

HEALTH & WELLBEING BOARD

Minutes of the meeting held on 2 December 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
Alan Burns	Chair, KGH and NGH Group
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Shaun Hallam	Deputy Chief Fire Officer, Northamptonshire Fire & Rescue Services
Michael Jones	Divisional Director, East Midlands Ambulance Service (EMAS)
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Professor Steve O'Brien (via Teams)	University of Northampton
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS, Northamptonshire CCG
Colin Smith	Chief Executive, Local Medical Committee
Pauline Sturman	Assistant Chief Constable, Northamptonshire Police
Dr Jo Watt	Chair, NHS Northamptonshire
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council
Lucy Wightman	Joint Director of Public Health

Also Present

Cheryl Bird, Health and Wellbeing Board Business Manager
 Jenny Daniels, Democracy Officer (Minutes)
 Sam Fitzgerald, Assistant Director of Adult Social Services
 Olivia Kinsey, PA Consulting

Luke Muir, PA Consulting
Amy Plank, Environmental Protection and Private Sector Housing Manager

And no members of the public

25/21 Apologies

Apologies were received from Cathi Hadley (Director of Children's Services), Naomi Eisenstadt (Chair, Northamptonshire Health & Care Partnership) and Oliver Newbold (NHS England), Professor Will Pope (Chair, Healthwatch Northamptonshire).

26/21 Board membership

The Chair asked the Board to welcome Dr Raf Poggi as the Primary Care Network representative for the Board.

Resolved that: Dr Raf Poggi is co-opted as the Primary Care Network representative for the Board.

27/21 Notification of requests from members of the public to address the meeting

None had been received.

28/21 Declaration of members' interests

The Chair invited those who wished to do so to declare interests in respect of items on the agenda.

No declarations were made.

29/21 Minutes of the Meeting Held On 23 September 2021

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 23 September 2021.

30/21 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.

- Lucy Wightman to circulate the Population Health Strategy to the Board.
Completed. This was circulated to Board members on 1 November 2021.
- Details of the BCF Plan would be shared with the Board. **This was an agenda for discussion later in the meeting.**

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

31/21 Director of Public Health Annual Report 2020/2021

At the Chairman's invitation the Director of Public Health introduced this report (copies of which had been previously circulated) which detailed the lessons learned from COVID19 highlighting the following:

- It was a statutory duty of Health and Wellbeing Boards to oversee production and publication of the Directors of Public Health Annual Report.
- This report focused on the county's response to the COVID-19 pandemic, including lessons learned, system wide partnership working, challenges and how to improve the response moving forward.
- This was an independent report by the Director of Public Health.

RESOLVED that: the North Northamptonshire Health and Wellbeing Board:

- a) notes the Director of Public Health Annual Report; and
- b) the draft white copy of the report would be circulated to Board members for feedback; and
- c) delegates authority to the Portfolio Holder to approve publication of the final draft of the report.

32/21 Better Care Fund Update

At the Chairman's invitation the Director of Adults, Communities and Wellbeing introduced this report (copies of which had been previously circulated) which gave details of the Better Care Fund Submission for 2021/22 and the Assistant Director of Adult Social Services provided an update on the current performance against those matrices.

- Submission of the BCF Plan 2021/2022 had been made to NHS England, who had feedback that the metrics contained within the plan were not stretched enough. Work continued with both acutes and NHS Northamptonshire CCG on the length of stay and discharge targets. An updated version of the BCF plan had been submitted to NHS England on 2 December.
- The schemes contained within the 2021/2022 plan were largely like the schemes contained within the 2020/2021 plan.

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

- i. the 'pillars' mentioned in the report were made up of a number of bricks. It was a multi-agency approach.
- ii. Achieving 95% of people being sent back to their place of residence was a real achievement.
- iii. The metric for those who remained at home above 91 days after discharge the 91 days, this counted on the 91st day of discharge regardless of whether there had been re-admission in between.
- iv. Within community hubs there are ideal outcome meetings held to ensure everything was provided in the home to assist a person to remain and they give the right amount of support which reduces their care needs.

RESOLVED that:

- The Health and Wellbeing Board notes the spend for 2021/22.
- Once agreed by NHS England the BCF Plan to be circulated to the Board.

- The Assistant Director of Adult Social Service to include performance against re-ablement metrics in the next update.
- To have a specific iCAN update for future meetings to provide a high-level overview of key performance indicators within the bricks and pillars to provide assurance.

33/21 Disabled Facilities Grant Update (DFG)

At the Chairman's invitation the Environmental Protection and Private Sector Housing Manager introduced this report (copies of which had been previously circulated) which highlighted the latest information in relation to the current financial year.

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

- i. There was not a huge increase in demand for DFG's but an ageing population meant there was a steady increase year on year for DFGs. The baseline years had also changed since the aggregation from district councils into North Northamptonshire Council, and this would take approximately 18 months to work through what the baseline would look like and to obtain a clear indication of how many people were coming through the system and the amount of spend with their DFGs.
- ii. There was not really anything more partners could do to support this as they were already working with partners on several items such as filling vacant posts. They had also reduced the waiting list for people to get assessments from 6 months to 3. Once resources were available to reduce the waiting list further, they would be able to look at more discretionary measures such as providing minor repairs and handyman schemes, to prevent people from having falls and accidents in the home and reduce admission to hospital.
- iii. They looked to employ several professionals across several partners.
- iv. They were also looking to provide some work opportunities for occupational therapist students and looking to grow their own staff through provision of apprenticeships. The Service would really like to have a conversation with the University of Northampton concerning the work for occupational therapist students.
- v. The surveyors and builders could not be brought in to complete a DFG until the occupational therapists had completed their assessment. Perhaps more could be undertaken such as the Council's maintenance team could assess certain adaptations. The requirements from the 1996 Act required an Occupational Therapist's recommendation before public money could be spent on a DFG. It was also noted that the Northamptonshire Fire & Rescue Team would be happy to be part of the conversation in this.
- vi. There was also the need for the Service to improve and work with other services in advertising DFGs to ensure the grant was well advertised and that those who required it could get assistance.

RESOLVED that: The Health and Wellbeing Board notes the DFG spend for 2021/2022.

34/21 COVID19 Update – Oversight and Engagement Board

At the Chairman's invitation the Director of Public Health provided this update highlighting the following:

- i. At 3pm that day it would be announced that there were omicron cases in the county. The figures were expected to rise quite significantly in the next few days.
- ii. Some targeted testing in some settings would begin the following day.
- iii. Currently West Northants was primarily affected.
- iv. It was mainly affecting children and adults and one school had already shut.
- v. Case loads were going up across the board with the West increasing at a slower rate. There was a higher all age case rate than the England average but Northamptonshire was broadly in line with the East Midlands. The all-age case rate in North Northamptonshire was 568.4 per 100000 population which had risen by 18% in the last few days, primarily driven by primary school children. This was mainly because they hadn't been vaccinated and found it harder to isolate.
- vi. Omicron was likely to re-infect a person. There were outbreaks in workplaces, schools, and a small number in care homes although this was waning due to the booster vaccine.
- vii. Hospital admissions did not seem to be going up, staying at 6%-7% of the bed base.
- viii. There had been more deaths in the last 7 days but the way they were recorded could have something to do with that as someone, could have had a positive COVID result but then be killed in a car crash. Their death would still be recorded as due to COVID.
- ix. The vaccine provided a level of protection. Even those being hospitalised after having 3 vaccinations could be in ICT if not for those vaccinations.
- x. The North of the County was in a good place as it had many vaccination centres and the primary care network and pharmacies were also assisting to provide vaccinations. 191,000 boosters had already been given.
- xi. There was very little room within the system as the current acute trusts were congested being at level 4 (the highest level) in this respect. This was why the clinical leads had been working on contingency plans and reviewing which services would be stepped back if required.

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

- i. It was noted that the community suffered some nervousness when things like wearing face masks was re-introduced, so due to the expected increased number of calls to Northamptonshire police the Director of Public Health extended an invitation for an officer to attend the next OCT.
- ii. Current legislation required people who were confirmed or suspected of having Omicron to isolate for 10 days, the challenge was that it was taking 10 days to complete genomic sequencing for someone suspected of being infected with the Omicron variant.
- ii. There could therefore be many people self-isolating, and people did not like getting their freedom back only to lose it again.
- iii. Schools or town halls were being reviewed as an area where a surge test could be undertaken. Courier related tests were also being considered for those who could not attend a vaccination centre.

- iv. It did not take much to wipe out the entire capacity for those covered by small services provided by general practice. NHS Northamptonshire CCG were looking at the BMA green list of services that must be protected within general practice and how people could get access to these services. In particular they were looking at how to promote the message to the public to undertake a PCR test if they had symptoms. General Practice are asked to support staff to wear appropriate PPE to preserve services that were important.
- v. A lot work had been undertaken in terms of communications of messaging on which test to take at which time. There was a new Public Elf Christmas campaign to remind people of the COVID-19 safe protocols. People were feeling fatigued so messages need to be balanced so that those medical conditions that could be self-medicated remained so.
- vi. The main difference was that the vaccine was more effective in preventing severity of symptoms and needing hospital admission than doing nothing.
- vii. They were aware of the need to reinforce best practice measures to ensure communities did not become nervous, and that public trust was maintained in the vaccine.
- viii. The Council websites included a lot of information on testing, about benefits, as well as food and medicine deliveries for those self-isolating. The Director of Public Health would ascertain whether a directory of services could also be linked. MiDOS was available and linked through to the social prescribing link workers, enabling people to have non-clinical interventions and support as opposed to default to contacting general practice.
- ix. It was also noted that 90% of patient encounters were seen by GP practices and many people had been rude and violent. It was therefore felt that more support was required to GP practices. It was also noted that information regarding the need to respect staff was shortly being produced by NHS England and in social media. It was not just GP practices but any front-line public sector organisation who deserves respect from the local population.
- x. A Local Outbreak Management Plan (LOMP) was also presented as it was updated each time the national framework was. It was a statutory requirement to have a political meeting to oversee execution of the LOMP and providing challenge on whether it was effective. The countywide COVID-19 Oversight and Engagement Board was created for this purpose. It was recognised that this was duplication of the work of the Health and Wellbeing Board. The Director of Public Health proposed to disband the Oversight and Engagement Board and move its governance to the 2 Health and Wellbeing Boards in Northamptonshire.

RESOLVED that: the Health and Wellbeing Board

- a) notes the COVID19 Update.
- b) Agrees to delegation of governance for oversight of the COVID19 response and LOMP be given to the 2 Health and Wellbeing Boards.
- c) endorses the refreshed LOMP.

35/21 Integrated Care System Update

At the Chairman's invitation the Chief Executive of NHS and Northamptonshire CCG presented the report (copies of which had been previously circulated) which provided an update on the Integrated Care System.

RESOLVED that: the Update on the Integrated Care System be noted.

36/21 PA Consulting Paper

At the Chairman's invitation the Director of Adults, Communities and Wellbeing at North Northants Council introduced the report (copies of which had been previously circulated) which outlined what had been undertaken on the integrated care system development. There were 2 papers in the pack, one setting out the recommendations that the health and wellbeing board were being asked to endorse that day. The second one set out the work that had been undertaken and the proposals.

- There have been 2 phases of workshops taking place to design principles and potential geographies used.
- The proposal for North Northamptonshire communities will be based on the geographic footprints of old district and borough local authorities, primarily because of the organisation and distribution of services and identify within the local populations. Within the neighbourhood levels there will be clusters of wards of between £30k-£50k population.
- These proposals will still need to be approved by Executive Full Council in North Northamptonshire and the Executive Boards, within the NGH and KGH Group, NHFT and NHS Northamptonshire Clinical Commissioning Group.

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

- i. It was felt that the workshops had been interesting. They had not just focussed on those who identified as part of a community geographically but also, those of a type.
- ii. Within the final proposals around communities and neighbourhoods, there was strength in the original Health and Wellbeing Forums and it was wished that this would continue in the North as a platform for communities to raise issues.
- iii. Engagement with communities was important and it was hoped that by creating these groups they would evolve and ensure services really were representative of local need.
- iv. The proposal would provide a chance to focus of the drivers of economic wellbeing in communities and the deprivation levels. The pace of change might require different reporting data to show the granularity of changes taking place in communities.
- v. Moving forward consideration is needed on the architecture, to establish what problems we were trying to solve for the population and at which levels and how we want teams in different areas working together.
- vi. Consideration was also needed about whether services could be commissioned at a Health and Wellbeing Board level, rather than this Board trying to influence the ICS for resources in a particular sector.
- vii. It was about recognising what was required in areas and how people's lives

could be improved. It was about ensuring they had the correct clusters and that the clusters were working well.

- viii. There was a need for everyone assisting and supporting communities to work together and get in as early as possible to have the best possible result and shape services at the primary care level.

RESOLVED that the Health and Wellbeing Board

- a) Formally endorses the development of four communities: Corby, Kettering, Wellingborough, and East Northants as the boundaries for communities in the North.
- b) Formally endorses the plans to design neighbourhoods through clusters of wards with approximately 30-50k population size.
- c) Endorses governance recommendations to widen the Health and Wellbeing Board remit and membership, establish Community Locality Wellbeing Forums, and utilise existing governance forums for neighbourhoods.

There being no further business the meeting closed at 15.36pm.