



West Northamptonshire Health and Wellbeing Board

A meeting of the West Northamptonshire Health and Wellbeing Board will be held at the The Forum, Moat Lane, Towcester, NN12 6AF, can be viewed on Northamptonshire Democracy You Tube channel on Thursday 30 September 2021 at 2.00 pm

Agenda

1.	Apologies for Absence and Notification of Substitute Members
2.	Notification of Requests to Address the Meeting The Chairman to advise whether any requests have been received to address the meeting.
3.	Declarations of Interest Members are asked to declare any interest and the nature of that interest which they may have in any of the items under consideration at this meeting.
4.	Board membership Chairman to advise of proposed changes to Board membership
5.	Chair's Announcements To receive communications from the Chair.
6.	Minutes (Pages 5 - 16) To confirm the Minutes of the meeting of the Committee held on 24 th June 2021.
7.	Action Log (Pages 17 - 18) To review actions from the previous meeting held on the 24 th June 2021

8.	Better Care Fund (Pages 19 - 32) <ul style="list-style-type: none"> • BCF Plan 2021/2022 • Integrated Care Across Northamptonshire (iCAN) funding
9.	Population Health Update (Verbal Report)
10.	COVID19 update (Verbal Report)
11.	Integrated Care System - National Guidance update (Pages 33 - 48)
12.	Role of Health and Wellbeing Boards in context of the Health and Care Bill (Verbal Report)
13.	Close Public meeting

Catherine Whitehead
Proper Officer
22 September 2021

West Northamptonshire Health and Wellbeing Board Members:

Councillor Matt Golby (Chair)

Councillor Fiona Baker

Alan Burns

Anna Earnshaw

Colin Foster

Assistant Chief Fire Officer Dr Shaun Hallam

Mike Naylor

Nick Petford

Russell Rolph

Colin Smith

Councillor Jonathan Nunn

Dr Jonathan Cox

Naomi Eisenstadt

Cathi Hadley

Stuart Lackenby

Oliver Newbold

Professor Will Pope

Toby Sanders

Assistant Chief Constable Pauline Sturman

Information about this Agenda

Apologies for Absence

Apologies for absence and the appointment of substitute Members should be notified to democraticservices@westnorthants.gov.uk prior to the start of the meeting.

Declarations of Interest

Members are asked to declare interests at item 2 on the agenda or if arriving after the start of the meeting, at the start of the relevant agenda item

Local Government and Finance Act 1992 – Budget Setting, Contracts & Supplementary Estimates

Members are reminded that any member who is two months in arrears with Council Tax must declare that fact and may speak but not vote on any decision which involves budget setting, extending or agreeing contracts or incurring expenditure not provided for in the agreed budget for a given year and could affect calculations on the level of Council Tax.

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Queries Regarding this Agenda

If you have any queries about this agenda please contact Cheryl Bird, Health and Wellbeing Board Business Manager via the following:

Tel: 0300 126 3000

Email: Cheryl.Bird@northnorthants.gov.uk

Or by writing to:

West Northamptonshire Council
One Angel Square
Angel Street
Northampton
NN1 1ED



WEST NORTHAMPTONSHIRE HEALTH & WELLBEING BOARD

Minutes of the meeting held on 24th June 2021 at 11.30 am

Venue: Council Chamber, Guildhall

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Councillor Fiona Baker	Cabinet Member for Childrens, Families, Education and Skills, West Northamptonshire Council
Lisa Bryan	Prevention, Safeguarding and Partnerships Manager, Northamptonshire Fire and Rescue
Alan Burns	Chair, KGH and NGH Group
Martin Claydon	East Midlands Ambulance Trust
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster Joined the meeting at 12.00 pm	Chief Executive, Northamptonshire Children's Trust
Cathi Hadley Joined the meeting at 12.00 pm	Joint Director of Childrens Services, North and West Northamptonshire Councils
Stuart Lackenby	Executive Director for Adults, Communities and Wellbeing, West Northamptonshire Council
Cllr Jonathan Nunn	Leader, West Northamptonshire Council
Professor Will Pope	Chair, Northamptonshire Healthwatch
Russell Rolph	Chief Executive, Voluntary Impact Northamptonshire
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Colin Smith	Local Medical Committee
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health, North and West Northamptonshire Councils
David Williams	Executive Director of Business Development, Northamptonshire Healthcare Foundation Trust

Also Present

Cheryl Bird, Health and Wellbeing Board Business Manager
Katie Brown, Assistant Director Safeguarding and Wellbeing Services, West Northamptonshire Council
Deborah Mbofana, Public Health Practitioner, Public Health Northamptonshire
Chris Stopford, Private Sector Housing Manager, West Northamptonshire Council

And no members of the public

01/21 Apologies

Anna Earnshaw, Chief Executive, West Northamptonshire Council
Mike Naylor, Director of Finance, East Midlands Ambulance Service
Oliver Newbold, NHS England
Nick Petford, Vice Chancellor, University of Northampton
Crishni Waring, Northamptonshire Healthcare Foundation Trust
Alysha Vaghela, Public Health Administrator, Public Health Northamptonshire

02/21 Notification of requests from members of the public to address the meeting

None received.

03/21 Declaration of members' interests

None received.

04/21 Chairman's Announcements

The Chair asked the Statutory Board members to formally co-opt representatives from the following organisations as members to the Board:

- Leader, West Northamptonshire Council
- Cabinet member for Childrens, Families, Education and Skills, West Northamptonshire Council.
- Chief Executive, West Northamptonshire Council
- University Hospitals of Northamptonshire NHS Group
- Northamptonshire Health & Care Partnership
- Northamptonshire Children's Trust
- Northamptonshire Fire & Rescue
- East Midlands Ambulance Service
- NHS England
- University of Northampton
- Northamptonshire Police
- Local Medical Committee
- Voluntary Impact Northamptonshire
- Office of Fire, Police and Crime Commissioner

The Chair thanked Professor Nick Petford for his role in chairing the previous countywide Northamptonshire Health and Wellbeing Board.

The Chair acknowledged there is much work to be completed as a system and as a group of partners, to ensure development of the Integrated Care System (ICS) in Northamptonshire will bring benefits to local residents and partners across the county. Helping communities to support themselves and enable people to remain well and independent for as long as possible and this Board is ideally placed to be accountable and to accept challenge.

RESOLVED that:

Representatives from the following organisations are co-opted to membership of the Board:

- **Leader, West Northamptonshire Council**
- **Cabinet member for Childrens, families, education and skills, West Northamptonshire Council.**
- **Chief Executive, West Northamptonshire Council**
- **University Hospitals of Northamptonshire NHS Group**
- **Northamptonshire Health & Care Partnership**
- **Northamptonshire Children's Trust**
- **Northamptonshire Fire & Rescue**
- **East Midlands Ambulance Service**
- **NHS England**
- **University of Northampton**
- **Northamptonshire Police**
- **Local Medical Committee**
- **Voluntary Impact Northamptonshire**

05/21 West Northamptonshire Health and Wellbeing Board Draft Terms of Reference

The Chair advised Terms of Reference (ToR) (copies of which had been previously circulated) has been drafted for the West Northamptonshire Health and Wellbeing Board with the purpose of setting the future direction of the Board and ensuring the Board remained compliant with its statutory functions. As a S102 Committee of West Northamptonshire Council it should follow the Health and Wellbeing Board Terms of Reference included in West Northamptonshire Council's Constitution.

The Board reviewed the ToR and the following was noted:

- The statement 'Initiating and encouraging the integrated delivery of health, social care and other services with health and wellbeing related responsibilities' needs to be strengthened, to make ourselves accountable and challenge ourselves moving forward with development of the statutory ICS.
- The inclusion of the reference to the ICS and the need to review terms of reference on a regular basis was welcomed.
- It would be beneficial to have a representative from the Primary Care Networks sit on the Board as general practice is a vital part of how the health and care system operates.

- As the legalisation relating to development of a local ICS becomes clearer at a Place level, discussions will need to take place with partners involved in wider wellbeing services such as housing. These partners can play a substantive role within the Board and connect to the wider Place issues that have traditionally sat outside of health and social care.
- Although the ToR detail a process for identifying a vice chair, discussions have concluded that it would be prudent to see how this Board will be shaped in the future context of the ICS before appointing a Vice Chair.

RESOLVED that:

- a) **Primary Care Network representative be invited to join the Board.**
- b) **The Board agreed for amendments to the draft Terms of Reference be circulated to Board members for virtual approval before being submitted for final approval at Full Council.**

06/21 North Northamptonshire Pharmaceutical Needs Assessment

At the Chair's invitation, Public Health Practitioner, Deborah Mbofana introduced the West Northamptonshire Pharmaceutical Needs Assessment (PNA) highlighting the following:

- Charlotte Goodson was commissioned to complete the West Northamptonshire PNA by Public Health Northamptonshire, supported by Deborah Mbofana and Anne Hartley.
- Deborah Mbofana chaired the Project Advisory Group (PAG) which consisted of a wide range of members from across NHS organisations, Northamptonshire County Council, Public Health Northamptonshire, Healthwatch Northamptonshire, Local Medical Committee and Local Pharmacy Committee. The PAG met three times over the past eighteen months to start the process of developing a separate PNA for the West and North of the county.
- It is a statutory responsibility of Health and Wellbeing Boards to oversee the production and publication of a PNA for their area every three years.
- The PNA considers the pharmaceutical needs for the local area over the next three years, including needs in the community, current provision, access to services, the impact of population growth and proposed development in terms of housing roads and infrastructure.
- The information contained within the PNA is currently used by NHS England and NHS Improvement to commission services within the local area. From April 2022 commissioning for pharmacies, ophthalmology and dentistry will be the responsibility of the ICS.
- Pharmacies are pivotal in the health and wellbeing pathway and should be the first port of call for issues, advice and guidance relating to health, as well as already providing services such as dispensing, medicines management, and prevention services.
- The COVID pandemic has shown the importance of pharmacies and demonstrated their flexibility in offering services, with the increased use of electronic prescriptions and virtual offers.
- In West Northamptonshire there are:
 - 64 pharmacies,
 - 3 with dispensing appliance contractors,

- 13 out of the 38 GPs dispense to eligible patients,
- 2 are online only pharmacies,
- 7 pharmacies offering services 100+ hours,
- 4 other pharmacies are open 7 days a week.
- Pharmacies offer essential services as well as advanced and enhanced services relevant to particular areas.
- The conclusion from the PNA is that there is good access to pharmaceutical services for the local population even in the rural areas, particularly with the growth in electronic prescriptions. Most of the population in West Northamptonshire have access to a pharmacy within a 20 minute drive or 30 minute walk.
- It was felt there are sufficient services for the predicted 53,000 population growth that will take place in the county over the next three years. A large number of those who responded to the survey felt they had the capacity or could make adaptations to cope with the predicted growth.
- There were no services identifying as needing improvement or for no new services to be implemented once COVID19 restrictions are lifted.

The Director of Public Health thanked the PAG and Charlotte Goodson for all their hard work on producing the PNA, and added this assessment provides a huge amount of intelligence and insight into pharmaceutical provision within West Northamptonshire. This is particularly important following creation of the new unitary councils and will provide a key insight when commissioning of these services transfer over to the ICS from April 2022. Although service needs are currently well met, the Director of Public Health would like to develop community pharmacies further to deliver Public Health prevention services in the community.

Members of the Board discussed the PNA and the following was noted:

- The Board recognised the impact community pharmacies have had during the COVID19 pandemic, along with local authorities, voluntary sector and primary care, particularly in aiding to support and protect the shielded population.
- 52 of the respondents to the survey were in the shielded cohort and responded positively, including comments about flexibility and strong support.
- Community pharmacies are a vital part of the health and wellbeing plan to enable communities to have access to health advice, helping to relieve pressure on general practice and improve access to health and wellbeing services.
- Community pharmacies are making a big contribution in helping with the COVID19 vaccination programme, particularly playing an increasingly supportive role in recent months and are likely to have a bigger contribution over the next year.
- When questions were formulated for the survey they ensured specific questions around the COVID Pandemic were included to provide the opportunity to ask people how they were using pharmacies and whether they were happy with the service.
- A concern was raised that there were only 300 responses to the public consultation. Deborah Mahon acknowledged the sample is small which could be partly down to COVID19, but there is a need to consider about how to engage more proactively with communities.

RESOLVED that:

- a) **Deborah Mbofana will ask Charlotte Goodson for breakdown on postcode areas for the responses from the PNA survey, for circulation to Naomi Eisenstadt.**
- b) **The Board approved publication of the first West Northamptonshire Health and Wellbeing Board Pharmaceutical Needs Assessment.**

07/21 Director of Public Health Annual Report

The Chair informed the meeting that Directors of Public Health across the county had a duty to produce an annual report and it was a statutory duty of Health and Wellbeing Boards to oversee publication of the report. He then invited Director of Public Health, Lucy Wightman to provide a verbal update on the progress of the report for 2020/2021.

The Director of Public Health advised that due to the Public Health Northamptonshire being crucial in directing the county's response to the COVID19 pandemic, capacity within the team for business as usual has been severely reduced, resulting in a delay in production of the Directors of Public Health Annual Report for 2020/2021. The Director of Public Health asked the Board for virtual approval to publish the report in July and to bring the report for more formal scrutiny at the Board next meeting in September.

RESOLVED that: the Board agreed to virtual approval of the Directors of Public Health Annual Report 2020/2021 before being brought back to the next meeting.

08/21 Disabled Facilities End of Year Report 2020/2021

At the Chair's invitation Chris Stopford, Private Sector Housing Manager introduced the Disabled Facilities Grant (DFG) end of year report 2020/2021 and highlighted the following:

- Mr Stopford thanked colleagues from the previous Daventry and South Northamptonshire councils in helping to compile this report detailing the DFG spend in West Northamptonshire from April 2020 March 2021.
- Disabled Facility Grants (DFGs) are mandatory grants that Local Councils are required to provide to disabled children and adults to enable them to remain in their own homes and prevent admission to hospital and residential care.
- During 2020/2021 the DFG service has been heavily impacted by COVID19, but managed to mitigate the effects and continue to deliver DFGs. The main issues have been:
 - During the first lockdown the construction industry initially almost came to a complete halt until the Government clarified how the industry could continue to work with COVID19 secure practices in place.
 - Supply issues for contractors, with many suppliers unable to open during the first lockdown.
 - Householders' reticence to have work done / people coming into their homes, as the client base is essentially people more vulnerable to COVID19 and part of the shielded population.
 - Vulnerable council employees who were unable to go into clients' homes.

- COVID19 outbreaks for contractors, causing delaying in works and tenders.
- In response to the challenge imposed by the COVID19 pandemic, the housing team are working with the construction trade who have been unable to source materials to assist getting supplies delivered.
- Discussions are also taking place those clients who are still uneasy about having trades people in the house, to draw reassurance of the benefits of having adaptations completed outweighing the risk of being infected with COVID19.
- Having adaptations in place at home can really improve a person's quality of life at home.
- If all COVID19 restrictions are lifted on the 19th July this will enable the backlog of works to be completed.
- DFG clients on the waiting list are allocated a case manager and contacted on a monthly to six weekly basis to see if anything about the grant application has changed or whether the adaptation is still required.
- There was approximately £1 million underspend from the DFG budget 2020/2021 across West Northamptonshire, this underspend is protected and will roll forward into the 2021/2022 allocation.
- Legalisation states a grant approval lasts 6 months, but West Northamptonshire Council are using a discretion, where there is good reason for delay of works being completed the six month limit on approved grants will not be imposed.
- During 2020/2021 there were 120 completed jobs and 242 approved cases, of these 242 cases 150 are currently on hold.
- Since April 2021 £640k of grant work has already been committed, and work is underway to procure more contractors who will be able to deliver more grant work.
- The DFG budget allocated to West Northamptonshire Council for 2021/2022 is ring fenced, which will provide some scope to move funding around the unitary footprint.
- In April 2021 the West Northamptonshire Home Assistance policy was published which includes a new range of discretionary grants to focus on different and emerging needs in our community. This includes a fast track grant for palliative care, working closely with the two new hospices in the area to get people home if they wish when approaching their end of life.
- Discretionary grants were brought in last year due to COVID19 to get people returning home from hospital as quickly as possible, enabling people to be cared for with community support rather than having acute medical support.
- The maximum statutory grant allowance is up to £30k, but West Northamptonshire now have a discretionary grant of up to £45k.

Following questions from the Board Mr Stopford added:

- There is a small backlog of clients awaiting assessments, and work is taking place across the three sovereign councils to address this backlog. Once the assessments have been completed they are then prioritised to critical, urgent and standard.
- Currently there is no backlog for critical or urgent, as far as approval of the grant, but there is a backlog due to clients not wanting contractors to carry out work in their homes. Work takes place with clients who are defined as critical to explain

and assure that having COVID19 safe tradespeople in the house outweighs the risk to potential infection from COVID19.

- It is currently unknown what the latent demand for DFG will be once COVID19 restrictions are lifted. The numbers of incoming DFG calls are being managed and monitored, with the aim to have no DFG backlog in 2022/2023.
- The Executive Director for Adults, Communities and Wellbeing highlighted the same level of DFGs were not completed during 2020/2021 as is in previous years. The number of permanent admissions to care home has significantly reduced and over the next twelve months it is going to be about how to resource the team, to build capacity within DFGs to embrace the shift where fewer people will be admitted to care home settings, instead will remain in their own homes.

RESOLVED that:

- a) An DFG update paper will be brought to the Board meeting in December to show the process being made.**
- b) The Board noted the Disabled Facilities Grant spend for 2020/2021.**

09/21 Better Care Fund quarter 4 Update 2020/2021

At the Chairman's invitation, Katie Brown, Assistant Director Safeguarding and Wellbeing Services, introduced the Better Care Fund Quarter 4 Update 2020/2021 highlighting the following:

- This report provides information of the performance during quarter 4 of the BCF plan 2020/2021 against the four national metrics:
 - Reducing non-elective admissions to hospital
 - Reducing admissions to residential care and care homes;
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital into enablement/rehabilitation services; and
 - Reducing delayed transfers of care.
- It was noteworthy that these four metrics are related to supporting people to remain independent at home for as long as possible or following a hospital stay were supported to be able to return home.
- Due to the COVID19 there was no national requirement to formulate a local BCF plan for 2020/2021, to ensure efforts continued to focus on response to the pandemic. It was therefore agreed in the absence of any national guidance and given the strategic direction, plans and successes in 2019-2020, to maintain all the schemes that operated in the previous year's plan with no changes.
- There has been a 20% reduction in non-elective admissions which is a positive trend linked mainly to the COVID19 Pandemic.
- A positive trend could be seen in the reduction of permanent admissions to residential or nursing care. A significant amount of work across the system had been undertaken to ensure the primary option is for people to return home following a hospital stay or to remain in their own homes for as long as possible. This reduction is partly due to the National Discharge Guidance, using discharge to assess on upon returning home and the changes implemented in Adult Social Services Target Operating Model.
- A slight deterioration could be seen in the figures relating to those over 65 remaining home 91 days after discharge from hospital than in the previous quarter 3. One reason is a new case management system was introduced in West Northamptonshire Council at the end of Q3 and there is a need to re-clarify

the data. Another reason was the increase of acuity in patients being referred to and supported by the re-ablement team, which saw a correlation with the amount of people that still at home 91 days with the greater complexity of people being supported at home.

- Since March 2020 there is no longer a national requirement to publish data on delay transfers of care, there are currently different measures in place about how patients are discharged.
- Discussions are underway about how future BCF plans can underpin the ICS with both unitary councils and NHS Northamptonshire Clinical Commissioning Group.
- The BCF is currently being hosted by North Northamptonshire, covering the whole of the county.
- There will be more regional clarification is about what the expectations are in terms of publication and schemes for 2021/2022 BCF plan.

RESOLVED that:

- a) A progress update on the BCF schemes and clarity on the 2021/2022 plan will be brought to the next Board meeting.**
- b) the Board noted the BCF quarter 4 update.**

10/21 COVID19 update

At the Chairman's invitation Lucy Wightman, the Director of Public Health, provided the following update on the county's response to the COVID19 Pandemic:

- There continues to be an increase in positive case rates, but the rate of increase appears to be slowing.
- The England case rate is 98.4 per 100000 population, an 35.2% increase in the last seven days.
- The East Midlands case rate is 67.5 per 100000 population.
- West Northamptonshire case rate 55.3 per 100000 population, where the North is 34.5 per 100000 population, both of these are on an upward trajectory.
- Transmission of the virus is still broadly by community transmission.
- Northampton has the top case rate in the county of 53.4 per 100000 population, followed by East Northants at 52.9 per 100000 population. Kettering has the lowest case rate in the county of 20.6 per 100000 population.
- Work is taking place to try to increase uptake of vaccination in the lower age groups, including work on ethnic disparities as well as geographic differences.
- There have been no COVID19 deaths in the county for the past eight weeks, with a small increase in the number of hospitalisations, but very few needing intensive care support.
- The age groups with the highest rate of positivity is 10-19 years and 20-29 years, there are lower rates of positivity in the older age groups due to vaccination programme starting to have an impact.
- The national policy for testing is changing, a press release will be completed and new information will be updated on all the public websites in the county.

The Board discussed the update and the following comments were noted:

- There has been a push by central Government in the past few weeks for mandatory vaccination of care workers who work in care homes. A further consultation document is expected to be released next week and it does appear

there is a clear intention for the Government to take this forward. There will be a 16 week opportunity in order to support as many care workers as possible to become vaccinated. This proposal is more far reaching than just care workers it would also include social care staff and occupational therapists who have to visit care homes, as well as contractors who have to go into care homes to manage the property elements.

- The Board recognised all the different partners and venues involved in administering the vaccination programme. The communications teams across all health and care sector partners have been working collaboratively to ensure messages are being received by different age groups, in a variety of languages and media formats. One message currently being circulated to younger age groups is the importance of getting vaccinated to avoid long COVID19.
- There has been an excellent response from partners across the county working together in the county's response to COVID19, including communities and the voluntary sector. Along with the local government reform which took place in Northamptonshire, the county's response to the pandemic has paved the way for the continuation of integrated and collaborative working with partners across the county.

RESOLVED that: the Board noted the update on the county's response to the COVID Pandemic.

11/21 Northamptonshire Health and Wellbeing Annual Report 2020/2021

At the Chairman's invitation the Director of Health and Wellbeing, Lucy Wightman provided an update summarising the work overseen by the previous Northamptonshire Health and Wellbeing Board, during April 2020/March 2021. The Health and Wellbeing Board Business Manager was thanked for her work in difficult circumstances.

The Health and Wellbeing Board Business Manager stated the report included sections describing information on the Board's statutory duties and initiatives overseen by the Board's three sub groups. It also included some of the initiatives overseen by the Health and Wellbeing Forums.

The Chair thanked Professor Petford for his report and his work in Chairing the previous countywide Board.

RESOLVED that:

- a) The Chair will meet with the Health and Wellbeing Business Manager to discuss the sub groups and how they can be empowered to add value to what this Board wants to achieve.**
- b) The Board are noted the work of the previous countywide Northamptonshire Health and Wellbeing Board during 2020/2021.**

12/21 Integrated Care System Update

At the Chairman's invitation, the Chair of the Northamptonshire Health and Care Partnership provided a verbal update on the Integrated Care System (ICS) and highlighted the following:

- In February 2020 the Government announced ICS's would become statutory in April 2022 and would undertake some of the functions currently performed by Clinical Commissioning Groups and commissioning undertaken by NHS England.
- The aim of an ICS is to provide improved health for everyone, reduce health inequalities, to spend public money well and contribute to the wider social and economic benefits of the community made by the NHS and local government.
- The NHS can make you better, but it cannot make you well and a lot of work takes place to improve the wellbeing of the local population within local authorities.
- The first quarter of 2021 was spent working on the structure and operating model of the ICS to ensure there is a better share of power between local government and the NHS.
- An ICS is not just about closer working between the NHS and local government but a more collaborative arrangement between the key partners, including the acutes, community services, primary care and clinical commissioning groups.
- Work is taking place on an outcomes framework, and there are four key priorities for Northamptonshire being taken forward:
 - Children and young people,
 - mental health,
 - elective care
 - iCAN.
- The second phase of ICS development is to move towards a shadow ICS Board, whilst still delivering the Clinical Commissioning Group responsibilities.
- There was a need to understand the complexities within the NHS to ensure the NHS works more collaboratively with Local Government particularly in social care.

Toby Sanders, Chief Executive of the NHS Northamptonshire Clinical Commissioning Group stated the following:

- All the partners on this Board have been involved in the first phase of the developing the Northamptonshire ICS.
- The national policy agenda is around the integration of the NHS within itself, that isn't focused on competition and procurement contracts.
- Integration of services with local authorities, as well as wider partners and agencies across the county and unitary footprints will make a difference to outcomes for the population.
- The four priority areas will build collaboratives to bring together different partners in a more tangible way, with devolving budgets, resourcing in a more connective way to enable front line clinical, professional and operational teams to carry on work for their service users and the local population.

- Discussions are taking place about the role of Health and Wellbeing Boards and joint commissioning at a Place level. This would include more appointed joint roles and joint teams managing programmes such as the BCF, interface with care homes, residential sector and continuing healthcare.
- The national legalisation currently going through Parliament makes reference to an ICS statutory body, and an ICS Health and Care Partnership function which will bring together the two Health and Wellbeing Boards in the county and the NHS to look at the outcomes framework and an integrated structure for the county.
- A slide deck will be signed off on the 25th June and be to distributed to partners to support some of the internal discussions that have taken place.
- By September a process will be underway nationally and regionally for appointing or identifying designated chairs for ICS systems, following this there will be a process for identifying designated Chief Executives.

The Board discussed the update and the following was noted:

- The approaches being taken forward will look to establish a better balance on how to prioritise future interventions for service users.
- The operating model is can be difficult to conceptualise if not from a health and social care background. It would be good to have some case studies on what this means in practical terms for residents.
- Children and young people have been asked what the changes feel like for them and work is taking place on to pulling together the context on what they are saying to help identify the outcomes and priorities needed, and how performance can be measured against them.
- Co-production within the four priority workstreams is key. Co-production in the mental health workstream is well embedded, and other workstreams could use this a best practice.
- Northamptonshire carers have been fantastic in ensuring that carers voices are heard within those workstreams, enabling local residents to get a sense of how services will be different and they how they will access the care they need.

RESOLVED that:

- a) **A report will be brought to the next meeting to describe the resource and management needed for transition work over the next few months, including n ICS roadmap.**
- b) **the Board noted the verbal update on the Integrated Care System Update.**

There being no further business the meeting closed at 1.26 pm.

West Northamptonshire Health and Wellbeing Board Action Log

Action No	Action Point	Allocated to	Progress	Status of Action
240621/04	An DFG update paper will be brought to the Board meeting in December to show the process being made	Chris Stopford		Pending

Actions completed since the 24th June 2021

240621/01	Primary Care Network representative be invited to join the Board.	Cheryl Bird	Jemma Jackson to join the Board as PCN representative.	Completed
240621/02	Deborah Mbofana will ask Charlotte Goodson for breakdown on postcode areas for the responses from the PNA survey, for circulation to Naomi Eisenstadt	Deborah Mbofana	The information has been circulated to Naomi Eisenstadt.	Completed.
240621/03	Cllr Golby will meet with Cheryl Bird to discuss the sub groups and how they can be empowered to add value to what this Board wants to achieve	Cllr Golby	The meeting took place on the 31st August	Completed.
240621/05	A progress update on the BCF schemes and clarity on the 2021/2022 plan will be brought to the next Board meeting	Katie Brown	An agenda item for the meeting 30th September	Completed.
240621/06	A report will be brought to the next meeting to describe the resource and management needed for transition work over the next few months, including n ICS roadmap	Naomi Eisenstadt/ Toby Sanders	An agenda item for the meeting 30th September	Completed.



Item no: 8

**West Northamptonshire Health and Wellbeing Board
30 September 2021**

Report Title	Better Care Fund update
Report Author	Stuart Lackenby, Executive Director for Adults, Communities and Wellbeing, stuart.lackenby@westnorthants.gov.uk

List of Appendices

Appendix 1: Draft of proposed schemes

1. Purpose of Report

- 1.1. To update the Health and Wellbeing Board on the Better Care Fund (BCF) policy statement for 2021/22 published on 19 August 2021 and progress to developing the Better Care Fund plan for 2021/22.

2. Executive Summary

- 2.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 2.2 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances. With the ongoing pressures in systems, the government has confirmed there will be minimal change to the BCF in 2021/22. The 2021/22 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.
- 2.3 The non-elective admissions metric is being replaced by a metric on avoidable admissions. This reinforces the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue in 2021/22 to consider improvements to data collection and the relationship with the development of Integrated Care Systems.
- 2.4 The policy framework, published on 19 August 2021, confirms the conditions and funding for the BCF in 2021/22.
- 2.5 The iCAN programme continues to progress and the intention is to align the deliverables and activities closely to the BCF programme.

- 2.6 The BCF pooled budget schemes are currently being finalised and consolidated to better reflect alignment to the iCAN programme.
- 2.7 NHS England/Improvement (NHSE/I), have formally confirmed their support for the system to commission the external delivery partner, enabling the appointment of Newton Europe as the preferred partner.
- 2.8 The contract with Newton Europe is held by West Northamptonshire Council on behalf of the health and care system. The financial transactions with the external delivery partner will be routed through the BCF pooled budget, corresponding income to fund the external delivery partner will be received as income from constituent partners into the fund to pay against the payment milestones agreed with the delivery partner.
- 2.9 North Northamptonshire Council are acting as hosts for the Better Care Fund pooled budget on behalf of both unitary councils.
- 2.10 An iCAN Programme Director, Kim Curry, has been appointed on behalf of the system and started on the 13th September 2021.

3. Recommendations

- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
- a) Delegate final approval of the financial plan to the Chair/Deputy Chair in consultation with a nominated representative from Northamptonshire Clinical Commissioning Group and West Northamptonshire Council
 - b) Note that the updated BCF policy statement for 2021/22 is largely similar to prior years and that the narrative plan does not require re-drafting or re-submission
 - c) Note that detailed plans once refreshed will need to be submitted for assurance to NHS England
 - d) Note that West Northamptonshire Council and North Northamptonshire Council are currently undertaking a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals will be presented to the Northamptonshire Clinical Commissioning Group (CCG), prior to sign-off as set out in recommendation 3.1a above
 - e) Note that the mechanism for paying the iCAN delivery partner will be via the BCF pool, however the funding of those payments will need to be matched by corresponding income from constituent partners to pay the delivery partner against agreed milestones

3.2 Reason for Recommendations

- 3.3 Whilst the BCF policy statement has been updated, other than publishing of the uplifted amounts there have been no further updates published regarding planning guidance.
- 3.4 The council constitution allows for working groups to be put in place to action activity in between Health & Wellbeing meetings providing sufficient governance to enable recommendation (a) as set out in paragraph 3.1 to undertake this activity utilising appropriate delegation.
- 3.5 The option proposed ensures that there are no significant delays within submission of the BCF plan

4. Report Background

4.1 The Better Care Fund

4.2 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

4.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances. With the ongoing pressures in systems, the government has confirmed there will be minimal change to the BCF in 2021/22. The 2021/22 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

4.4 The non-elective admissions metric is being replaced by a metric on avoidable admissions. This reinforces the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue in 2021/22 to consider improvements to data collection and the relationship with the development of Integrated Care Systems.

4.5 Funding

4.6 The policy framework, published on 19 August 2021, confirms the conditions and funding for the BCF in 2021/22.

Table 1: minimum contributions to the BCF in 2021 to 2022 nationally

BCF funding contributions	2021 to 2022 (£ million)
Minimum NHS (CCG) contribution	4,263
Improved Better Care Fund (iBCF)	2,077
Disabled Facilities Grant (DFG)	573
Total	6,913

4.7 The policy framework published on 19 August 2021 confirms the conditions and funding for the BCF in 2021/22. Accompanying planning guidance has yet to be published, which will impact on finalisation of BCF plans.

4.8 NHS CCG minimum contribution to the BCF

4.9 Locally, the minimum CCG contribution to the BCF and respective changes between prior years are as follows:

2020/21 minimum BCF contribution to LA		2019/20 BCF			2020/21 BCF			% change from 2019/20		
Equal growth for LAs within a merged CCG		1,222,187	2,621,313	3,843,500	1,287,147	2,760,636	4,047,783	5.3%	5.3%	5.3%
	Local Authority (upper tier) (151 LAs in 2019)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)
LA151	Northamptonshire	13,837	32,555	46,392	14,572	34,368	48,940	5.3%	5.6%	5.5%

4.10 The National Health Service Act 2006 ('the NHS Act') gives NHS England the powers to attach conditions to the amount that is part of CCG allocations.

4.11 NHS England will consider conditions (including those that allow for recovery of funding), in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government where the national conditions are not met. These powers do not apply to the amounts paid directly to local authorities from government. The expectation remains that, in any decisions around BCF plans and funding, ministers from both departments will be consulted.

4.12 The government is keeping under review further support for the COVID-19 response and recovery, including funding for the hospital discharge policy. We expect initial BCF plans to be submitted by September. Final BCF spending plans for the second half of the year should consider future funding decisions relating to the hospital discharge policy. Plans will need to continue to meet the conditions of the fund.

4.13 The flexibility of local areas to pool more than the mandatory amount will remain.

4.14 As in previous years, the NHS contribution to the BCF will still include funding to support the implementation of the Care Act 2014, which will be set out via the Local Authority Social Services Letter.

4.15 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

4.16 Disabled Facilities Grant (DFG)

4.17 Funding for the DFG in 2021 to 2022 is £573 million nationally. Locally, this funding translates as follows:

Organisation-name	DFG £
North Northamptonshire Council	4,513,005
West Northamptonshire Council	2,255,260

4.18 DFG This was paid to local government via a section 31 grant in May 2021. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this policy framework and the planning requirements.

4.19 Improved Better Care Fund (iBCF) funding

4.20 The total allocation of the iBCF in 2021 to 2022 is £2.077 billion nationally. The iBCF grant was paid to local government via a section 31 grant in May 2021. This

funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

4.21 The local allocations of iBCF funding are as follows:

Organisation-name	iBCF £
North Northamptonshire Council	11,184,632
West Northamptonshire Council	9,772,993

4.22 **BCF national conditions and metrics for 2021/22**

The national conditions for the BCF in 2021/22 are:

1. a jointly agreed plan between local health and social care commissioners, signed off by the HWB
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
3. invest in NHS-commissioned out-of-hospital services
4. a plan for improving outcomes for people being discharged from hospital

4.23 **National condition 1: a jointly agreed plan between local health and social care commissioners and signed off by the HWB**

4.24 The local authority and CCGs must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB.

4.25 BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current discharge policy in relation to how BCF funding will support this.

4.26 **National condition 2: NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution**

4.27 The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWB.

4.28 HWBs should review spending on social care, funded by the CCG contribution to the BCF, to ensure the minimum expectations are met, in line with the national condition.

4.29 Due to Local Government Reform (LGR) in Northamptonshire, the NHS contribution to adult social care was still stated at a Northamptonshire level, with disaggregation principles then applied to apportion the respective allocations for North and West agreed locally. The 5.3% increase is set out in the table at paragraph 4.8 of this report.

4.30 **National condition 3: invest in NHS commissioned out-of-hospital services**

4.31 BCF narrative plans should set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it.

- 4.32 Expenditure plans will show the schemes that are being commissioned from BCF funding sources to support this objective.
- 4.33 The following chart sets out the funds ring fenced for NHS out of hospital commissioned services.

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services £000s

	2019/20	2020/21
Clinical Commissioning Group (135 CCGs)	Ringfenced out of hospital funding from CCGs £000	Ringfenced out of hospital funding from CCGs £000
NHS Northamptonshire CCG	12,896	13,604

- 4.34 **National condition 4: plan for improving outcomes for people being discharged from hospital**
- 4.35 This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.
- 4.36 Reporting of Delayed Transfers of Care was suspended in March 2020 and replaced with a situation report that reflects the revised hospital discharge policy. This data is currently only available nationally in an aggregated form at acute trust level. In 2021/22, performance on discharge at a HWB footprint will be monitored using data collected from hospital systems through the NHS Secondary Uses Service (SUS) and used to inform support offers to systems.

The joint BCF plan should focus on improvements in the key metrics below:

1. reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
2. improving the proportion of people discharged home using data on discharge to their usual place of residence

Further details on measuring discharge will be set out in the BCF planning requirements. Health and social care partners should continue to use the daily situation report data (using the published discharge information for 2021/22) to understand progress in implementing effective discharge, and work with acute hospitals to identify information at local authority level and ensure discharge reporting is integrated into electronic patient records.

4.37 Metrics

- 4.38 Beyond this, areas have flexibility in how the fund is spent over health, care and housing schemes or services, but need to agree ambitions on how this spending will improve performance against the following BCF 2021/22 metrics:
 - Discharge Indicator set
 - Avoidable admissions to hospital

- Admissions to residential and care homes
 - Effectiveness of reablement
- 4.39 Plans under national condition 4 (discharge) should describe how HWB partners will work with providers to improve outcomes for a range of discharge measures, covering both reductions in the time someone remains in hospital, and effective decision making and integrated community services to maximise a person's independence once they leave hospital.
- 4.40 Systems will be asked to set expectations for reductions in avoidable admissions (classified as the rate of emergency admissions for ambulatory sensitive conditions) and for metrics related to discharge from quarter 3.
- 4.41 Further details will be set out in the planning requirements.
- 4.42 **Planning and assurance of BCF plans for 2021/22**
- 4.43 Plans will be developed locally in HWB areas by the relevant local authority and CCGs. Areas should look to align with other strategic documents such as plans for integrated care systems, and with wider programmes such as Ageing Well. BCF partnerships will need to submit a planning template, signed off by the HWB, that briefly sets out key changes to the BCF since 2020/21, taking the COVID-19 pandemic into consideration. Plans will be assured and moderated regionally. There will be one round of assurance after which, plans deemed compliant by assurers at regional level will be put forward for approval. Further information will be set out in the BCF planning requirements for 2021/22.
- 4.44 As the accountable body for the NHS element of the BCF, NHS England will focus its oversight on approval and permission to spend from the CCG ring fenced contribution particularly on plans linked to national condition 4, having consulted the respective Secretaries of State for Health and Social Care and Housing, Communities and Local Government.
- 4.45 Local authorities are legally obliged to comply with section 31 grant conditions.
- 4.46 **The BCF review**
- 4.47 In 2018, and as part of the NHS Long Term Plan, the government committed to a review of the functioning and structure of the BCF to make sure it supported the integration of health and social care. The review included extensive stakeholder engagement and a review of evidence of the fund's performance, to better understand how the BCF impacted integration and to seek views on the future direction of the fund.
- 4.48 The review concluded that:
- the BCF as a mandated pooled budget scheme has been effective in encouraging and incentivising areas to work together more effectively, with 93% of areas saying that the BCF had improved joint working in their locality
 - feedback from local areas suggested an imbalance between the NHS and local government influence, and that the mixed objectives and lack of effective measurements of integration had led to some confusion over aims of the BCF.

- 4.49 The review recommendations included that:
- a fund should continue, as any attempt to remove or dismantle it would be a clear backward step on integration
 - the NHS contribution to social care from the fund should be maintained
 - there should be more clarity around the fund's policy aims and objectives. This is likely to be explored over the course of 2021 to 2022 with a view to incorporating changes in future years
- 4.50 The response to the COVID-19 pandemic has demonstrated how joint approaches between health, social care, and the wider public sector, can help to improve the wellbeing of people even in the most difficult of circumstances. The government is keen to ensure those positive changes are built upon while also recognising that areas are at different stages of their journey towards better joint working.
- 4.51 While the BCF in 2021 to 2022 remains largely unchanged from previous years, to support ongoing response and recovery to COVID-19, the government recognises that upcoming changes on the horizon, such as the proposals set out in the Health and Care Bill, will likely impact longer-term system thinking and planning. The government will work with stakeholders to ensure future BCF arrangements support the proposals in the Health and Care Bill, outcomes from the Spending Review and explore with NHS England options to introduce incentives linked to improved discharge outcomes in each area, supporting local accountability for outcomes.
- 4.52 Future iterations of the BCF may require local areas to consider their response to upcoming changes as part of their strategic planning. This could take the form of:
- setting out an approach to integrated or joint commissioning, including developing a shared view of demand and capacity
 - plans to help prevent the need for long-term services and to keep people out of hospital and independent in their own homes for as long as possible
 - plans on how to stimulate the market, approaches to workforce management and development of asset based and community approaches to pricing to support delivery of quality and value in a sustainable market
 - consideration of the guidance in:
 - the joint [Local Government Association \(LGA\) and NHS Clinical Commissioners guide to Integrated Commissioning for Better Outcomes](#)
 - the [Institute of Public Care's guidance on place-based market shaping](#) (produced in consultation with government, the LGA, the Association of Directors of Adult Social Services (ADASS) and the Care Provider Alliance)
 - the conclusions in the [Care Quality Commission's Beyond Barriers report](#)
- 4.53 Local areas are not required to set out this detail in their 2021/22 BCF plan but may wish to do so in preparing the ground for greater integration and future BCF plans.
- 4.54 Details of the draft proposed schemes are shown in appendix 1.
- 4.55 **Integrated Care Across Northamptonshire (iCAN)**
- 4.56 The programme continues to progress with an external partner appointed to support the system in the delivery of the programme.
- 4.57 Further information on the programme is available in the background reading papers

- 4.58 The contract for the delivery partner will be held by West Northamptonshire Council, however payments will be processed via the BCF pooled budget.
- 4.59 Corresponding income from constituent partners will need to be sufficient to cover the costs of milestone payments to the delivery partner.

5. Issues and Choices

- 5.1 At the point of publishing this report, discussions around the various schemes and financial allocations to those schemes are still ongoing within the local system.
- 5.2 In order to ensure that formal sign-off of the Better Care Fund plan is not delayed until the next Health and Wellbeing Board in December 2021, it is proposed that formal sign-off on behalf of the board be undertaken by a representative of the two statutory organisations, Northamptonshire CCG and West Northamptonshire Council, and either the chair or deputy chair of the Health and Wellbeing Board and the final plan be submitted to Health and Wellbeing Board in December 2021 for noting.

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 There remains ongoing work to determine proposed allocation of BCF funding against schemes.

6.2 Legal

The council constitution makes provision for working groups to undertake activity on behalf of the board

6.3 Risk

- 6.3.1 Due to the tight timescales and gaps between HWB it will be necessary to convene a separate group to finalise sign-off of the final BCF plan, otherwise there is a reputational risk and risks related to costs of delivering services due to not being able to release BCF funds until the plan has been signed off.

6.3.2

6.4 Consultation

- 6.4.1 No consultation was required

6.5 Consideration by Scrutiny

- 6.5.1 This report has not been considered by scrutiny. However, a full update on iCAN is being given at the WNC People's Scrutiny on the 21st September 2021.

6.6 Climate Impact

- 6.6.1 There are no know direct impacts on the climate because of the matters referenced in this report.

6.7 Community Impact

- 6.7.1 There are no distinct populations that are affected because of the matters discussed in this report, however those that access care and health services more frequently than

the general population will be impacted more by any improvements associated with activity undertaken

7. Background Papers

- 7.1 Northamptonshire Health and Wellbeing board 24 September 2021 Better Care Fund and iCAN programme update: [Health and Wellbeing Board Front Sheet \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/health-and-wellbeing-board-front-sheet)
- 7.2 Northamptonshire Health and Wellbeing board 24 September 2021, Appendix 1: iCAN programme update: [Transformation programme \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/transformation-programme)
- 7.3 Northamptonshire Health and Wellbeing board 24 September 2021, BCF Plan 2020/2021 Sign off: [Health and Wellbeing Board Front Sheet \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/health-and-wellbeing-board-front-sheet)

Appendix 1: Draft of proposed schemes (spend to be agreed)

BCF Theme	Scheme Name	Brief Description of Scheme	Commissioner	Provider	Source of Funding
Keeping more people well and out of Hospital	Carers Support Services WNC Contract	Council Contracted Service hosted by North Northants on behalf of both Councils - carers support commissioned through Northamptonshire carers - support, advice, assessments and breaks and respite	LA (WNC)	Charity / Voluntary Sector	Care Act - Minimum CCG Contribution
Care closer to home	ICAN Transformation Team - community Resilience	Team of expert internal and external resource and subject matter expertise to support Community Resilience a best practice redesign of pathways, processes and service with a greater focus on early intervention and support in the community. Includes the development of KPIs and outcome monitoring against outcomes contract. team of 6.5 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	Health providers additional funding £5.4m in 2021-22
Care in a crisis	ICAN Transformation Team - Acute Grip and Flow	Team of expert internal and external resource and subject matter expertise to support the transformation of acute hospital patient management and reduce lengths of stay including development of improved decision making in acutes, less risk averse actions and working with community teams to support earlier safe discharges, evidence informed discharge and the adoption of the "reason to reside" checks and central point of access to manage efficient processes team of 6 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	base budget funding health partners
Care closer to home	Integrated Discharge Teams	WNC - all Hospital assessment staff - budget to cover all staff that support discharge processes and in hospital assessments	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	ICAN Transformation Team - Frailty, Escalation and Front Door	Team of expert internal and external resource and subject matter expertise to support the development of the frailty hubs at the front door, oversee the implementation of frailty models and risk assessment at all parts of the system, Same day access services and treatment, training and new ways of working and sharing patient data to avoid unnecessary admissions. team of 5 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	Health providers additional funding in 2021-22
Care closer to home	Specialist Care Centres (SCC) Step and Step Down - Turn Furlong	Two Specialist Care Centres (SCCs) one West and one North provide 52 beds at each centre with a mix of Nursing rehabilitation and general reablement and Rehab beds that allow people to receive short term care, therapy and support to either avoid them being admitted to hospital (step up) or recover following a hospital admission (step down) before returning home to their normal place of residence	LA (WNC)	Local Authority	Minimum CCG Contribution
Care closer to home	Telecare and Assistive technology	Assistive technology and call lifelines designed to help keep people safe in their home through remote monitoring and crisis call alarm and response services to support independent safe living	LA (WNC)	Local Authority	iBCF
Keeping more people well and	Community Equipment (Social Care)	Council contract - West Host Contract on behalf of Northants and CCG - provision of universally available equipment and minor adaptations to support both health	LA (WNC)	Local Authority	Base Budget - WNC & NNC Contribution

out of Hospital		and social care needs and designed to help maintain people in their own homes			
Care closer to home	Community Reablement Team	West Reablement Team - managing hospital discharges home with support and short term reablement and community based reablement episodes for those recovering from hospital stay or crisis and needing support to return to independence	LA (WNC)	Local Authority	Minimum CCG Contribution
Care closer to home	Older People's Mental Health / Dementia Intermediate Care	Holistic Intermediate Care Team (HICT) service - This is a specialist domiciliary care community reablement service for older people with Mental Health needs. This service is delivering to people within their own homes. It forms part of a pathway for Older People with MH needs who have been in hospital, have had their clinical needs met but who would otherwise be delayed, because of their mental health conditions	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	Community Occupational Therapy	WNC - Community Occupational Therapy Teams - The occupational therapy team provide post hospital recovery support, rehabilitation, adaptations assessment. They also respond to community referrals from GPs and families for post falls support and/or adaptation assessments where there is a concern about the person mobility or risk of falls.	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	Disabled Facilities Grants	WNC - The DFG provides funding through local councils to make adaptations to a person's home if they are disabled or need to make changes to accommodate changes required to ensure mobility or safety, for example to: <ul style="list-style-type: none"> • widen doors and install ramps • improve access to rooms and facilities - e.g. stair lifts or a downstairs bathroom • Provide a heating system to meet needs. These adaptations help to ensure people can remain in their own homes safely for longer.	LA (WNC)	Local Authority	DFG
Keeping more people well and out of Hospital	Clinical cover for SCCs	WCC - provider and quality support - T GP & Pharmacy cover across the three specialist care centres plus Southfields care home to support primary care, prescriptions and support for interim placements and avoid care home admissions.	LA (WNC)	Local Authority	iBCF
High quality & specialist care	Safeguarding (Assurance) Teams	WNC quality and safeguarding team responsible for monitoring the quality of Care home providers, supporting providers who face embargo or quality issues to remain in operation and support for improvement schemes to reduce care home or provider admissions to hospital	LA (WNC)	Local Authority	Care Act - Minimum CCG Contribution
High quality & specialist care	Commissioning & Intelligence Capacity	Provision of commissioning capacity and expertise to support accelerated market development, options and services in order to support future need. Also supports the WNC social care intelligence hub that supports evidence based commissioning and data to support service development and monitoring.	LA (WNC)	Local Authority	Minimum CCG Contribution
Care in a crisis	Demographic and care cost pressures	Ongoing underlying care cost pressures (volume, complexity and cost increases to meet needs) sustained from previous years increased demand, discharges and long term costs of care on discharge	LA (WNC)		iBCF
Care closer to home	Domiciliary Care	Council - combined schemes 29 & 14 for Dom Care - underlying pressure and provision for	LA (WNC)	Private Sector	iBCF

		additional Dom care provision covering the increased hours of care and complexity coming from hospital discharges.			
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WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

30th September 2021

Report Title	Northamptonshire Integrated Care System Update Presentation
Report Author	Tim O'Donovan, NHCP Assistant Programme Director

Contributors/Checkers/Approvers		
Other Director/SME	Naomi Eisenstadt	Northamptonshire NHS ICB Chair Designate
Other Director/SME	Ali Gilbert	Northamptonshire Health and Care Partnership (NHCP) System Director of Transformation
Other Director/SME	Dionne Mayhew	NHCP Communications Lead

List of Appendices

Appendix A NHCP ICS Update

1. Purpose of Report

- 1.1 Following the Department of Health and Social Care's legislative proposals for a Health and Care Bill, white paper published on 11th February 2021: Integration and Innovation: working together to improve health and social care for all, this presentation provides the North Northamptonshire Health & Wellbeing Board (NNHWB) an update on the progress made and next steps towards Northamptonshire becoming a statutory ICS by April 2022,
- 1.2 The legislative proposals provide a unique opportunity for Northamptonshire, to accelerate NHCP ambition as outlined within the Northamptonshire ICS development plan and to build on our Covid system response.

2. Executive Summary

2.1 The presentation attached provides the following:

- Recap on Integrated Care Systems (ICS)
- Northamptonshire ICS journey to date
- Summary of the unique opportunities this brings locally
- Summary of the key elements of the Northamptonshire ICS blueprint and areas of focus
- Moving Northamptonshire ICS to a statutory footing
- What really matters
- Next steps for Northamptonshire delivery to April 2022 including Northamptonshire ICS workstreams and programme milestones up to April 2022

3. Recommendations

3.1 It is recommended that the Board:

- a) Continue to support the next steps and direction of travel for Northamptonshire ICS delivery to April 2022

3.2 *(Reason for Recommendations)*

- Organisations across Northamptonshire have endorsed the key building blocks for the Northamptonshire ICS design

Our Integrated Care System

Our Conversations

Northamptonshire
Health and Care Partnership



Introduction and background

Our Integrated Care System
Our Conversations

Northamptonshire
Health and Care Partnership

In April 2021, Northamptonshire was designated by the NHS as an Integrated Care System (ICS).

We are one of 42 ICS areas to be created across England, and now government legislation is in progress to give all of these Integrated Care Systems statutory status, most likely by April 2022.

This will formally set out the powers and responsibilities of ICSs to support their populations to live healthy lives and get the care and support they need, when they need it.

What does this mean for health and care in Northamptonshire?

Here in Northamptonshire, ICS status will allow us to formalise some of the existing joint working arrangements we have successfully developed through NHCP, involving many partners.

It will enable us to simplify the way we work together and improve our ability to make decisions together in the same place.



This [short animation](#) from NHS England and NHS Improvement explains more about Integrated Care Systems.



With a **shared ambition** to help our communities thrive, we achieve the **best for everyone.**



- Aligning action between partners to achieve shared purpose of:
 - Improving outcomes for local people and patients
 - Tackling health inequalities
 - Making best use of health and care resources
 - Strengthening contribution to local communities
- Building on NHS Long Term Plan priorities
- Building on experiences of system working during Covid response
- Moving to greater collaboration (not competition) within the NHS
- Closer integration between the NHS and local government



What is Integrated care?

What is integrated care?

Integrated care is about giving people the support they need, joined up across the NHS, local councils, voluntary and community organisations and other partners.

It is about removing any barriers or gaps that exist between different parts of health and care – for example, between hospitals and GP practices, between physical and mental health, or between the NHS and council services.

In the past, these barriers and gaps have resulted in too many people experiencing disjointed care.

Naomi Eisenstadt, Independent Chair of NHCP and Chair Designate of Northamptonshire NHS Integrated Care Board, explains more about our Integrated Care journey in a series of video blogs.

Naomi's 'View from the Chair' updates can be found online at northamptonshirehcp.co.uk/naomis-vlog

Update 1 – July 2021

- An introduction to the Integrated Care System (ICS)
- How our ICS will build on the successful partnership work that's already happening in Northamptonshire
- Latest progress with government legislation on Integrated Care Systems and what this means
- What the changes will mean for health and care staff, as well as the people of Northamptonshire
- What we are doing now to get ready for the move to ICS

Update 2 – September 2021

- Naomi's appointment as Integrated Care Board Chair Designate
- The role of the Integrated Care Board and Integrated Care Partnership within the ICS



Where are we now?

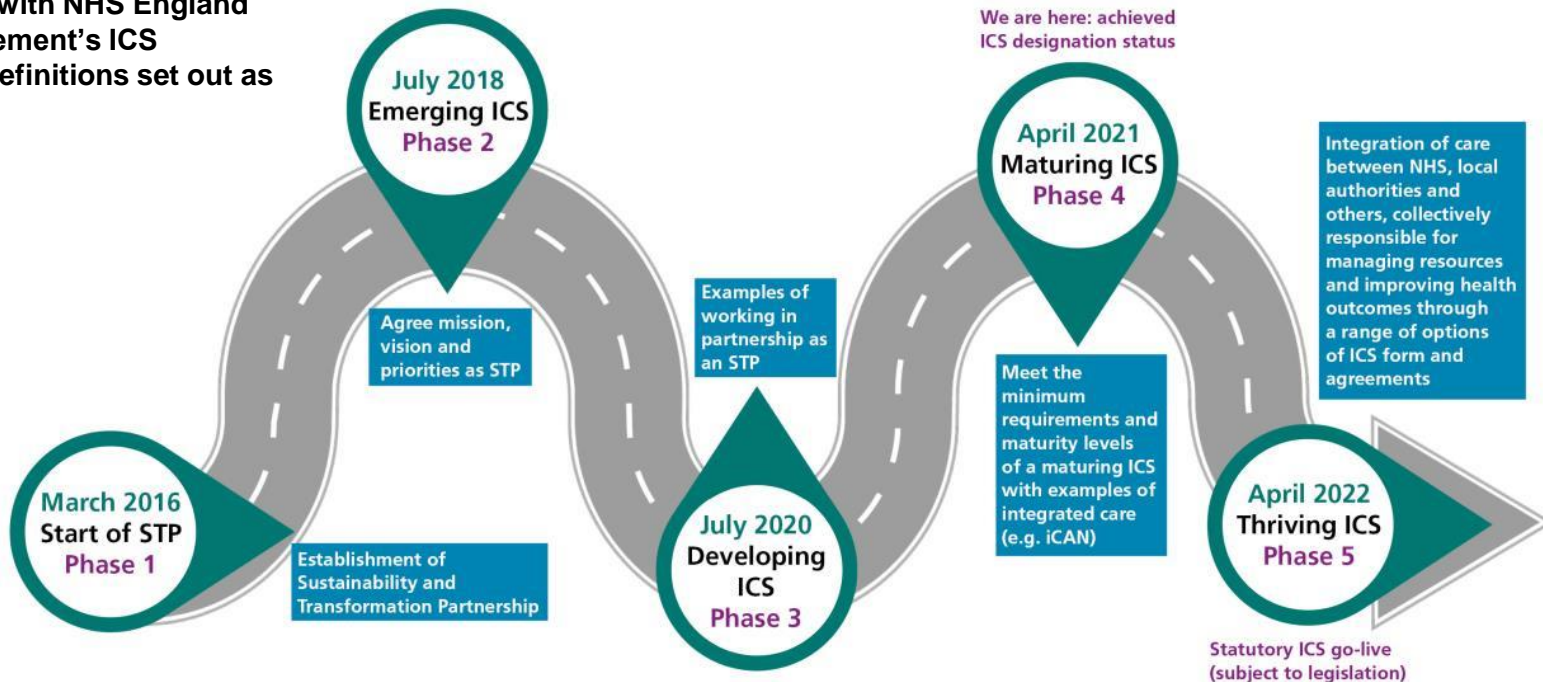
Our Integrated Care System plans are not starting with a blank page. This is a journey we have been on for some time already.

2016	2019	2020	February 2021	March 2021	May 2021
<p>Local councils, NHS organisations and other partners came together in every area of England to form Sustainability and Transformation Partnerships (STPs), setting out proposals to improve local health and care. In Northamptonshire we have been working to develop and deliver these proposals ever since through Northamptonshire Health and Care Partnership.</p>	<p>The NHS Long Term Plan confirmed that every part of England would be served by an Integrated Care System from April 2021. This was described as “the biggest national move to integrated care of any major western country”.</p>	<p>The COVID-19 pandemic presented local health and care services with some of their biggest challenges of the past 70 years, and showed that no individual organisations could tackle these challenges alone. In Northamptonshire, our local services responded by making changes in the space of days and weeks that were previously debated for months or years.</p>	<p>Following feedback on an engagement paper, NHS England and NHS Improvement asked the Government and Parliament to establish ICSs in law and remove legal barriers to integrated care for patients and communities.</p>	<p>Northamptonshire is confirmed as an Integrated Care System by NHS England and NHS Improvement.</p>	<p>We launch ‘Our Integrated Care System, Our Conversations’ to keep health and care colleagues updated on our emerging plans for our future as an ICS and ways to get involved.</p>

Our ICS road map

This road map highlights Northamptonshire's Integrated Care System journey, with NHS England and NHS Improvement's ICS maturity matrix definitions set out as key milestones.

Our goal is to establish Northamptonshire as a 'thriving ICS' by April 2022, which, subject to legislation, is the point when Integrated Care Systems are expected to become established in law.



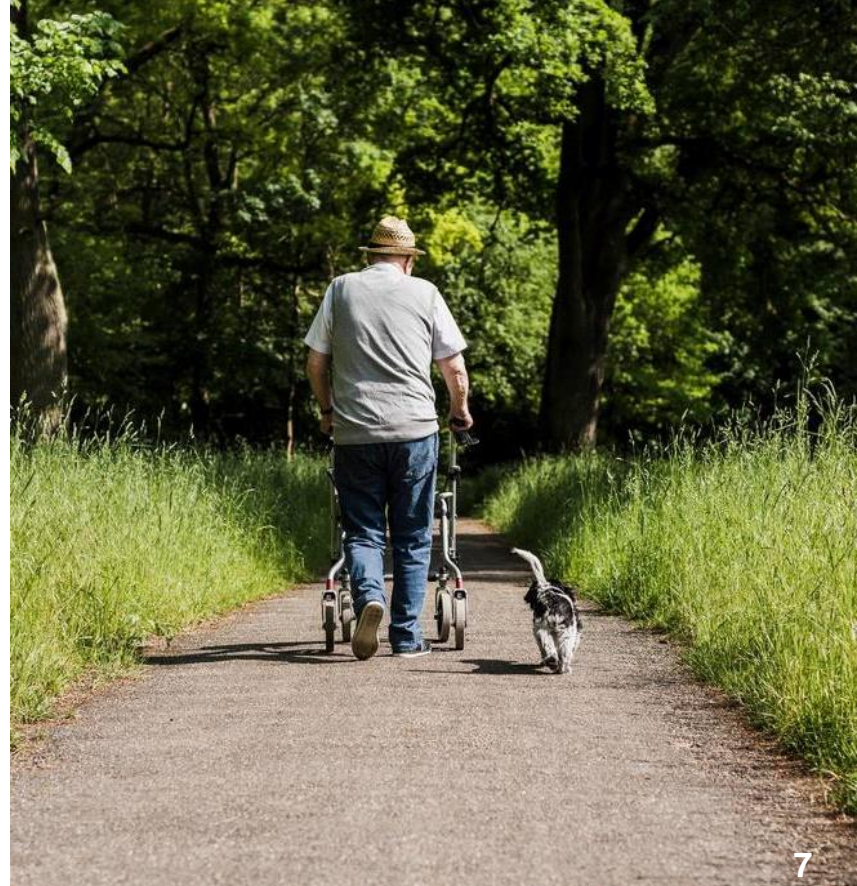
What does this mean for us locally?

- Continuation of NHCP journey over recent years
- NHCP formally recognised as ICS by NHSEI from April 2021
- Unique opportunities within the county include:
 - Creation of two new unitary councils
 - Acute hospital group model
 - NHFT collaborative experience
 - Primary Care Networks
 - Local education, training and research sectors



KEY POINT

We already have strong partnership which helps us support to seize this opportunity and really change the way that health and care is planned and delivered in Northamptonshire



- ✓ A single 'Outcomes Framework' and Integrated Care Strategy (ICS) for the County
- ✓ Empowering clinical teams through collaboration on:
 - Mental health
 - Elective care
 - iCAN
 - Children and young people
- ✓ A focus on key enablers (people, digital, communications, estates, population health management)
- ✓ Delivery tailored locally in our two unitary area places, and at locality team / Primary Care Network level

Our building blocks



KEY POINT

Page 42

An Outcomes Framework is about collectively focusing on the data driven population health outcomes that will truly impact the health and wellbeing of people in our county

Our areas of focus

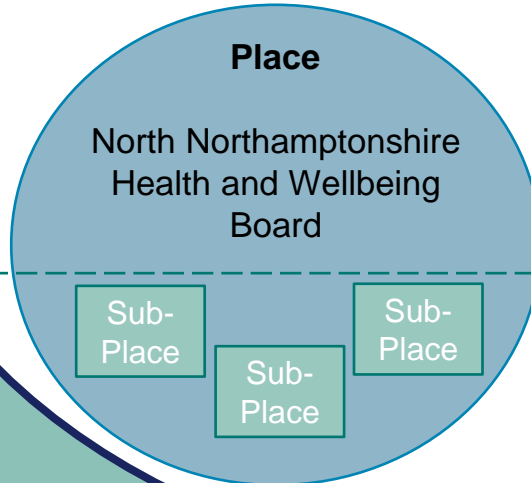
Integrated Care System



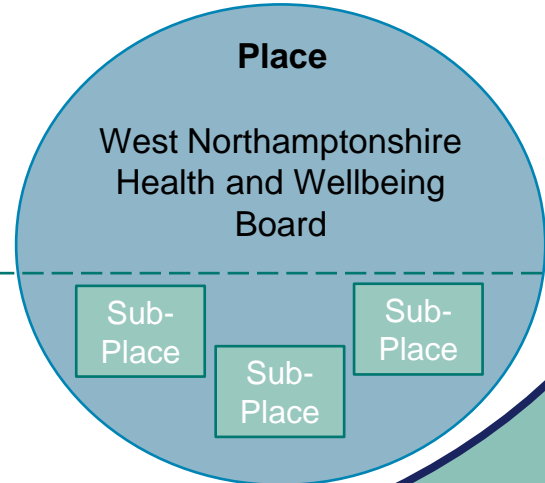
System-wide



Place



Place



Combined leadership for health and care system

Collaboratives

System-wide service redesign, transformation and delivery (Lead Provider/Alliance)

Oversee **place-based** joint commissioning and delivery

Neighbourhood (sub-place)

arrangements will be needed, as a basis of effective integration and tailoring of services to local needs. Delivery and business is done at this level.

The structure: Moving Northamptonshire ICS to a statutory footing

CCGs will be disestablished and new bodies created from April 2022



A new ICS Partnership

Jointly convened by local government and the NHS as a broad alliance of organisations and representatives to:

- Set the ambition and purpose in terms of outcomes and priorities
- Develop an overarching Integrated Care Strategy



NHS Integrated Care Board

To bind partner organisations together (commissioner and providers) to:

- Plan to meet population health needs
- Allocate NHS resources
- Ensure delivery and quality of services

Development of full ICS functions will continue to evolve during 2022/23

What really matters...

- Governance and organisational form at best 'enable', so this is fundamentally about changing clinical practice and behaviour:
 - Common purpose and values
 - Empowering clinical and professional teams to drive improvement
 - Aligning resources to priorities
 - Creating flexible roles, teams and settings
 - Building trusting relationships and behaviours
 - Doing the right thing for patients, our population and taxpayers
- Supporting and developing our people
critical to all of the above!



Next steps for Northamptonshire ICS delivery

Our journey to April 2022

Northamptonshire ICS programme workstreams

We have set up workstreams to support us on our journey to April 2022.



Ensure programme is delivered to required quality and timescales.

9. Programme Management Office

Northamptonshire ICS programme milestones

