpose of the fund was to be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

The Better Care Fund (BCF) was one of the government's national vehicles for driving health and social care integration. Health and wellbeing Boards have a duty to monitor the performance against the Better Care Fund plan.

He then invited Assistant Director of Adult Social Services, North Northamptonshire Council to provide an update on the Additional Winter Discharge Plan and the BCF Quarter 3 update who stated the following:

- This related to the additional winter discharge grant of which the North received £3.2million through Health & Social Care and the ICB and was pulled through the Better Care Fund.
- There were a number of conditions attached to this grant, one was for acute hospital beds were to be freed up as possible and discharge to assess was encouraged for as many people as possible were discharged to appropriate settings. There was also a condition to boost adult social care workforce capacity with a focus on recruitment and retention.
- Consideration was also included for support for mental health hospitals was given especially when the pressure on acute health care was considered.
- The grant did not include funds for avoidance of winter admissions.
- Winter planning was about to be commenced and what could be done to keep people in their own homes.
- Schemes included one concerned with capacity. Re-ablement services had been increased to ensure people could be sent home with wrap-around care. They were also supporting mental health hospitals as NGH and KGH had many patients who also had mental health issues and homelessness schemes had been worked on.
- The money was also spent on staffing so that they were able to support services. When a lot of additional capacity was taken on there was also the need to ensure to patient flow from hospitals continued after the winter months.
- Lastly incentives. These were to get people home as soon as they could. The home care rate was increased to providers during this period, to ensure pick up and assessment was completed within 24 hours of referrals. A increased home care rate was also offered to providers during the winter period to increase the flow through discharge to assess. They made suggestions for how the incentive could be used rather than dictate. So it could fuel cars to help front carers to use their own cars or could be used to provide shopping vouchers. As part of the monitoring process they asked for feedback on how the incentives was used. This was just beginning to come back in and they would review the evidence to assess whether this approach worked and could be continued in future years.

- These were short term pots of money and they mobilise projects that would really help. There was a much bigger piece of work to analyse which schemes offered the biggest support.
- The matrix used for ascertaining how they were performing against the original BCF plan was concerned with hospital admission avoidance, discharged to usual place of residence, permanent admissions into nursing or residential care, effectiveness of reablement services.
- They were not able to report on avoidable hospital admissions as the national metric has not been released.
- Discharge to a usual place of residence had increased from 91.3% to 95%.
- Permanent Residential admissions are not on track for this quarter, with higher than forecast people being admitted into residential and nursing homes. Trying to understand if the increased use of discharge to assess which was skewing that figure.
- Re-ablement was a good news story. There was a figure of 79.9% on the annual plan but it had risen to 93% and was expected to rise to 90% in the next quarter.
- The teams working in re-ablement measured a person's income need. So from the time a person entered need to leaving it may decrease by 6 hours for instance.
- From the end of October until March this year they had discharged 435 people from hospital and had also worked alongside this to avoid 148 admissions.
- The re-ablement team had started to be trained in using raised chairs so they could now respond to people who had fallen and prevent them from hospitalisation.

Members of the Health and Wellbeing Board also noted the following:

- The past winter had been predicted as one of the most challenging but it was worse than that with both hospitals being on critical incident for quite long periods of time. For up to 2 weeks a lot of elective operations were cancelled. It was difficult times but teams across health and care worked together really well. Without the additional capacity things would have been far worse.
- There was a need to understand the value for money of the additional schemes put in place and the effect it had on hospital discharge. This had not yet been seen but it was needed especially when emerging issues such as the NHS pay deal were to be considered.
- It was noted this did not happen without the real dedicated hard work from hospitals and Northamptonshire Healthcare Foundation Trust coming up with plans, adapting and moving them at real pace. A lot of work went on in the background to ensure patients were safe. More work is needed to move from reactive to proactive mode when considering schemes for the upcoming winter.
- Much was being done around Thackley Green Specialist Care Centre, this centre will have a positive impact in supporting the discharge flow from the hospitals.
- If getting more work through the LAPs and supporting communities to staying well would decrease the demand on the secondary care.
- They were also looking at ways to ensure people were supported and not left on hospital beds in corridors for too long.
- It was also noted that GP's who dealt with 15,000 people a day received no additional funding to assist. If primary care became snowed under it could lead to problems in the future, with patients being diverted into the A&E departments.

RESOLVED that: The Health and Wellbeing Board:

- 1) Note the Additional Winter Discharge Fund update.
- 2) Notes how the Additional Winter Discharge Fund has supported performance in relation to hospital discharge and increased flow; and
- 3) Note the BCF Quarter 3 update.

12. Transformation NNC Adult Social Care Provider Services Consultation Results

At the Chairman's invitation the Director of Adults, Health Partnerships and Housing, North Northants Council stated there was a completed consultation in transformation on Adult Social Care provider services which was a public document and could be discussed at the Health and Wellbeing Board. Most respondents agreed with the proposed approach to focus on short term services and reablement services whilst recognising a longer-term care market existed which they did not wish to compete with.

They had been keen to renumerate Council social care staff but independent care staff in wider workforce could earn more within the NHS. Those terms were negotiated nationally but locally they had tried to bolster the care sector within the financial envelope the Council had. The wider care sector was more focussed on professional roles rather than the ancillary staff who didn't have the professional qualifications but they still provided an excellent job.

The Chief Executive of the Local Medical Council noted that in the primary care not all staff were not covered by the new national pay offer and they had only received a 2.1% uplift. Therefore many of the lower paid staff on reception who did a really good job could leave find better paid jobs in the retail sector.

Councillor Helen Harrison noted what a complex situation it was and hoped that as health and social care integrated further they could find a solution. It was a national and local issue and something was required urgency to resolve it. As a valued, happy well paid workforce is needed to delivery effective services. They could work a system locally to identify issues and solutions and lobby nationally

RESOLVED that:

- the Health and Wellbeing Board noted the update.
- The Director for Adults, Health Partnerships and Housing to circulate information on the consultation results to the board.

13. John Ashton

The Chairman informed the Health and Wellbeing Board that John Ashton would be leaving his role as Interim Director of Public Health at the end of March. On behalf of the Board he thanked John for all of his work over the past year and wished him well with his future endeavours.

The Interim Director of Public Health said it had been a really great pleasure working with the Public Health team which was a high quality one and very well experienced.

At the Chairman's invitation the Chair of the NHS Northamptonshire Integrated Care Board stated that the Chief Executive for Northamptonshire Healthcare Foundation

Trust had been chosen by the health service journal as the highest performing chief executive of a healthcare trust in England.

At the Chairman's invitation the Director for Children's Services at North Northamptonshire Council reported that following the suggestion of the Health and Wellbeing Board that future Northamptonshire Safeguarding Children's Partnership (NSCP) annual reports will include some case studies, the NSCP business manager had already written to colleagues requesting examples

There being no further business the meeting closed at 4.10pm.