

## Health and Wellbeing Board

At 2pm on Tuesday 5 December 2023

Held at North Northamptonshire Council Offices, The Council Chamber, Corby Cube, George Street, Parklands Gateway, Corby, Northamptonshire, NN17 1QG

### Present:-

Councillor Helen Harrison (Chair)	North Northamptonshire Council
Councillor Macaulay Nichol	North Northamptonshire Council
Jane Bethea	Director of Public Health, North Northamptonshire Council
Chief Superintendent Steve Freeman	Northamptonshire Police
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust,
Jo Moore	Chair of Kettering Community Wellbeing Forum
Steve O'Brien	University of Northampton
David Peet	Interim Chief Executive of Northants Fire and Police
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS Northamptonshire Integrated Care Board)
Hannah Scanlon	Northants Local Medical Council
Trevor Shipman	Vice Chair of Kettering General Hospital
Sheila White	Healthwatch Northamptonshire

### Officers

Andile Chigbo	Public Health Practitioner (Mental Health and Health Inequalities)
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
Chris Kenny	Public Health Consultant, North Northants Council
Rochelle Matthieson	Head of Partnerships and Development, North Northants Council
Lisa Weight	Business Manager to the North Northamptonshire Health and Wellbeing Board

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

Apologies were received from Deborah Needham (Kettering General Hospital, Councillor Scott Edwards. Kate Williams (Chair Corby Community Wellbeing Forum), David Watts (Executive Director of Adults, Health Partnership and Housing and Interim Director or Children's Services),-Pratima Dattani (Chair, Wellingborough Community Wellbeing Forum), Naomi Eisenstadt (Chair, NHS Northamptonshire Integrated Care Board), Helene Denness (Deputy Director of Public Health) Michael Jones (Divisional Director, East Midlands Ambulance Service [EMAS]), Colin Smith (Local Medical Committee) and Sarah Hillier (Chair Northamptonshire MIND)

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

None received.

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

There were none.

#### **42. Minutes of the Meeting Held on 26 September 2023**

**RESOLVED that:** the Health and Wellbeing Board approved the minutes of the meeting held on 26 September 2023 subject to attendance to include Jane Bethea (Director of Public Health, North Northamptonshire), Toby Sanders (Chief Executive, NHS Integrated Care Board), David Maher (Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust) and Chris Kenny (Public Health Consultant, North Northants Council).

#### **43. Action Log**

The Chair noted the following actions from the action log:

- The amendment to the attendance in the minutes had been made.
- The information on health testing has been supplied by Public Health Representative, Patsy Richards along with clarification of an area on the map that was the area of Brickhill and Queensway.
- Data provided by Public Health Principal, Health Protection from Environmental Health in relation to air quality spikes was still to be undertaken.
- Access to GP appointments could be a barrier to cancer screening had been raised at the cancer screening board. A reply from the Board was yet to be received.
- Presentations from organisations represented on the Board would be received at future meetings.

**RESOLVED that:** The Health and Wellbeing Board notes the action log.

#### **44. Chairman's Introduction**

The Chair welcomed everyone to the meeting and looked forward to some good discussions.

#### **45. Health and Wellbeing Strategy Update**

At the Chair's invitation, the Public Health Consultant introduced the report (copies of which had been previously circulated) which provided an update on progress being made in developing the North Northamptonshire Health and Wellbeing (HWB) Strategy. He highlighted the following:

- The presentation in the document pack included much of what had been discussed at the last meeting but the focus for the discussion today would be the 5 identified priority areas.
- He had canvassed the views of a number of Board members on the viability of the development of an action plan. After discussion it was concluded that the approach should be one of leadership, co-ordination, focus on stakeholders, reviewing progress and accountability.

- The Health and Wellbeing Board was showing leadership and it was suggested members of the Board could act as sponsors for each of the priority areas, with support from Public Health.
- Co-ordination was a function of the Board. For example, in the area of Keeping Active there are many local and national efforts and co-ordination is needed to avoid duplication.
- The various stakeholder groups and board members needed to take ownership to ensure the success of the strategy. There was also a need for publicity to ensure people knew what was being done.
- Going forward, each board meeting would include an agenda item focused on one of the 5 priority areas and to say what would be undertaken in the next 5 years to ensure the priority was being met.
- The Board also needed to be accountable and whilst celebrating success they should also review something that did not work to find out why it hadn't and see if it could be made better.
- There was a need to ensure finance was best used.

Members of the Health and Wellbeing Board discussed the issue and the following was noted:

- It was considered an effective way of engaging, ensuring the Health and Wellbeing Board genuinely discussed the aims and progress they had made with each other.
- The Director of Public Health offered to be a sponsor if needed and would ensure support was provided to sponsors from the public health teams. She would have oversight of the work but her role as sponsor would be to maintain the profile of that area. There would be processes put in place to demonstrate the progress around those actions.
- It was agreed that there was a lot of work was being undertaken and there was a need to be aware of what was being done and by whom. Having oversight of where that work was taking place and keep it consistent and supportive as possible would unblock any blockers to progress.
- The Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust also expressed interest in being a sponsor. He confirmed the Integrated Care Board was working with partners. In relation to tobacco, he expressed the view that it should remain as one of the five priority areas due to the prevalence of the illicit tobacco trade and the driver of that in the use of tobacco.
- It was noted that COVID was missing but it had a massive effect on health in terms of how it lengthened waiting lists for treatment. It was suggested that an element of COVID would run through each of the five priorities.
- Avoiding duplication was agreed to be important. It was suggested that 4 questions be set for each of the areas:
  - 1) What is it we are trying to achieve
  - 2) What is already underway
  - 3) What are the gaps and what would be a good combination of partners around the table; and
  - 4) What was the contribution that each of the agencies in the room could bring to it.
- It was noted the children's strand was very complex and they would need to be quite clear about what they focused on within it. There could be more cross-cutting themes to ensure it was in the right areas.
- There was an aim not to set out with a high level of strategy but to develop work programmes for each area.

- It was hoped that people could work on how to focus on areas that weren't being focused upon and feel like they had really accomplished something when they left these meetings.
- The Live Your Best Life strategy was in place and there is a need to bring this in to the work being discussed and work the strategy into the priorities.
- There was a need not to make things too broad to ensure they could judge progress, drill down into what they could do and note what still had to be done.
- Work in 2024 needed to be included but after the current discussion so that everyone could be comfortable with the principles first.
- The Public Health resource would ensure the correct partners were invited to any discussions. They could receive feedback through the Community forums. It may be that an existing group states they are the best placed for the Physical Activity category for example and they could work with partners. There was a wealth of existing assets of which the Health and Wellbeing Board are not currently aware, but could through this work.
- A board development session could be held with relevant people invited to take part. From here sponsors could be found and they could receive feedback on how best to take it forward.

The Chair concluded by stating there appeared to be a general consensus for this as the correct approach.

**RESOLVED that:** The Health and Wellbeing Board notes the update on progress and is in full agreement with the way in which the North Northamptonshire Health and Wellbeing (HWB) strategy is developing.

#### **46. Suicide Prevention Strategy**

At the Chair's invitation the Public Health Practitioner (Mental Health and Health Inequalities) introduced the report (copies of which had been previously circulated) which highlighted key findings from the first annual review of the refreshed Northamptonshire Suicide Prevention Strategy 2022-2025 and corresponding action plan highlighting the following:

- The strategy had been developed and launched the previous year and they had just completed a review.
- A suicide audit had been undertaken.
- There had been a pilot scheme for call handlers in the West Northants and they were looking to progress this through the whole county.
- There had been a successful sign up to the National Mental Health Prevention Concordat.
- There had been Storm Suicide and Self Harm training for hospital staff.
- A real time surveillance system looking closely at the coroners office, with quarterly visits to review data. They were visiting again in January to do a deep dive into cases.
- A piece of work had been undertaken around self-harm admissions in Northamptonshire which met the national average.
- Following the tragic death of a child in a local school, they had developed a package for schools.
- From September 2023 they had undertaken action points to the strategy group. The plan from now was to add some actions from these groups. They would ensure they kept in line with the national strategy which was a 5-year strategy with most of the actions being delivered in the first 2-3 years.

- The action plan set out the actions including where they were and who was leading on them. Priority 8 was highlighted which looked at incorporating everything that had taken place that year, continuing mapping of all events in the county and ensuring they had the suicide bereavement service in the county.
- They were reviewing the call handlers package particularly as police officers were no longer attending mental health calls. They were also looking at the safeguarding, children, young people and adults ensuring they had a safeguarding package in process. They were also looking at domestic violence.

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

- They were sharing the documents with the relevant people and could share them with the Health and Wellbeing Board.
- There were real concerns about the levels of self-harm as these were significantly higher than average and in some areas they were really high. Self-harm data had been difficult for their analysts to get the data and they were talking with NGH and KGH to see how it was reported. Once this had been analysed they could move forward. The NHS could also pick up on it to support them further.
- Concerns were voiced that some people could only access a service 9-5 and there was a need to be able to signpost people to be able to access a service 24/7.
- Priority groups were all linked. They would look at how high-risk households could be identified and how they could then be supported.
- It was noted that there was an alignment with safeguarding and some things could be routed through that as well as on the website so that partners could download tools.
- Because it was an offer of a connection to a place worker in local area partnerships (LAPs) they were focussing on youth and mental health wellbeing. The crime profiles could be laid on the LAPs and you could therefore do a deeper dive into different LAPs.
- Quite often the first place people went to when they felt suicidal was the voluntary sector so it would be good if the Suicide Toolkit was made available to the voluntary sector.
- If they did nothing no change would be seen in suicides.
- In established areas the risk of suicide was higher. If someone had been living in a setting what was their risk of harm when they come out of the setting? That was why location was a concern. The data analysts were looking at plotting areas of concern across the county. They were looking at buildings and asking what could be done to place people in a safer place and support them there. They were also looking at putting cards advertising their services in corner shops close to particular buildings that people frequented.

**RESOLVED that:**

- 1) The Health and Wellbeing Board notes the Suicide Prevention Strategy; and
- 2) Would Share with the Health and Wellbeing Board the school support package which has been shared with schools.

**47. Adult Social Care Strategy**

At the Chairman's invitation the Director of Place, North Northants Council introduced this report (copies of which were previously circulated) which provided an overview of

the development of the North Northamptonshire Adult Social Care (ASC) five-year strategy. She highlighted the following:

- This document was very much an emerging document which people were asked to take back to their organisations and then bring comments back to the Health and Wellbeing Board.
- The strategy linked back to the strategy requirements for adult social care. It was a framework with a 5-year direction of travel. It was an outline case for change. There was a need to do something different so that the person was placed at the centre of the process.
- From appendix D to the report it could be seen that a person coming out of hospital goes through adult social care and North Northants services and was very complex. They moved between community teams, brokered finance and payments. If there was a safeguarding concern they could go through multiple services. They came out of hospital, go to a hospital team and a reablement team. It could be a complex scenario that could include community hubs and the community team. There could be a lot of duplication. They were trying to create a different model which was Place-based. The model shown in the report was around 4 different geographical areas putting the person at the centre of that space.
- In the current climate the model of care was not sustainable. Commissioning and contracting teams also felt they didn't have a person focussed approach. They would like to do more integrated commissioning to ensure they had the money to do it. They would like to develop this with various organisations.

The Health and Wellbeing Board discussed this and the following was noted:

- One complication was that until you required adult social care, you had no idea of how it worked. People could easily get lost in the system and it was really important for those accessing those services and for staff to understand it and provide good care.
- There was a need to really embed and work with the system with people to keep them well for longer, looking at their strengths and not weaknesses.
- There needs to be a joined-up approach with front line staff, commissioners and brokerage staff all using the same approach. For example, if someone said they were isolated, they may just need a connection to a group in their area rather than being allocated a service. There were some pockets of good opportunities that they could use to improve things and a framework for the whole of Adult Services to drive that forward.
- A team approach across all the stakeholder organisations to this was required.
- Commissioning was really important. It was enabling the commissioners to focus on an area so that more could be put into managing a micro commissioning system.
- There was a lot of information and the Director of PLACE at North Northants Council wanted to keep it internal within adult social care initially. Once they felt as one team moving forward they could move it out to a wider team.
- University staff could also assist. Having 1 or 2 critical questions would be really useful for them to answer.

**RESOLVED that:** the Corporate Parenting Board notes

- 1) The progression of the development of the draft North Adult Social Care Strategy is noted and:
- 2) That partners are asked to share the development to date within their organisations and work to develop the strategy further.

#### **48. Northamptonshire Safeguarding Children's Partnership Annual Report**

At the Chairman's invitation the Head of Partnerships and Development, Children's Services, North Northants Council introduced the report (copies of which had been previously circulated) which highlighted improvements in Children's Services and details of the most recent inspection of Children's Services. She highlighted the following:

- This was the annual report for 2022-23. It had been developed by partners across Northamptonshire and had been approved by individual partners.
- The report set out the journey it had been on and key priorities the partnership had been focused on.
- The structure of the partnership had been amended slightly over the past year. There were a number of sub-groups who had been working on various pieces of work.
- The report looked a bit different and the approach that had been taken was to recognize where progression had been made.
- They continued to support and acknowledge the professional skills of the staff. They had received appropriate training.
- As they moved into the next financial year the partnership could continue to strengthen and improve.
- There would be a focus on education and they were looking to embed the learning from reviews.
- They were also directly hearing from children and young people.

The Health and Wellbeing Board felt it was a really good report with lots of detail. The case studies it included had really brought it to life.

**RESOLVED that:** the Health and Wellbeing Board notes the Northamptonshire Safeguarding Children's Partnership Annual Report.

#### **49. North PLACE development**

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 the following developments:

- A New Sense of Place – Local Area Partnerships (LAPS)
- North Place Deliver Board Developmental thinking – 'Looking Back-Looking Forward'.
- Support North Northamptonshire (SNN)- Voluntary Community or Social Enterprise (VCSE) Collaborative approach.

The Director of PLACE, North Northamptonshire Council highlighted the following:

- The narrative was a second round of priorities for the LAPs. They mirrored some of the priorities the Board had already seen.
- They continued to focus on community transport and community youth. The engagement of partners in the Task and Finish groups remains really good.
- They had been looking at the function, delivery and approach to LAPs and ensuring they made a change.
- The paper also reflected a development session that had been held a few weeks previously, how it had oversight and the grasp and maturity of place.

- A maturity matrix was developed by Public Health based on the NHS Scotland matrix. This started to give a flavour of what a mature place looked like and the Place Board recognised the need to work on connectivity.

The Health and Wellbeing Board noted the following:

- At the working group meeting of the East Northants LAP where they talked about all the services that were available to the community. The official ones that people often knew about often could not be contacted quickly. There were a lot of things people were not aware of and an asset mapping exercise was carried out. Parish councils, GP surgeries and general notice boards could be utilised to make people aware of what services were available. Also free publications that were posted through people's door. It would go a long way if people knew what help was available as a prevention rather than just when they required it. These conversations were being held across all LAPs
- People were not looking for something until they needed it, but prevention is key. The more people talked to their neighbours and friends, the more information was shared.
- The asset map was considered very good. In North Northants they were not where they wanted to be in terms of sharing. They were looking to improve the family information sharing through the family hubs activity. They were also looking to provide an additional front door.
- There was a Northamptonshire Foundation Healthcare Trust office. KGH had one too. There were also directories which could be mapped to a universal offer. There were many other things that were available if people wished to access them. There was the need to use some of the sources of partners to drive it. This would be through the launch of the LAP maps. It would be a community offer but also statutory offers.
- It was felt the LAP priorities fitted in well with the public health priorities. There was a real opportunity with the LAPs to have addiction services and the opportunity to work with communities to say why something was a concern and what else could be done to engage with communities.
- They were looking at the functions to ensure the LAPs were focussed on delivery. Once they were established the approach discussed could be brought in.
- It was also about how they used their own staff.
- There was a need to include key performance indicators so that we could know where we were now and where we needed to be. It was an evolving thing.
- The voluntary sector was taking a collaborative approach. The model was pretty much where it should be but it was difficult. There was Social Prescribing, Support North Northants, Ageing Well and all were working in the same territory.

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

- 1) the progression of A New Sense of Place since the last meeting;
- 2) Notes and discusses the emerging thinking from the November North Place Delivery Board developmental workshop 'Looking Back – Looking Forward'; and
- 3) Notes the progress of Support North Northamptonshire (SNN) since the last meeting.

#### **49. Better Care Fund Update**

At the Chair's invitation the Assistant Director of Adult Services introduced the report (copies of which had been previously circulated) which provided the Better Care Fund



Performance Update showing performance against the metrics in the Better Care Fund Plan for 2023 to 2024. The following was highlighted:

- The Better Fund was critical in helping people live healthy independent lives. There were 2 core objectives which were concerned with enabling people to stay safe well at home for longer and to provide people with the right care at the right place at the right time.
- They had a duty to report on a quarterly basis the rate of people admitted to hospitals and the volume of people admitted following a fall.
- The information was for quarter 2.
- They were helping people to manage long term and complex conditions in the community. Some people also had COPD.
- 95.3% of people were being discharged to their usual place of residence.
- They were broadly on track to meet the target relating to emergency admissions due to a fall. They had rolled out Raizer chairs to people in homes and some places in the community.
- In terms of discharges to a nursing home and residential homes the rate was lower than the estimated growth.
- They had partnered for reablement and this had enabled them to support more people. They were out-performing in this respect. They had a slightly reduced percentage in quarter 2 at 84% but it was thought it would rise in quarter 3.

The Health and Wellbeing Board noted the following:

- There would be more strike days in December 2023 and January 2024. KGH had been persistently affected by staff striking.
- Was availability a factor in nursing homes. Figures were also requested against reablement rather than percentages. It was confirmed that some different data could be provided to the Board.
- With regard to the admissions to nursing and residential homes they had adopted the discharge to assess process. They always considered home first but for those who could not be discharged to home first time, they utilised discharge to assess so that a person could be placed in a home, receive reablement and then go them home from there. 38% of people achieved discharge to home on their second try.
- There were some challenges in terms of nursing capacity but that was not driving their results.
- You could also not see how many hours of care were involved in getting someone home from a nursing or residential home setting.

**RESOLVED that:** the Health and Wellbeing Board notes the performance update that has been submitted to NHSE.

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