Health and Wellbeing Board
At 2.00 pm on Thursday 10th March, 2022
Held as a North Northamptonshire Council Offices, Cedar Drive, Thrapston, NN14 4LZ

Present:-

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Helen Harrison	North Northamptonshire Council
Alan Burns	Chair, KGH and NGH Group
Naomi Eisenstadt	Chair, Northamptonshire Health and Care Partnership
Shaun Hallam	Deputy Chief Fire Officer, Northamptonshire Fire & Rescue Services
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Professor Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Professor Will Pope (via Zoom)	Northamptonshire Healthwatch
Toby Sanders	Chief Executive, NHS, Northamptonshire CCG
Chief Superintendent Ashley Tuckley	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
Sheila White	Northamptonshire Healthwatch

Officers

Cheryl Bird	Health and Wellbeing Board Business Manager
Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Darren Dovey	Chief Fire Officer
Sam Fitzgerald	Assistant Director of Adult Social Services
John McGhee	North Northamptonshire Council
Hazel Webb	Community Services Manager

13 Apologies for non-attendance

Apologies were received from Councillor Scott Edwards and Councillor Macauley Nicol as well as Ann Marie Dodds (Director for Education), Michael Jones (Divisional Director EMAS), and Oliver Newbold (NHS England)

14 Notification of requests to address the meeting

None had been received.

15 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.

16 Minutes of the Meeting Held on 2 December 2021

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 2 December 2021.

17 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. He reported the following:

- The Director of Public Health's Annual Report 2020/2021 had been circulated to members of the Board for feedback.
- Performance Data against re-ablement metrics had been completed and Sam Fitzgerald would provide an update later during the meeting.
- iCAN updates would be provided by Sam Fitzgerald later during the meeting.
- An update was awaited from the Communications Lead within Public Health on whether a directory of services could be linked to the COVID-19 website.

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

18 Better Care Fund and iCAN Update

At the Chairman's invitation the Assistant Director of Adult Social Services introduced this update highlighting the following:

- Starting with the Better Care Fund (BCF) the first metrics around unplanned admissions would be updated that month and brought to the next board meeting.
- There had been a slight increase to 15.9% on the 14-day length of stay but it was still within the plan.
- The 21-day length of stay hadn't changed much.
- There had been significant work undertaken in the iCAN programme to reduce the length of stay in hospitals particularly around stranded and super stranded patients at the 7 and 21 day indicator. KGH had got the number of super stranded patients back down to approximately 80. With early discharge planning they were getting the right outcomes for patients and whilst it was a difficult story it was a positive one.
- 95% of people had been discharged to their usual residence which was positive.
- The effectiveness of re-ablement services had taken a slight downward turn. It was an accumulative target so it could be recovered.
- Re-admissions was slightly higher but the department was working on it.
- Permanent admissions to residential and nursing care are on an upward trajectory. In Northamptonshire a discharge to assess model is used, if people are not discharged to their normal place of residence, there is another opportunity for them to be assessed upon discharge.
- Some workshops were happening the following week but one of the key priorities was to be the single system dashboard so that they knew how many there were at any time. A surge in admissions for example who equate to a surge in discharges at a later date so they could deal with it.
- The adult social care team had not split on vesting day and had been created later in the year, so they were a relatively new service. There were 1,325

referrals to date which averaged approximately 120 per month. 60% of these came from acute discharge. Since September approximately 40% were around admission avoidance. So they were now working on discharge and avoiding admissions.

- There had been some challenges. An increase in the timescale that offered a like for like offer in reablement from admissions. Those who have had a need for long term input had created some issues in the throughput.
- In the last quarter there had been a 20% re-admittance rate, but they had taken some mitigating actions and the department was looking at how they could take advantage of more opportunities so that people could be kept at home.

Queries on the update were answered as follows:

- Data for those still undertaking treatment was recorded daily. Discussions were around a person's identified needs. Those working in therapy, social care and medical services had input to ensure the patient was sent home once it was deemed safe to do so and with the right support. There was also a mechanism for checking on them once they were at home.
- Chief Executives across the health sector had reviewed late discharges to see how they could be improved for the autumn and winter. A fuller conversation on this would be appreciated so as not to repeat the previous winter experience and improve the patient experience.
- There were care co-ordinators to help patients who had just left hospital and to assist in avoidance of hospital admissions by supporting patients and their families.
- The patients where delays had been caused were in their own homes. On average the department was aware that they were reducing people's need for care and support by 4.9 hours. However, they were reliant on the home care service to have their residual care needs met. It was a national challenge and something they were attempting to work on locally. This statistic was being monitored very closely. A pay increase had been offered and a retention payment but more reablement for avoidance as well re-admittance to hospital was required.

RESOLVED that:

a) The Health and Wellbeing Board notes the update; and
b) Sam Fitzgerald would bring data on the unplanned admissions metric to the next meeting.

19 COVID19 Update:

At the Chairman's invitation the Director of Public Health provided an update noting the following:

- There had been an increase in the last 7 days. This had been replicated in the East Midlands. In North Northamptonshire there had been a 4% increase in the last 7 days. There had been a 23.4% increase in those over 60 years old.
- The case rates had decreased from a couple of days previously. The key was for people to practice safety measures like wearing masks.
- At the end of February there were 12 outbreaks, mostly in health and care settings, with approximately 10 cases were seen with each outbreak.
- Free lateral flow testing would cease at the end of March. Health and care settings would still be required to undertake PCR testing. There was a need for Public Health Teams to work with the UK Health Security Agency to ensure they were proactive in their management of any identified variants.

- Testing sites would remain until the end of March and were noted on the Council's website.
- Of all the vaccinations delivered the previous week half of them were still first doses. Targeted preventions to reach the hard to reach were beginning to work and the number of boosters given was increasing.
- The number of hospital admissions due to COVID19 complications had been steadily falling. There had been an increase the day before in the number of admissions, but this demonstrated the variability rather than a trend.
- The national guidance was that people were not required to self isolate or test regularly if they did not wish to. However, the public were advised to continue using COVID19 safe practices recognise there was a beneficial impact to them still doing it.
- Vaccinations were still available even though contract tracing had now ceased.
- Those supporting particular targeted people were also supported.

The Chief Executive, NHS Northamptonshire Clinical Commissioning Group added the following comments:

- There had been 1.48million jabs administered to people across Northamptonshire. These had been provided by Primary Care Networks, community pharmacies and the mass vaccination centre. The booster programme had vaccinated over 80% of the eligible population.
- The focus of the vaccination programme was second doses for 12-15 years, first doses 5-11 years, and cohorts of the population where vaccine uptake has been low.
- 15,000 jabs had been administered in a single day in the week before Christmas. They were now administering 400 or 500 a day.
- There would be a springtime booster programme and there could be an autumn programme. The lease had been extended at the vaccination centre at Moulton Park for a further 12 months. Some of the capacity would be stepped down over the summer and increased as and when required.
- Peaks in the need for vaccinations were expected as they were required if someone wished to go abroad.
- Work was also being undertaken with schools to get the message through to people that those wishing to go abroad would need a vaccination. They would ensure it was included in Headteacher newsletters.
- A new service had been made available to 12 to 15 year olds so that they could access proof of a COVID vaccination without their parents requesting access to the entire notes.

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

- Sewage testing was a way of monitoring prevalence of the virus, but not new variants and this is also being stepped down.
- Following the decision by central government to revoke the mandatory requirement for all health and social care staff to be vaccinated against COVID19. Adult Social Care were doing all they could to contact those that had left the service and entice them to return. Many people chose care as a profession because they genuinely wished to make a difference and whilst many had obtained other jobs the grass may not be greener, and they may wish to return to care. Many also could not afford to live on the wages offered in the care sector and more was required for people to see the benefits and feel valued. Many did not see it as a career and whilst there were opportunities more had to be done to ensure people could see them. They were undertaking

some work with colleges, and they would work with the new Assistant Director for Education around the relationship with schools to ensure they were aware about jobs in healthcare and career paths.

- Some high-level demonstrations on how a career in social care could start were being undertaken. Ways to see a pathway within the system. Building their own was a big part of it and offering apprenticeships, management opportunities and training was included. They aimed to 'make a difference in an everyday' campaign and reach out to those who would like to work in social are.
- The message that was required had to be strong enough to let people know that flu would not close a hospital ward, but COVID did.
- The public need to be reminded that national guidance is they must still wear face coverings in health and care settings, to protect vulnerable patients. This has led to confusion and some staff members have experienced frustration from members of the public when reminded.
- The opportunity to tap into the Kettering General Hospital bank staff and provide them with opportunities would be exploited. They could be offered a change of setting and environment as a way of moving on within their career.

The following was also noted:

- There was a need to ensure that messages given were provided as simply as possible.
- In all NHS settings it will be continued to be emphasised that front line staff have a responsibility to be fully vaccinated against COVID19 to reduce transmission.
- As COVID was experienced for longer they were beginning to understand it better and were beginning to understand the impact of long COVID.

RESOLVED that:

a) The Health and Wellbeing Board notes the updates;
b) The Director of Public Health will ask for a media campaign to be included in Head Teachers newsletters; and
c) Steve O'Brien and Sam Fitzgerald to discuss opportunities for a PhD student.

20 Director of Public Health Annual Report 2020-2022

At the Chairman's invitation the Director of Public Health provided an update stating a white copy of the report had been shared in January. One of the reflections made in it was around COVID. It had been delayed because the Public Health team had been focussed on countywide COVID19 response so with the relevant portfolio holders had agreed they would publish it as a 2-year report. This was being finalised and would be brought back to the next meeting.

RESOLVED that: the Health and Wellbeing Board agrees to the addition of information to cover 2022-2022.

21 Critical Incident Update

At the Chairman's invitation the Chief Fire Officer provided the following update in his position as the Chairman of the local resilience forum:

- The local resilience forum was the forum by which local incidents were managed on behalf of Central Government. The areas were based on police areas, so this forum was the Northamptonshire local resilience forum.

- The previous summer Central government had started to talk about taking away restrictions and focussing on recovery. There was a recovery workshop held in October 2021, and the recovery co-ordination group changed to a multi-agency co-ordination group to be able to share information more efficiently between partners.
- At a meeting held on 6 January 2021 everyone had come together and all agencies had reported on the pandemic, and it became clear that staff absences had really increased across the whole spectrum. They had therefore stepped up to a major incident and very quickly they struggled to create the capacity that was required.
- Those in social care had struggled to take people in from hospital. There wasn't a lot of support from Central Government, and they had learned a lot in terms of the importance of having the capacity to deal with it and sharing information when declaring a major incident.
- Not everything had been discussed in a debriefing yet but having spoken to other local resilience forms in the country it appears to have been a regular issue. People struggling to be able to offer assistance to other agencies whilst delivering business as usual. It did not get as bad as they thought it might and the outlook had begun to improve from 26 January 2021.
- Health and Social Care settings managed to sort things out themselves, so they stepped down from the major incident. Structures they would generally use had been used to deal with short term issues like fires and floods but the pandemic has been 2 years so it was felt there was a need to review structures and training could be needed.
- The military had stated they were providing assistance, but the local resilience forum had not requested any. The regional director of health was thought to have requested it.
- It was felt correct to have called a major incident when they had but they needed to ensure everything was in place should things deteriorate, and they had struggled to create the capacity that was required.

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

- There were more challenges faced in the west Northants team. The original request came from West Northamptonshire Council and was thought to enable them to move and bolster care services.
- There was a need to think widely around how communities were utilised to assist them better. They could be used to assist domiciliary care for example by checking on neighbours. This would free up professionals to see more vulnerable people.
- Until the ongoing challenges were addressed adequately there would be peaks and troughs.
- Colleagues including the police were assisting other colleagues and it was easy to see the added value of that. They really struggled despite people's best endeavours however to create the capacity really required by the service. Something had to be done to change the underlying issues.
- The arrangements had worked well but the national learning from the experience would be about the suitability to deal with incidents over a longer period. The good thing was that the Local Resilience Forum was a partnership so there was an integrated review of what had happened. The Local Resilience Forum could be tasks to review what the risks were for future use.

RESOLVED that:

a) the Health and Wellbeing Board notes the report;

b) the Health and Wellbeing Board notes the purpose of the Local Resilience Forum (LRF) and its role within planning, preparing and responding to a health emergency, nationally or locally; and

c) Notes category one responder's responsibilities in relation to the Local Resilience Forum.

22 Health Inequalities Plan.

The Director of Public Health gave a presentation on Health Inequalities Plan for Northamptonshire and highlighted the following:

- Addressing heath inequalities was one of the statutory functions of Health and Wellbeing Boards.
- NHS England required that all ICS Systems had a Health Inequalities Plan. The draft plan must be submitted to NHS England by 31 March 2022.
- Production of the plan would be co-ordinated by the Director of Public Health, but this would be a system-wide plan and needed to articulate how partners would work together to address health inequalities, that is fully embedded in ICS systems
- Between April and June 2022, the draft plan would need to go through the Board approval process, with all key ICS Boards required to sign off the agreed strategic approach and the plan needed to align with existing Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments.
- The draft plan would have an introduction to health inequalities, setting out the national and local context.
- There was a new health inequalities framework being produced by NHS England: 'CORE 20+5' framework. This set out the approach to address health inequalities. This framework would focus on 20% on the most deprived populations, any other local priority populations and five areas that needed to be addressed
  - Maternity
  - Cancer
  - Respiratory
  - Cardiovascular disease
  - Mental health
- A data pack would be produced which reflected where we are now in terms of inequalities,and the plan would set out a broad guide of principles of actions all needed to take across the system, these would include:
  - Everyone needed to understand what health inequalities are and their role in this, and how we support staff to do this.
  - Included a collection of data and understanding of needs, working with communities to understand their needs as well as a community led approach in co-production of services.
  - Building health inequalities into our quality improvement processes.
- The plan would reference priority areas, including the Core 20+5 Framework, as well as how the system will work together to address the wider determinants of health:

➢ environmental impact,

- considering physical and mental health,
- ill health prevention programmes,
- vaccination and screening, health care services,
- social care services
- end of life support.

- This plan would be high level strategic aims around each of the areas and setting out commitment and vision but alongside this there would be PLACE based plans being developed with associated actions.
- Also included in the Plan would be how to monitor progress, how this would link in with the ICS Outcome Frameworks and ensuring health inequalities was embedded into the governance structures.
- Health inequalities was already embedded in the work of the four collaboratives.

RESOLVED that: the Health and Wellbeing Board notes the update.

23 Integrated Care system Outcome Frameworks

The Director of Public Health gave a presentation on the Integrated Care System Outcome Frameworks and highlighted the following:

- Locally they had been tasked to identify what the core issues were in communities to improve outcomes, by doing this through an outcomes framework.
- They used information available at this time to identify areas to improve the outcomes local people experienced across health and care, based on benchmark data.
- They used an outcomes framework to inform the 2022/23 ICB strategy
- There would be different ways of cutting the data to provide insights for targets set, these included national and local data.
- The outcome list was based on a life course approach, cost effectiveness of services and would align with some of the work already completed.
- A multi criteria analysis tool was adapted to prioritise outcomes. It looked at:
  - reducing health inequalities,
  - health gain,
  - improving the care process,
  - improving access to services,
  - achievability,
  - sustainability.
- A short list of outcomes was produced using a life course approach. To take an equitable approach across the different stages of a life course and each of these outcomes aligned to one of the four collaboratives for delivery:
  - mental health,
  - children and young people,
  - elective care
  - iCAN.

The Board discussed the presentation, and the following was noted:

- It was felt that having a clear methodology behind prioritisation of outcomes was important as it assisted them to understand why certain priorities were more important than others.
- A lifecycle approach was about being preventative at every stage.
- It was felt that people working on population health management at a primary care network level, by identifying families in need interventions could be created for them to improve their outcomes.

- It was felt that applying an outcomes framework to the PLACE based work and working with the community safety partnership and local authorities to contribute the right environments for people to get out and exercise and keep mobile would lead to a positive impact.
- It was felt that work in the communities would deliver the scale needed improve these outcomes.

RESOLVED that: the Health and Wellbeing Board notes the presentation

24 Integrated Care System Update

The Designated Chair of the Integrated Care Board gave an update on development of the local Integrated Care System highlighting the following:

- The Integrated Care Board (ICB) would operate in shadow form from 1 April. Dr Jo Watt would continue to chair the CCG until 1 July.
- 3 of the 4 NEDs had been recruited.
- Local authority chief executives would be sitting on the ICB with NHS executives to make decisions on NHS spend.
- The ICB would be a federation of key partners who would have an equal role to play in the decisions on NHS spend and the decisions would be based on what was agreed as the priorities from the outcomes framework; not what was best for individual organisations.
- A strategic change from 1 July would be Oundle coming back into Northamptonshire.

The Director for Adult Social Services gave an update on the PLACE based element of the Integrated Care Partnership and highlighted the following:

- Two previous workshops on how new formed integrated care partnerships would work and align with local authorities had taken place.
- Challenges were how the organisations with different governance functions would work together.
- North Northamptonshire had a different set of proposals to West Northamptonshire.
- For the North there would be four area wellbeing forums: Wellingborough, Kettering, Corby, and East Northants. For each wellbeing forum there would be 2 local area partnerships.
- To work with PLACE, there was the need to work with communities and neighbourhoods that local people recognised.
- To deliver at PLACE there needed to be a group of individuals and organisations that would become the delivery group, and this was represented by the North Northamptonshire Health and Wellbeing Board Delivery Group. The Health and Wellbeing Board delivery group would look at ward population levels and needs to determine the final wellbeing forum and local area partnership boundaries.
- Wellbeing forums would be where partners came and discussed health and wellbeing services, and how to support these. The local area partnerships would be the delivery organisations. There needed to be strong relationships between the wellbeing forums and the local area partnerships.
- The Wellbeing Forums would act as an information conduit between the Local Area Partnerships and this Board, to provide feedback on what strategies and policies would mean for local communities.
- Local area partnerships would have a population size of approximately 50k and would have individual priorities depending on local area need. They would be small

enough to provide personalised support. Support required would be identified through a local area profile.

- The wellbeing forums would represent a population size of approx. 60-100k. Membership of the Wellbeing Forums would include statutory organisations, elected members, voluntary sector, schools, and those who wanted to contribute.
- The Health and Wellbeing Board delivery group would look at ward population levels and needs to determine the final forum and lap boundaries.
- There was a need to consider expanding membership of this Board to include representative(s) from the Community Forums.
- There was a wish to encourage local communities to think about what they could bring to the table; particularly around local neighbourhood needs.
- Discussions on how monies may be devolved would take place over the next two years, and how local areas could tap into this.
- Discussions on the size and location of community hubs were ongoing.
- North Northamptonshire corporate priorities would develop in consultation with the public as well as with strategic partners. These priorities should be the principles that he community hubs ultimately should approach.
- There was a need to consider development of the terms of reference for the four wellbeing forums, and how they would work.
- There was a need to consider development of a North Northamptonshire Health and Wellbeing Strategy and how this would align with the ICB strategy.
- Social capital needs would tap into this model to mobilise communities. The approach should be to empower individuals from the bottom up on how they think the Local Area Partnerships should look.
- There was a need to ensure there was commonality across both West and North Northamptonshire for those delivering countywide services but recognising individuality.

The Board discussed the update, and the following was noted:

- The Wellbeing Forums and Local area Partnership approach would help services across areas and neighbourhoods.
- There was a need to evolve the previous Health and Wellbeing Forums rather than re-develop Community Wellbeing Forums, as this could lead to a loss of impetus and engagement with communities.
- There was a need to make North Northamptonshire a more attractive area to work in.
- Northants Police were building a new neighbourhood policing model and the timescales could align with development of the Local Area Partnerships.
- More clarity was needed on who the representatives would be on the Health and Wellbeing Board Delivery Group.
- The Health and Wellbeing Board's ambition should be to have a more expansive workplace based agenda and holding the delivery to account.
- The Health and Wellbeing Board needed more representation from community groups and primary care networks.
- The Health and Wellbeing Board needed a broader membership not necessarily a larger membership, as there was a risk the Board could become too big and unwieldy.
- The focus of the collaboratives was more around prevention and local based delivery of services.
- The Wellbeing Forums could have a rotating membership at the Health and Wellbeing Board.

- There was a need to consider the current Board membership and the purpose of them being on the board, to focus on PLACE.
- There was also the need to consider how representation from schools and leisure providers were involved in wellbeing discussions apart from the contractual ones and housing.

RESOLVED that:

a) **The Board agreed with the principles/model of having 4 Community Wellbeing Forums, 8 Local Area Partnerships and a Health and Wellbeing Board Delivery Group.**
b) **David Watts would contact individual organisations on the Board to discuss in more detail, representation on the Board.**
c) **David Watts would produce a proposal and Terms of Reference for the Health and Wellbeing Board delivery group and how to evolve the Health and Wellbeing Forums into the Community Wellbeing Forums.**
d) **David Watts and Ashley Tuckley would discuss creation of Northamptonshire Police Neighbourhood policing and Local Area Partnerships in a dual timeline.**

The meeting closed at 4.43pm