

HEALTH & WELLBEING BOARD

Minutes of the meeting held on 23 September 2021 at 2pm

Venue: The Council Chamber, Thrapston Town Council

Present:

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Macaulay Nichol (Vice Chair)	North Northamptonshire Council
Councillor Scott Edwards (Portfolio Holder for Children's Families Education & Skills)	North Northamptonshire Council
Councillor Helen Harrison (Portfolio Holder for Adults, Health & Wellbeing)	North Northamptonshire Council
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Michael Jones	EMAS
Professor Steve O'Brien	University of Northampton
Professor Will Pope via Teams	Chair, Northamptonshire Healthwatch
Colin Smith	Chief Executive, Local Medical Committee
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council

Also Present

Cheryl Bird, Health and Wellbeing Board Business Manager
 Jenny Daniels, Democracy Officer, North Northants Council (Minutes)
 Sam Fitzgerald, Assistant Director of Adult Social Services
 Alison Gilbert, Director of Transformation, NHS Northampton CCG
 Francesca McHugo, Democracy Officer, North Northants Council

And no members of the public

14/21 Apologies

Apologies were received from Alan Burns (Chair, KGH and NGH Group), Cathi Hadley (Director of Children's Services), Shaun Hallam (Northampton Fire & Rescue Service), Oliver Newbold (NHS England), Toby Sanders (Chief Executive, NHS Northamptonshire CCG), Pauline Sturman (Assistant Chief Constable,

Northamptonshire Police) and Chrisni Waring (Northamptonshire Healthcare Foundation Trust).

15/21 Notification of requests from members of the public to address the meeting

None received.

16/21 Declaration of members' interests

There were none.

17/21 Minutes of the Meeting Held On 17 June 2021

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 17 June 2021.

18/21 Action Log

At the Chairman's invitation, the Joint Director of Public Health, Lucy Wightman stated she would ascertain whether there was any funding left from the Health and Planning Officer Post and whether it could be reinstated.

The amendments to the North Northants Pharmaceutical Needs Assessment (PNA) had been completed and the PNA was now published.

The Chair and Vice-Chair had met with the Director of Public Health to discuss possible sub-committee structures and these would be discussed by the Board in a workshop that would take place following the meeting.

The Health and Wellbeing Board had agreed an amendment to the draft terms of reference but following discussions with Democratic Services it was advised to wait and see how this Board could align with the Integrated Care System (ICS) before submitting them to Full Council for final approval.

RESOLVED that: The Health and Wellbeing Board would wait to see how it could align with the ICS before submitting the draft terms of reference to Full Council for final approval.

19/21 Better Care Fund

The Chairman stated the Better Care Fund (BCF) was an ongoing national initiative to drive transformation by providing mechanisms for integrated approaches to health and social care services, to enable people to manage their own health and wellbeing and live independently in communities for as long as possible. Health and Wellbeing Boards had a statutory duty to approve the local BCF plans before submission and to scrutinise performance of any local plans in place.

The BCF plan for 2021/2022 would continue to be a single plan for Northamptonshire, and consisted of a pooled budget between West

Northamptonshire and North Northamptonshire Councils and NHS Northamptonshire CCG.

Members of the Health and Wellbeing Board noted the following:

- It was noted that planning guidance on the BCF tended to arrive later during the financial year, which made it difficult because officially they could not release any money until the Health and Wellbeing Board signed off the BCF plans.
- The BCF Policy Framework was published on the 19 August, but no revised planning had been received alongside this. There was still an expectation for a BCF plan 2021/2022 to be submitted for the county particularly to cover the work that was being undertaken on the ICS and Integrated Care Across Northamptonshire (iCAN) programme.
- They were currently unable to bring forward schemes for final sign off due to work still being completed on the finances to ensure the schemes put forward to NHS Northamptonshire CCG for approval. As a result of this they were asking for delegation to be put in place to enable final sign off for the BCF Plan 2021/2022 to a minimum of the Chair or Co-Chair of this Board, nominated representative from NHS Northamptonshire CCG, a representative from North and West Northamptonshire Councils, and Chair of the West Northamptonshire Health and Wellbeing Board. The schemes submitted in the BCF Plan 2021/2022 would be reported back at the next Health and Wellbeing Board meeting.
- It was also the intention to fund the iCAN programme through the BCF, using this as the financial payment mechanism as the most sensible place to pool the money.

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

- The BCF was not funding the iCAN delivery partner (Newton Europe), it was receiving contributions from respective organisations to fund it. The BCF was just a process by which payments would be made to providers of services.
- It was West Northamptonshire Council who were taking a lead in this and details of where and how it would be delivered including key milestones would be produced. The costings paper was commercially sensitive but the Director of Adults, Communities and Wellbeing at North Northants Council would endeavour to ascertain the costings and targets. Details of the BCF Plan would be brought to the Health and Wellbeing Board in December but the Director of Adults, Communities and Wellbeing was happy to share details in the meantime between members.

RESOLVED that: the North Northamptonshire Health and Wellbeing Board:

- 1) Delegated final approval of the financial plan to the Chair/Deputy Chair in consultation with a nominated representative from each of Northamptonshire Clinical Commissioning Group and North Northamptonshire Council;
- 2) Noted that the updated BCF policy statement for 2020 to 2021 was largely similar to prior years and that the narrative plan did not require redrafting or re-submission;

- 3) Noted that detailed plans once refreshed would need to be submitted for assurance to NHS England;
- 4) Noted that West Northamptonshire Council and North Northamptonshire Council were currently undertaking a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals would be presented to the Northamptonshire Clinical Commissioning Group (CCG), prior to sign-off as set out in recommendation 1 above;
- 5) Noted that the mechanism for paying the iCAN delivery partner would be via the BCF pool, however, the funding of those payments would need to be matched by corresponding income from constituent partners to pay the delivery partner against agreed milestones; and
- 6) Details of the BCF would be shared with members of the Health and Wellbeing Board prior to the December meeting.

20/21 Population Health Update

At the Chairman's invitation the Joint Director of Public Health, Lucy Wightman gave a presentation stating there were significant overlaps with the public health domain and inequalities domain. A Population Health strategy had been developed as part of the Northamptonshire Health and Care Partnership ICS work, and the Population Health Programme Board was overseeing delivery of this strategy. Population Health management was a way of looking at health and outcomes for the whole population by understanding the causes of poor health and the disparity in communities. Public Health moved into the jurisdiction of local authorities because many of the wider determinants of health could be affected by things the local authority was responsible for such as environment and housing. Population health management would look at the issues identified and how resources can be allocated to improve outcomes and enhance an individual's experience of care.

She was happy to circulate the population health strategy to members of the Board as it demonstrated how they would start to look at addressing issues of poor health.

There were five key aims within the Population Health Strategy:

- improve the health and wellbeing of the population
- enhance the experience of care
- reduce the cost of health and care services and increase productivity – providing more prevention interventions would ultimately lead to a reduction in the cost of health and care services
- health inequalities – which in the north of the county were marked
- increase the wellbeing and engagement of our workforce – this was a major area of focus for NHS England, with the 2 councils and NHS organisations being major employers within Northamptonshire.

The Population Health Programme Board sat under the ICS Transformation Board and it was aligned with the Digital Transformation Board. Work was underway to get all the data sources used into the Northamptonshire Analytical Reporting Platform

(NARP), which would help with developing risk stratification to identify those populations most at risk from negative outcomes. The Population Health Programme Board consisted of 3 sub committees:

- Innovation sub committee – collated all the medical research work which took place across the county and organisations, to ensure there was a central register of research work being undertaken and the local population had a chance to participate. As well as developing an ethics framework, apply for funding and partner with academic organisations
- Inequalities Task and Finish Group – developing an inequalities toolkit to help all organisations in their decision making to address inequalities and build an inequitable programme into the workplace.
- 22-week population health management programme. funded through NHS England and led by a consultancy firm (Optum). A group of Primary Care Networks in West Northamptonshire where the population health principles were taken and developed into a falls programme. This linked in with the preventative work and allocation of resources to improve health outcomes. Primary, secondary and community data will be collated and analysed to look at opportunities to target interventions earlier and also make recommendations that would improve health and social care outcomes.

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

- Public Health Northamptonshire had been successful in obtaining funding for a population health clinical fellowship which they were going to use to employ an occupational therapist. The post holder would be working with health professionals to view opportunities in research and have greater links with adult social care. The innovation sub-committee had representatives from the National Institute for Healthcare Research (NIHR), which had launched a funding round looking at opportunities for adult social care and public health teams to bid for funding to improve population health outcomes. One of the Public Health Practitioners had applied for a part-time research post with NIHR.
- Public Health Northamptonshire circulated to a couple of partners a mock-up of a population health innovation newsletter that began to collate all research that had been published around areas of interest for the local population. If partners were supportive of this approach, it could be replicated to provide an evidence base resource.
- The Director of Public Health had recently met with the Portfolio Holder for Adults, Health & Wellbeing to discuss how they could address some of the issues from the Public Health Outcomes Framework. There were specific issues in the North and some were the same as in the West. There were some services in place but further work was needed to ensure they were best placed to deal with those issues.
- There was a need to ensure the Integrated Care System had adequate resources to ensure they could engage with communities, to understand what were the perceived needs, what services did they need and how would they like to access them. Healthwatch would have a role to play in this engagement.
- This Board would need to consider how to re-purpose Health and Wellbeing Boards to focus on PLACE and sub-place, to understand what the assets were and how to get maximum benefit from these.

- A huge amount of resource had been out into providing services and sometimes the take-up wasn't what they would expect or what was needed. Understanding what the barriers were to people accessing services was key.
- The University of Northampton was very much involved with Population Health Management, with 2 regular attendees joining the Population Health Programme Board, as well as a member from the Health and Social Education society.

RESOLVED that: The Health and Wellbeing Board noted the presentation.

21/21 COVID-19 Update

At the Chairman's invitation the Joint Director of Public Health, Lucy Wightman gave a presentation stating that broadly England had seen a surge in cases primarily in secondary school aged children. One of the main reasons for this was the fact that pupils and families had been asked to complete a lateral flow test on returning to school which had identified a large amount of community transmission. In North Northamptonshire the picture was slightly challenged. East Midlands and England had seen a reduction in testing, which had not been replicated in Northamptonshire due to continued communications with local residents. North Northamptonshire had seen a slight increase in percentage positivity at 9.6%, and all age range case rate compared to regional partners. There had been a 10% reduction in positivity in North Northamptonshire in the past 7 days.

Currently there was still a high case rate in Northamptonshire at 426 per 100,000 population which was a 0.7% increase in the past 7 days. The majority of recorded infections were in the 11-16 year olds with 1863 cases per 100,000 population. In West Northamptonshire the case rate for 11-16 years was 1051 and the East Midlands 1217 per 100000 population. In England it was 830.

Targeted communication had been undertaken with residents in Corby and Kettering and Mobile testing units had also been deployed in Kettering and Corby. One school in Corby had re-introduced the wearing of face masks and they had been working with schools to encourage children and their families to continue with twice weekly lateral flow testing.

It was also noted the vaccination programme and COVID19 safe protocols had been successful in reducing the severity of cases and hospitalisations.

RESOLVED that: The Health and Wellbeing Board noted the presentation.

22/21 Subcommittee Structure and Development Sessions

The Director of Public Health noted there was a need to understand what we would like this Board to do. The role of Health and Wellbeing Boards in an ICS, would be considered under the workshop session that would take place following the meeting.

RESOLVED that: the Health and Wellbeing Board agreed to discuss this further under a workshop session taking place following the meeting.

23/21 Integrated Care Systems - National Guidance Update

At the Chairman's invitation the Chair of the Northamptonshire Health & Care Partnership, Naomi Eisenstadt provided a presentation stating that it was human nature to worry about something in relation to how long a person would have left. There was often an assumption that people who did not take advice were feckless but this was not the case. NHS England had issued a paper in November that set out four key aims of an Integrated Care System (ICS): improving health overall, reducing health inequalities, spending public money well and contributing to the wider social/economic benefits of the community. When reducing health inequalities levelling down was possible as well as levelling up, with the surviving age difference between the richest and poorest communities in Northamptonshire was 9 years. The public sector was a massive employer and there was the need to think about as big employers how the Council was adding value to our community such as paying the national living wage at least and ceasing zero hours' contracts. Paying decent wages kept people healthier and they in turn spend their money locally.

There had been a white paper in February that became a draft Bill in April and was going through parliament. Massive guidance was an issue which wasn't very prescriptive, due to the different sizes of ICS's across the country. Northamptonshire ICS was relatively small with about 800,000 people with 2 local authorities

The ICS would build on the NHS Long Term Plan. Locally this would build on the collaborative working that had already taken place within Northamptonshire, identifying good practice and how this could be used in other areas of health and care. The first two documents did not use the word 'children' once but the current guidance included the word 'babies'. Much of this work originated in adult social care but population health could not be undertaken without thinking about children. A preventative approach could not be adopted for population health without considering the life cycle, looking at what was preventable at what stage.

Integrated care was about ensuring people were working together and valued each other's views and abilities. It was about pulling together services that were required for any individual and their family. ICS was about how full resources were used across the NHS and social care to ensure they were working together in a systemic and individual/community way and that services met what people needed. There was an unbelievable amount of work to be undertaken by April 2022, when the ICS became a statutory organisation and would also in addition be undertaking some of the key functions of the CCG.

The Chair of NHS Northamptonshire, Dr Jo Watt stated there were many parts of the public sector that undertook a function invisibly but without them the service as a whole would struggle, particularly those associated with performance management and quality assurance, which would be inherited by the ICS. This was not straightforward with a pressured timescale, there was a need to focus on being safe and legal for 1 April and how much transformation work could be completed before 1 April 2022 and what transformation work would continue from April 2022.

The Chair of the Northamptonshire Health & Care Partnership, Naomi Eisenstadt stated one of the reasons for setting up an ICS was to remove competition within the

NHS and that public money was being spent in the right place. Government had reassured employees of CCGs that all below Director level were lifted and shifted into the ICS, but have to work in a different way.

The Integrated Care Board (ICB) would be a statutory board, and the Integrated Care Partnership (ICP) would be jointly led by the NHS and local government and would be the wider system involving more partners. The ICP would be responsible for developing an overarching Integrated Care strategy for the whole of Northamptonshire. The ICB would have to be guided by the Integrated Care Strategy when setting structures for the NHS. The ICP and Health and Wellbeing Boards would have overlapping functions, and there was a need to avoid duplication and ensure things were not overlooked, because each partner thought the other was undertaking a task.

There were four pillars within the Northamptonshire ICS; children and young people, mental health, iCAN and elective care. Elective care was reliant on social care collaboration in terms of discharging people from hospital and ensuring they had the correct support needed in the community.

Much work was required on the children and young people pillar, to have the right measurable outcomes, with education playing a big role in this.

Members of the Board noted the following:

- The Chief Executive of the Northamptonshire Children's Trust, Colin Foster stated that many people viewed the ICS as a health thing and they did not feel engaged with it. However, the work taking place in Northamptonshire was really good, with good engagement in the ICS approach across all children services.
- The Board agreed the presentation had been really good in demonstrating how the ICP and Health and Wellbeing Boards in the county, will work together.
- The Board expressed disappointment at the national guidance around elected members not being invited on to the ICB. There was a need to ensure that elected members felt properly engaged with the ICB and ICP as they provided a valuable link and contribution to their communities. The Chair of Northamptonshire Health and Care Partnership expressed a desire to be invited to meetings and events to be able to meet people and councillors as a way of getting to 'know the patch'.
- It was important that elected members were included in the ICS, particularly in PLACE and neighbourhood services, as elected members had in-depth knowledge of the services in their areas and were often contacted by their residents on matters that they would not take to their GP or a social worker. Councillors therefore could be a really good resource in building the ICS.
- Some felt there was a need to speak to people in a language they understood.

RESOLVED that: the Board continue to support the next steps and direction of travel for Northamptonshire ICS delivery to April 2022

24/21 Role of Health and Wellbeing Boards in context of the Health and Care Bill

The Chair stated the introduction of the Health and Care Bill, did not change any of the statutory duties already in place for Health and Wellbeing Boards, instead the Bill set out additional requirements Health and Wellbeing Boards would have in relation to fulfilling duties of the new Integrated Care Board. There would be a workshop following this meeting to explore the role of Health and Wellbeing Boards in PLACE development in the context of the Integrated Care System.

There being no further business the meeting closed at 3.15pm.