

## Health and Wellbeing Board

At 2pm on Tuesday 26 September 2023

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

### Present:-

Councillor Helen Harrison (Chair)	North Northamptonshire Council
Jane Bethea	Director Of Public Health, North Northamptonshire Council
Councillor Scott Edwards	Executive Member Children's, Services, North Northamptonshire Council
Sarah Briddon	Public Health Principal, Health Protection
Lisa Bryan	Northamptonshire Police and Fire Service
Pratima Dattani	Chair, Wellingborough Community Wellbeing Forum
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Chief Superintendent Steve Freeman	Northamptonshire Police
Susan Hamilton	Interim Director of Public Health, North Northamptonshire Council
Sarah Hillier	Chair Northamptonshire MIND
Michael Jones	Divisional Director, East Midlands Ambulance Service (EMAS)
Jo Moore	Chair of Kettering Community Wellbeing Forum
David Peet	Interim Chief Executive of Northants Fire and Police
Trevor Shipman	Vice Chair of Kettering General Hospital FT
Sheila White	Healthwatch Northamptonshire
Kate Williams	Chair, Corby Community Wellbeing Forum

### Officers

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
Neil Goddard	Head of SEND, North Northamptonshire Council
Susan Hamilton	Consultant in Public Health
Sereana Isaac	Public Health Project Support Officer
Michelle Mealor	Project Manager – Inequalities and Engagement, Public Health
Patsy Richards	Public Health Principal
Lisa Weight	Interim Business Manager to the North Northamptonshire Health and Wellbeing Board

## 27. Apologies for non-attendance

Apologies were received from Ann-Marie Dodds (Director of Children's Services, North Northamptonshire Council), Deborah Needham (Kettering General Hospital),

Councillor Macaulay Nicholl (Vice-Chair of Health and Wellbeing Board), Stephen O'Brien (University of Northampton), Rob Porter (Assistant Chief Fire Officer), Toby Sanders (Chief Executive, NHS Northamptonshire Integrated Care Board), Jess Slater (Chair, East Northants Community Wellbeing Forum), Dr Annapurna Sen (Public Health Principal) and David Watts (Executive Director of Adults, Health Partnerships and Housing).

## **28. Chair's Announcements**

The Chair welcomed David Peet as the new representative of the Office of the Police, Fire and Crime Commissioner and Jane Bethea, the new Director of Public Health for North Northamptonshire.

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

None received.

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

There were none.

## **31. Minutes of the Meeting Held on 20 June 2023**

**RESOLVED that:** the Health and Wellbeing Board approved the minutes of the meeting held on 20 June 2023 with the inclusion of attendance by Trevor Shipman (NHS) and Sarah Hillier (Northamptonshire MIND) .

## **32. Action Log**

**RESOLVED that:** The Health and Wellbeing Board notes there were no actions.

*(Colin Foster joined the meeting at 2.15pm)*

## **33. Director of Public Health's Annual Report**

At the Chairman's invitation, the Director of Public Health introduced the report (copies of which had been previously circulated) which detailed the vision and priorities for improving public health in North Northamptonshire over the next few years. It outlined ambitions for the key areas of public health as informed by an assessment of the health of the North Northamptonshire population, by lessons from the history of public health and also current best practice. It was based on an evidence-based approach to decision making, working with communities using an asset-based approach, maintaining a relentless focus on reducing inequalities and working in partnership with others in the council as well as with wider stakeholders. The report outlined how public health would work, both within the department and also with others in the council and wider stakeholders to achieve the stated ambitions. She welcomed input from her predecessor in whose tenure the report had been written.

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

- Comments regarding young people and the risk to children of missing out on particular life chances and experiences through poverty would be taken into account. Knowing how much people had to spend and what possibilities there were for them to progress in life was something that would be considered in everything they did as equality needed to be an important factor.

- Different work programmes were being developed for different communities. It was an approach of doing things with communities rather than to them.
- A lot of work was being undertaken on the ground with groups. They were currently reviewing what forums existed so they could move forward in a positive way.
- When a finished anti-poverty strategy for North Northants had been developed it would be shared with the Health and Wellbeing Board.
- The involvement of the acute trusts in developing ambitions and strategies was welcome. Connecting self-harm for example to the strategy based on characteristics of North Northants and ensuring the correct people were involved from the trust was important. This could also link into other areas of work and projects the Council commissioned.
- The health of young people was an important area to consider because COVID had a negative effect on many

**RESOLVED that:** The Health and Wellbeing Board noted the Director of Public Health's Annual Report 2022/23

*(Trevor Shipman left the meeting at this point)*

#### **34. Better Care Fund Update 2023 - 2025**

At the Chairman's invitation the Assistant Director of Adult Social Services, North Northamptonshire Council introduced this report (copies of which had been previously circulated) which stated the Better Care Fund (BCF) had been crucial in supporting people to live healthy, independent and dignified lives through joining up health, social care and housing services seamlessly around the individual. The BCF achieved this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan owned by the Health and Wellbeing Board and governed by an agreement under Section 75 of the NHS Act (2006). This provided an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

This report was different to that previously presented to the Board in that it covered a 2-year period. There had been additional tasks for the better care fund this year. There was a narrative plan which formulated the bulk of the incidents that had been circulated. The plan focussed on a Place level and an Integrated Care System (ICS) Northamptonshire level and drilled down to how this is to be achieved through Local Area Partnerships. LAP's would engage with communities and neighbourhoods to help them stay safe and well. It looked at historical demand and whether there were sufficient funds to deal with it. A monthly submission was provided on all pathways.

Key areas on which they had to deliver were impact on reduction in hospital admissions. There was a focus on the number of people discharged to their usual place of residence and there is a need to demonstrate how they would assist someone to return to their residence if they were placed in a care home first. Keeping people independent and only placing them in long-term residential care if it was essential.

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

- One of the real opportunities of having a 2-year plan was that it enabled the team to take things forward.

- A challenge would be when they could demonstrate how they would be able to deliver all that was needed in a plan.
- It was really important to get down to a local level and use statutory partners to meet some of those objectives.

**RESOLVED that:** The Health and Wellbeing Board notes the Better Care Fund Update 2023 -2025.

### **35. Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA) Sexual Health Needs Assessment**

At the Chairman's invitation the Public Health Principal introduced this presentation (copies of which were previously circulated) which detailed an assessment which had been overseen by a multi-agency steering group and used best practice. Whilst not as many people as they would have liked took part, the team had held interviews with focus groups of people with sexual health issues. The population was becoming more diverse. The presentation provided details of sexually transmitted infections and how the county compared with the rates recorded in the East Midlands and England. Details of the highest at-risk groups and the most common sexually transmitted diseases were included.

The presentation provided data on sexual offences and sexual assaults for the county and figures for those living with HIV.

Some of the issues that had been flagged up included leadership, commissioning and communication so sexual health needed to be a strategic priority within the wider system with a clear and vision and ownership by system leaders and partners and commissioners.

The team were also responsible for emergency contraception which currently sat within one organisation. They had recently developed a sexual health network to bring in partners across the county in an attempt to address some of the issues that were happening across the county and to raise the profile of sexual health.

Access to services was something that required improvement particularly in rural areas and they had reviewed where people would need services and at what time. Prevention needed to be improved as well.

A slide of next steps was also shared which included more analysis of cumulative work, data from interviews, workshops, input from focus groups and stakeholder feedback engagement to share findings. The commissioners from the local authority, ICB and Northamptonshire Healthcare Service England would review the finding to make further improvements in sexual health provision across Northants.

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

- All services would accept that in an ideal world they would have all the staff required. Standards and key performance indicators would be set. There was no more money to provide more staff so it would need to be met through staff from all agencies working together more effectively.
- It was important to ensure all services were using resources in the best way to meet the needs of the population and the way that the population was changing.

- This information was in relation to sexual health needs assessment of the whole population. Young people and adults should be split up.
- They were working closely with hubs in the north and looking at the hotspots for terminations and teen pregnancies.
- Triangulation was being undertaken with Local Area Partnerships (LAPs) and the LAPs were based on ward boundaries.
- Data on the testing uptake could be provided and this would be shared outside of the meeting.
- A report on children in care was due in December and it would provide information on where babies were conceived as this could be a different place to that in which the baby was born. They were trying to reduce the number of young women in care who have had babies removed. They could do some work with them to reduce the number and they were also developing a youth offer, giving young people the confidence to say no.
- They could look at all programmes that had been used successfully in the past to see if similar approaches could be taken.

**RESOLVED that:**

- 1) The Health and Wellbeing Board notes the report on Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA) Sexual Health Needs Assessment; and
- 2) That information on the testing uptake would be shared outside of the meeting.

**36. Health Protection Annual Report**

At the Chairman's invitation The Public Health Principal for Heath Protection, introduced the report which detailed the strategic priorities relating to 9 areas of work. It provided details improvements or deterioration in each of these areas. They had delivered various sessions with various groups including the homeless. Details of areas in which they had encountered issues were also included. They would continue to engage with high-risk areas.

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

- Data on where particular spikes were in air quality could be ascertained from colleagues in Environmental Health. They would also get detailed information on the quality of air around schools and work to address them.
- They had been approached by a GP surgery in Corby to assist them to increase their uptake in vaccinations and were currently talking to them about how they took it forward and what messages were put out. They were also undertaking training sessions covering the priorities and at the end of these they mentioned the vaccination uptake.
- For health prevention they would require a system-wide approach. They would review intensive care beds and mortality rates. They had surgery plans and local outbreak management plans so that if anything needed to be set up, they would be ready to go.
- An issue identified with cervical screening was that people who had a bad experience had refused to return for further tests. Some information was being sent out for breast screening especially as October was breast screening month.
- The HPV Vaccination data in the report was taken from the previous year which would explain why vaccinations had not been taken up due to school closures. Now that schools were open again and it was a single dose more of them were being taken up.

**RESOLVED that:** the Health and Wellbeing Board note the Health Protection Update

**37. North PLACE development - A New Sense of Place - Support North Northamptonshire (SNN) - North Northamptonshire Health and Wellbeing Strategy**

At the Chairman's invitation, the Director of PLACE, North Northamptonshire Council introduced the report (copies of which had been previously circulated) which provided an overview of the development of North Northamptonshire Place through an oversight of a new sense of place, support North Northamptonshire (SNN) – VCSE Collaborative approach and north Health and Wellbeing Strategy Development. The Director of PLACE gave key highlights stating Appendix A to the report was an oversight for what was emerging from the LAPs in terms of priorities and actions arising from the task and finish groups.

Asset mapping would be launched in November and it would be a sustainable platform so that they could continue with the process. There were many assets that were not always used by communities who often did not know where they were.

The community wellbeing forums were complementary to local area partnerships. They were working closely with them to ensure they were enabling.

The Chair of the Wellingborough Community Wellbeing Forum stated it was building on the work of the LAPs had undertaken in Wellingborough, particularly around young people. They were working through all the things that prevented young people from accessing services and there were some good pockets of activity. They had challenged the LAPs to ensure they looking at finding a safe space where young people could meet in Wellingborough. Partners felt they were on the right track but a gap being identified by most partners was 8-13 year olds. They were undertaking some initiatives to fill this gap. Partners had felt some resources were required to address hardship issues. It took time to formulate a primary priority, so they were also looking to develop second and third priorities.

The Chair of the Kettering Community Wellbeing Forum stated it was really well attended with key partners who were very keen to get on board but who had been unable to attend. Northamptonshire Police had shared their priorities which dovetailed with work they were undertaking with agencies. The conversation then broadened out to how they could work more closely together. Disengaged young people and how they worked with them was something that had come out of the conversation. There were many things they could take part in if they had the funds to do them and to get to where they were happening. Equality also played a part. Access to services was an issue. If a person didn't have transport they could not get to appointments and take part in the things they needed to.

The Chair of the Corby Community Wellbeing Forum stated they were attempting to get community engagement and encouraging people to come along to the meeting. The first issue that was raised was transport which had come through the LAP who were already working on it. There had been conversations around people who lived in Corby and concerns particularly in access to primary care. People appeared to be worrying much more about not being able to get access. Referrals were being rejected from Northampton General Hospital (NGH) or Kettering General Hospital

(KGH)so people were not going into a service. They had also discussed what they could do to support priorities. They had discussed a warm spaces programme and a core group of men by providing room hire and refreshments to assist them to improve their wellbeing and reduce the need for GP appointments. . The next LAP was taking place on 3 October and would be concerned with listening to where people came from, what they wished to see for Corby and how working together they could provide it.

The Director of PLACE stated work was in progress in East Northants and asked that every partner around the table provide feedback on what they would like to see so that they had ownership of it.

Returning to the paper the Director of PLACE stated the framework for the health and wellbeing strategy was being developed.

The strategy is a requirement of the local authority under the Health and Social Care Act 2012. It was designed to be a high-level strategy to bring together partners in health and well-being. There was an objectivity around some of the priority areas. In Northants there was an integrated care system – ‘Live Your Best Life’. There was the health care programme strategy and they had the North Northants PLACE development. Looking to 2050 there was the BIG 50 which was a vision of Northants and what they wanted it to look like in future years. There was also an economic statistical performance assessment across North Northants and the stakeholder review. There was a need not to duplicate anything that was being undertaken already.

There was a link between health and prosperity as economic aspects of life affect people’s health and wellbeing.

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

- It was noted that there was a need to address in Northants how partners engaged in early help. Every partner should be equipped to be able to undertake early help assessments with families. There was an impression that people could be allocated a social worker for example. The thread should be throughout the children and young people strategy.
- They had received 73 adult social care referrals and the number was increasing. It was a pilot and they were hoping to get to take on 200 cases or more by March 2024.
- They had a long session that morning where they were very critical of everything. There was a need to ensure the service was correct and where to focus the service. Decisions need to be made whether the service focuses on waiting lists, on those requesting help etc.
- They were testing the concept to people on pending lists who are suitable to put through the pilot so that they could get benefit from it. They had tested it on new referrals they knew were open to getting help and then looking at trialling it with people who present themselves for help now.
- Demand on other services and partners would reduce as they became successful. A larger sample was required to really ascertain the benefits, reducing GP demand.
- Some of the broader data could now be shared. Crisis cafes and other services were providing some of the information and services provided so that all the pieces of the jigsaw could be seen together to see where the wider network was working.

- A family approach was what was required. You could not look at the adult without looking at the children and vice-versa. Joining all of the narrative was how it could be pushed forward.
- It was also noted that Merseyside Fire and Rescue was doing similar things in the late 1990s. They were a trusted service in the community and had started their work with the elderly.

**RESOLVED that:** The Health and Wellbeing Board noted the update on North PLACE development - A New Sense of Place - Support North Northamptonshire (SNN) - North Northamptonshire Health and Wellbeing Strategy.

### **38. Any Other Business**

The Chair stated it would be really good to have some things come to the Health and Wellbeing Board from Northants Fire and Police Service. It would also be good to be able to examine other things that were going on in the area.

Sarah Hillier stated there was a county wide mental health conference being held on 10 October at St Andrews Hospital. She would send through the link so that people could attend if they so wished.

There being no further business the meeting closed at 4.15pm.