

# West Northamptonshire Health and Wellbeing Board

**A meeting of the West Northamptonshire Health and Wellbeing Board will be held at the Council Chamber, The Forum, Moat Lane, Towcester, NN12 6AF on Thursday 23 March 2023 at 1.00 pm**

## Agenda

1.	<b>Apologies for Absence and Notification of Substitute Members</b>
2.	<b>Notification of Requests to Address the Meeting</b> The Chairman to advise whether any requests have been received to address the meeting.
3.	<b>Declarations of Interest</b> 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.	<b>Chair's Announcements</b> To receive communications from the Chair.
5.	<b>Minutes</b> (Pages 5 - 14) To confirm the Minutes of the meeting of the Committee held on 10 <sup>th</sup> January 2023.
6.	<b>Action Log</b> (Pages 15 - 16)
7.	<b>Integrated Care System PLACE Development</b> (Pages 17 - 62) a) Joint Strategic Needs Assessment – Rhosyn Harris b) Joint Health and Wellbeing Strategy – Sally Burns c) West PLACE Development Progress update – Julie Curtis d) Outcomes Framework Metrics – Rhosyn Harris

8.	<b>NHS Northamptonshire Integrated Care Board 5 Year forward plan - Naomi Eisenstadt, Toby Sanders</b> (Pages 63 - 78)
9.	<b>Live Your Best Life Domains 'To feel safe in their homes and when out and about'</b> (Pages 79 - 86) <ul style="list-style-type: none"> <li>• West Northamptonshire Community Safety Partnership Strategy – Vicki Rockall</li> <li>• Combatting Drugs Partnership Needs Assessment – Rhosyn Harris</li> </ul>
10.	<b>Voluntary Sector Spotlight - Steve Carroll, BRIDGE</b> (Verbal Report)
11.	<b>Any Other Business</b>
12.	<b>Close meeting</b>

Catherine Whitehead  
Proper Officer  
15 March 2023

**West Northamptonshire Health and Wellbeing Board Members:**

Councillor Matt Golby (Chair)

Sally Burns	Councillor Fiona Baker
Councillor Jonathan Nunn	Alan Burns
Dr Jonathan Cox	Anna Earnshaw
Naomi Eisenstadt	Colin Foster
Assistant Chief Fire Officer Dr Shaun Hallam	Stuart Lackenby
Russell Rolph	Toby Sanders
Colin Smith	Neelam Aggarwal
Michael Jones	Jean Knight
Dr Andy Rathbone	Councillor Wendy Randall
Professor Jacqueline Parkes	Wendy Patel
Nicci Marzec	Dr Philip Stevens
Dr David Smart	Dr Santiago Dargallonieto

Superintendent Rachel Handford

## **Information about this Agenda**

### **Apologies for Absence**

Apologies for absence and the appointment of substitute Members should be notified to [democraticservices@westnorthants.gov.uk](mailto: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:

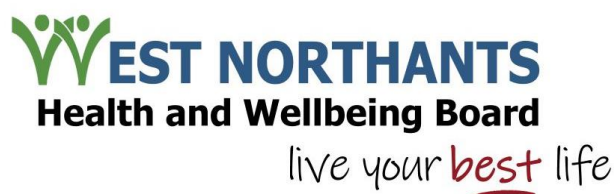
Tel: 0300 126 3000

Email: [Cheryl.Bird@northnorthants.gov.uk](mailto:Cheryl.Bird@northnorthants.gov.uk)

Or by writing to:

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





**WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD**  
**Minutes of the meeting held on 10<sup>th</sup> January 2023 at 1.00 pm**  
**Venue: Council Chamber, The Forum, Towcester**

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Neelam Aggarwal-Singh	BAME representative
Cornelia Andrecut	Director of Childrens Social Care, Northamptonshire Childrens Trust
Sally Burns	Interim Director of Public Health, West Northants Council
Dr Santiago Dargallonieto,	Chair, Northampton GP Locality
Anna Earnshaw	Chief Executive, West Northants Council
Chief Superintendent Rachael Handford	Northamptonshire Police
Jean Knight	Chief Operating Officer, Northamptonshire Healthcare Foundation Trust
Stuart Lackenby	Executive Director for People Services, West Northants Council
Nicci Marzec	Director of Prevention, Office of Police, Fire and Crime Commissioner
Cllr Jonathan Nunn,	Leader, West Northants Council
Professor Jacqueline Parkes	Professor in Applied Mental Health, University of Northampton
Cllr Wendy Randall	Opposition Leader, West Northants Council
Russell Rolph	Chief Executive, Voluntary Impact Northamptonshire
Toby Sanders,	Chief Executive, NHS Northamptonshire Integrated Care Board
Dr David Smart,	Chair Northampton Health and Wellbeing Forum
Colin Smith	Chief Executive, LMC
Karen Spellman	Director of Integration and Partnerships, University Group of Hospitals, Northamptonshire
Dr Philip Stevens	Chair, Daventry and South Northants GP Locality

Also, Present

Paul Birch, Associate Director Population Health, NHS Integrated Care Board

Cheryl Bird, Health and Wellbeing Board Business Manager  
Julie Curtis, Assistant Director PLACE Development, West Northants Council  
Rhosyn Harris, Consultant in Public Health, West Northamptonshire Council  
Claire Neilson, Voluntary Impact Northamptonshire

### 01/23 Apologies

Dr Andy Rathborne, Primary Care Network  
Fiona Baker, Cabinet Member, Childrens and Families, West Northants Council  
Alan Burns, Chair University Group of Hospitals, Northamptonshire  
Naomi Eisenstadt, Chair NHS Northamptonshire Integrated Care Board  
Colin Foster, Chief Executive, Northamptonshire Childrens Trust  
Dr Shaun Hallam, Assistant Chief Fire Officer, Northants Fire and Rescue  
Michael Jones, Divisional Director, EMAS  
Wendy Patel, Healthwatch Northamptonshire

### 02/23 Notification of requests from members of the public to address the meeting

None received.

### 03/23 Declaration of members' interests

None received.

### 04/23 Chairs Announcements

The Chair acknowledged the huge pressure the system has been during the winter months and thanked all those involved across all sector for their work.

The Chair welcomed Superintendent Rachael Handford to the Board who will be replacing Assistant Chief Constable Ashely Tuckley as Northamptonshire Police representative.

### 05/23 Minutes from the Previous meeting 15<sup>th</sup> November and 8<sup>th</sup> December 2022

**RESOLVED that the minutes from the previous meetings held on the 15<sup>th</sup> November and 8<sup>th</sup> December were agreed as an accurate record.**

### 06/23 Action Log

The Board reviewed the actions from the previous meeting:

- Outcomes Framework to be brought to the next meeting. **On the agenda for discussion.**
- The dates for the pioneering laps to be circulated so representatives can be fielded from organisations in a geographical area to build up the richness of discussions. **Ongoing once finalised will be circulated to the Board**
- Representatives from Northants Police to be invited to sit on the LAPs. **Completed.**
- Ashley Tuckley and Stuart Lackenby to discuss a targeted workshop where representatives from Northants Police with some Board members consider what the next iteration of Community One would be. **Ongoing. Awaiting of the meeting date.**

- More information is to be circulated to the Board about off rolling. **Awaiting information from Ben Pearson.**
- Colin Foster to attend a Daventry and South Northants GP Locality safeguarding meeting. **Awaiting confirmation of the meeting date.**
- Paul Birch to attend the next meeting to discuss HIAA allocation for 2023/2024 funding. **On the agenda for discussion.**
- Details of the additional discharge BCF schemes will be brought to the next Board meeting. **On the agenda for discussion.**

### 07/23 Health Inequalities Allocation 2023/2024

The Associate Director Population Health gave an update on the Health Inequalities Additional Allocation (HIAA) for 2023/2024 and highlighted the following:

- For 2022/2023 NHS Northamptonshire Integrated Care Board (ICB) received an allocation of £2.7m within their core allocation to address health inequalities.
- The ICB was asked to align their work with a range of National priorities including:
  - Core20PLUS5 groups and clinical priority areas
  - 5 priority actions for the HIAA
    - ❖ Restoring NHS services inclusively
    - ❖ Mitigating against 'digital exclusion'
    - ❖ Ensuring datasets are complete and timely
    - ❖ Accelerating preventative programmes
    - ❖ Strengthening leadership and accountability
- Within the Northamptonshire ICB HIAA there are 3 workstreams:
  - Enabling workstream (£455k). A project manager will be appointed to manage the fund, oversee development of proposals, management of the £395k grant programme to support development of the LAPs.
  - Intervention (£305k).
    - ❖ Population at risk, general interventions targeted at the wider population, such as social prescribing, increasing uptake of stop smoking services and increased case finding.
    - ❖ Diagnosed population interventions which target a specific cohort of patients with a diagnosed condition. COPD will be an initial priority, improving confidence in self-management by improving education and self-management support.
    - ❖ Expansion of Pulmonary Rehabilitation (PR) service to:
      - provide support to people who are newly diagnosed,
      - set up additional Breathing Space groups aimed at target communities,
      - offer funded Activity on Referral Memberships to encourage ongoing activity,
      - develop a peer support/ lived experience buddy programme to improve engagement and self-management skills,
      - extension of GP reviews by respiratory nurses to provide more timely support, this will be initially based in the N4 locality.
      - set up a PR hub working with NSport, NLT, Restart team and Breathing Space to triage referrals. The Hub needs to be in venues accessible to target communities.
  - Evaluation. To provide evaluation support specifically to individual interventions and generally with respect to the health outcomes and health inequalities within the Pioneer LAP areas. This is intended to be undertaken in collaboration between the ICB, WNC and the University of Northampton
- The desired outcomes from investment are:
  - Support for establishment and development of LAPs
  - Improved engagement with vulnerable communities

- Opportunities for development of voluntary sector partnerships and innovative schemes
- Additional smoking quitters
- Additional health checks within vulnerable and hard to reach groups
- Improved COPD management with targeted support for Core20PLUS groups to
- Reduce exacerbations and admissions
- Increase Pulmonary Rehabilitation capacity targeting disadvantaged groups and patients who have not previously accessed
- Increase activity and health behaviours of target groups
- 2023/2024 prioritisation process:
  - A workshop is arranged on 3<sup>rd</sup> February to consider schemes for 23/24
  - Identified priorities for schemes
  - ICB Health Inequalities Plan
  - ICB 9 Outcomes Priorities & contribution to Live Your Best Life (LYBL) ambitions
  - LTP Prevention priorities
  - Core20PLUS5 groups and priorities
  - Areas of greatest deprivation and inequalities
  - Deliverability and risk
  - Value and scale of impact
  - Proposed high level areas of spend
    - ❖ Central infrastructure & pre-commitments (£2-400k) – evaluation support
      - Prevention Project managers – lead the main areas of long term planned prevention
      - Evaluation support – Partner to be explored
      - Additional data and analytic support
    - ❖ Voluntary Sector Grant fund (£200k)
      - Targeted to support innovative and targeted schemes, application process to be agreed
      - Lower value, lighter touch but same priorities
    - ❖ Innovation schemes
      - Proposals from Collaboratives, LAPs, Providers and other groups
      - Assessment against priorities using Logic Model approach.
- Smoking and weight management services are currently underutilised, but we don't have the capacity in county to meet predicted demand. The use of targeted preventative schemes with hard to reach groups would be beneficial in reducing demand.

The Board discussed the update and the following was noted:

- Since COVID19 General Practice are not allowed to use a Spirometer which is a key element to accessing COPD support, and there is a long waiting list in secondary care for people to have spirometry tests.
- The hub model is not the best way for patients to access services in rural areas as some have difficulty in accessing transport.
- In N4 there is inequality around accessing respiratory care and the learning from these interventions will be used across the county.
- It tends to be white British women who access Breathing Space services. N4 is extremely diverse and there is a need to work with the voluntary sector to engage with communities who aren't accessing services.
- Lots of people suffering with COPD also have anxiety and the 'Living well with COPD' provides holistic tools for those suffering with COPD. The IAPT service is currently underutilised.
- There needs to be a plan to raise awareness of services that are back on offer to communities.
- More affluent areas in West Northamptonshire are seeing an increasing demand for food bank services.



**RESOLVED that the Board noted the update and supported the direction of travel.**

### 08/23 Additional Discharge Fund

The Director of People gave an update on the Additional Discharge Fund (ADF) and highlighted the following:

- The ADF has provided financial support to increase number of safe discharges needed in acutes and NHFT. The ADF is only until the 31<sup>st</sup> March 2023.
- Many health social care staff have been on call weekends and during out of hours to help deal with the winter pressures the system is currently facing. The last four weeks have been very difficult but the situation is slowly improving.
- Some of the interventions and structures put in place in the ADF are aligned to work of the iCAN collaborative.
- Both the NGH, KGH and NHFT have declared a critical incident over the past four weeks.
- One day 50% of re-ablement staff were off sick and managers stepped in to help deliver services to customers.
- On the 8th December delegated authority was given to the Chair, Director of People and Chief Executive of NHS Northamptonshire Integrated Care Board to submit the initial ADF spend on the 16<sup>th</sup> December.
- There are 17 schemes included in the ADF for West Northamptonshire to take forward. The schemes are oriented around 3 areas:
  - Additional staff to support discharges.
  - Money to buy additional placements and packages of care.
  - Incentives to enable providers to provide staff in hospital and community settings at weekends and to support the recruitment and retention of staff.
- In October West Northants Adult Social Care supported 118 discharges at NGH, during the first 2 weeks of December they supported 180 discharges.
- 80 beds have spot purchased beds but there is a need to ensure customers receive the right level of care.
- There are fortnightly reporting requirements using the following metrics:
  - the number of care packages purchased for care homes, domiciliary care and intermediate care
  - the number of people discharged to their usual place of residence (existing BCF metric)
  - the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
  - the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
  - the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust
- Nationally a further £200 million is being used to purchase care homes beds for a period of four weeks, to increase the discharges of medically fit people from hospital. We need to be mindful that we don't discharge into care homes where it might not be the most suitable pathway for customers, as this could create significant financial risk for local authorities as once someone enters a care home it is more difficult to get them home.
- The surge in ambulance conveyances to hospital earlier in the winter is now translating into more people required packages of ongoing social care.
- There is a national tracker which shows out how many care home beds are available, but it does show whether a provider has enough staff for the beds or whether there are quality issues preventing a provider admitting people into these beds.

- The system will ensure due diligence takes place so additional discharges into care homes are taken forward in safe manner.
- There are strict caveats about how the ADF can be spent, and it can not be used for avoiding hospital admissions.

The Board discussed the update and the following was noted:

- The ADF is a large amount of money that must be spent in a short period of time, which is challenging given current staffing levels. We need to consider schemes for the 2023/2024 funding to be able to invest in proper step-down services.
- 65% of hospital admissions for over 65 years are due to falls.
- Re-ablement services need to provide wrap around support in care homes to ensure the modelling is in place for people to return home once they are safe to do so.
- There is uncertainty about the Age Well funding for Primary Care Networks for 2023/2024.
- West Northants Council and NHFT provide support to out of county placements.
- On the 4<sup>th</sup> January there were 24 ambulances outside NGH with patients who had been there for excess of 5 hours.
- The LMC are worried about the impact winter pressures is having on primary care, who are not receiving any additional financial support. .
- There are currently approximately 100k clinical vacancies within the NHS nationally, which needs to be addressed by central government.
- The Chair and Chief Executive and Chair of the ICB have a meeting at Westminster in February so will relay these concerns during the meeting.

**RESOLVED that the Board noted the update.**

### 09/23 Integrated Care System PLACE Development

The Director of Public Health gave an overview of the development work taking place to create the West Northamptonshire Joint Health and Wellbeing Strategy.

- The new Health and Care Act 2022 provides clear guidance on the role and responsibilities of Health and Wellbeing Boards (HWBs), one is to develop a Joint Health and Wellbeing Strategy (JWHBS).
- HWBs provide a forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and to reduce health inequalities
- The JWHBS should be established to inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning, including for the Better Care Fund.
- The Integrated Care Northamptonshire Strategy (ICNS) – ‘Live Your Best Life’ was approved for submission by the Integrated Care Partnership on the 1<sup>st</sup> December. The JWHBS will articulate how the ambitions outlined in the ICNS in the strategy will be delivered at place level.
- The ICB are working towards 9 priority metrics from three of the ‘Live Your Best Life’ ambitions.
- The JSNA summary completed in 2022 will be the base line for the JWHBS.
- The JWHBS will recognise the asset based approach and strengths based approach at a PLACE level, needed to tackle inequalities in West Northamptonshire.
- This JWHBS will provide a clear outcomes framework and will be developed alongside the Local Area Partnerships.
- An engagement plan is being developed, which will include feedback from conversations already taken place with communities on health and wellbeing.

- The ICB are developing their 5 year plan and it is important that the JHWBS and the 5 year plan dovetail in the ICNS.

The Assistant Director of PLACE Development provided an update on mobilisation of the Local Area Partnerships (LAPs) and the following was noted:

- Two pioneer LAPs (N4 and DSN4) were launched in October 2022 and meet monthly.
- A Local Area Profile has been developed for each LAP area, including data on health and wider determinants, to enable the LAPs to complete intelligence led decision making on two to three priorities.
- The remaining seven LAPs will be active by June 2023, which will require focus, ownership and to build on the successful momentum of the two pioneer LAPs.
- The Northampton Health and Wellbeing Forum and Daventry and South Northants Health and Wellbeing Forum meet bi-monthly and can help unblock any challenges the LAPs may be facing.
- A multi agency West Northants Executive Place Delivery Board meets on a monthly basis, having a strategic oversight of the whole operating model.
- A West Northants Place Operations Group meets on a weekly basis to focus on what the intelligence data is telling us and how to work with the VCSE to support development of the LAPs and Health and Wellbeing Forums.
- Each LAP will have core products developed:
  - Local Delivery Plan
  - Local Communication Plan
  - Local Engagement Plan
  - Mini scorecard and metrics to show delivery against the 'Live Your Best Life' ambitions.
- There also needs to be strength based asset engagement with communities to understand what they think is important to them.
- In N4 LAP there are high levels of deprivation and the priorities identified were:
  - Respiratory
  - Children and young people
  - Crime

With young people becoming involved in gang crime and county lines. The aim is to link in with schools, to hear the voice of young people as part of the solutions.
- Discussions in DSN4 is around development of the family hub.
- Each LAP will need a project management resource, and multi agency teams will be developed to work in individual priorities.

The Group discussed the JHWBS and development of the LAPs and the following was noted:

- Need to consider what does engagement look like at a town and parish level using community assets such as faith groups.
- There will be common themes across LAPs as well as opportunities unique to individual LAPS.
- The iCAN and MHLDA Collaboratives are helping with development of the refreshed, Northamptonshire Dementia Strategy which will be linked to the outcomes in the ICNS.
- There is an expectation the two to three priorities identified by the LAPs will feed up into the Outcomes Framework from the ICN Strategy.
- The voluntary sector has a unique opportunity to help engage with communities. In Northampton there are 580 organisations and 90 members sitting within this for the VCSE.
- Engagement completed by Health Northamptonshire and Well Northants programme will be used in development of the JHWBS.

- Part of the JHWS will be to look at 0-19 services, providing opportunities to have discussions with children and young people.
- The Well Northants programme is looking at how to engage with traveller communities.
- Parents may need help to stop their young people turning to crime, the voluntary sector will be able to help provide parenting courses for families.
- In West Northamptonshire there has been a sharp increase in hospital admissions due to self harm for those aged 15 years and over.
- Integration of the ICN Collaboratives is vital in the PLACE development work.
- We need to ensure we engage with those who are isolated with mobility problems and don't have opportunities to access local meetings.
- There will be a need to manage the community expectations and use resources in a more effective combined way.
- The Health and Care Act 2022 provides a possibility of delegating budgets to LAPs in coming years to provide joint solutions to priorities.
- Voluntary sector organisations may be able to get additional funding not available to statutory organisations, to help with priorities identified by the LAPs.

The Consultant in Public Health provided an overview of the Outcomes Framework metric prioritisation and highlighted the following:

- The ten 'Live Your Best Life' ambitions are comprehensive and all touch on the wider determinants of health. There is a need to prioritise metrics to focus our (shorter term) delivery plans.
- We should build on the nine priority metrics (across three ambition) identified as by the ICB as areas to focus on in their 5-year delivery plans, by identifying priorities among the seven remaining ambitions
- The priority metrics need to be system-wide priorities and agreed by key partnership stakeholders recognising that places and local area partnerships will identify their own individual priorities that speak to the system-wide priorities
- Metrics need to be based on currently available data that we can use to baseline, though there will be opportunities to develop our own local measures in future
- The proposal is to have a prioritisation matrix for the short term plan by the end of January 2023 and key performance indicators to measure metrics developed by the end of March 2023.
- There will be a transparent methodology for prioritisation, with five criteria used to score against the metrics.
  - Do we benchmark poorly as a county?
  - What is the issue for both north and West?
  - How much does this shift the population health curve
  - Does it have significant impact of reducing inequalities
  - How much value is adding on the partnership working together on this
- On the 19<sup>th</sup> January there will be a workshop with following membership from both North and West Northamptonshire councils to review this list of metrics against the criteria, where a maximum of 12 additional system priority metrics will be agreed.
- There will also be opportunities to identify place-specific priorities for JHWBS.
- Public health and local authority representatives were involved in development of the ICB 9 priorities which focus on health and care. T

#### **RESOLVED that**

- **An update on the JHWBS will be brought to the next meeting**
- **The draft JHWBS brought to the Board in May and the final JHWBS to the meeting in July.**
- **the Board noted the updates and supported the direction of travel.**

### 10/23 Voluntary Sector Spotlight

The Chief Executive, Voluntary Impact Northamptonshire advised the voluntary sector is competitive, which increases in times of austerity. The voluntary sector needs to step up in helping to identify joint solution to the issues within communities. There are now 12 voluntary sector thematic with over 300 organisations as part of these thematic.

Integrated Care Northamptonshire has links to many voluntary sector organisations who will be vital in the engagement with communities.

The Health Equality Grant (HEG) is a 3 year programme funded by the lottery, providing £468k in funding to help embed the voluntary sector into Integrated Care Northamptonshire predominantly within PLACE. Claire Neilson has been appointed as the Alliances Manager and will have operational oversight of the HEG fund to ensure that the right voluntary sector organisations are involved and have measurable actions to complete. Where the LAPs identify small scale health inequality projects there may be some HEG funding available.

**RESOLVED that the Board noted the update.**

### 11/23 Anchor Institutions

The Director of Public Health gave an overview of the work taking place with Anchor Institutions and highlighted the following:

- Anchor institutions are employers who have a significant stake within a local area and impact the local economy.
- Public Health and the University of Northampton (UoN) has been leading on the with anchor institutions.
- A mission statement and guiding principles of how anchor institution should conduct itself have been drafted.
- Sadie Beihson is completing a bid around Public Health funding to support the infrastructure of supporting anchor institutions in the short term and it is hoped organisations will fund this long term.
- There have been some workshops held with some anchor institutions in Northamptonshire, where there were discussions around potential, training and development, apprenticeships, sustainable use of resources, employer responsibility, cost of living crisis, wellbeing and social value.
- The work with anchor institutions will link into the 'Live your Best Life' priorities.

The Board discussed work taking place with anchor institutions and the following was noted:

- The biggest organisational resource is their staff and promoting good wellbeing is a perfect opportunity for an anchor institution.
- UoN and NGH use the 10 keys to happier living to promote positive wellbeing throughout their organisations.
- Other programmes of work such as the One Public Estate can be connected into this. .

**RESOLVED that:**

- **The Board noted the update**
- **Anchor Institutions to be brought back to a later meeting with a challenge on exploring and scoping public and private sector employers.**

There being no further business the meeting closed at 3.00 pm.

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West Northamptonshire Health and Wellbeing Board Action Log

Action No	Action Point	Allocated to	Progress	Status of Action
151122/04	Ashley Tuckley and Stuart Lackenby to discuss a targeted workshop where representatives from Northants Police with some Board members consider what the next iteration of Community One would be.	Stuart Lackenby/ Ashley Tuckley	Awaiting confirmation of date	ongoing.
151122/05	More information is to be circulated to the Board about off rolling	Ben Pearson		

Actions completed since the 10th January 2023

Action No	Action Point	Allocated to	Progress	Status of Action
151122/06	Colin Foster to attend a Daventry and South Northants GP Locality safeguarding meeting	Colin Foster	Orgnal meeting postponed awaiting new date.	completed.
100123/01	An update on the joint Health and Wellbeing Strategy will be brought to the next meeting	Sally Burns	on the agenda for the 23rd March	Completed

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## West Northamptonshire Health and Wellbeing Board

21<sup>st</sup> March 2023

<b>Report Title</b>	<b>Developing the Joint Strategic Needs Assessment (JSNA)</b>	
<b>Report Author</b>	Susan Hamilton, Deputy Director of Public Health, North Northamptonshire Council <a href="mailto:Susan.Hamilton@northnorthants.gov.uk">Susan.Hamilton@northnorthants.gov.uk</a> Rhosyn Harris, Consultant in Public Health, West Northamptonshire Council	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>Sally, Director of Public Health</b>	<b>13<sup>th</sup> March 2023</b>

### List of Appendices

#### Appendix A – Developing the Joint Strategic Needs Assessment – Presentation

##### 1. Purpose of Report

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To propose an approach to redesigning the JSNA to meet the requirements of the North and West Northamptonshire Health and Wellbeing Boards and the Northamptonshire Integrated Care Partnership.

##### 2. Executive Summary

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The process for developing the current JSNA was established by the former Northamptonshire County Council and CCG to support the work of the Northamptonshire Health and Wellbeing Board. A new approach is needed to reflect the changing organisational arrangements, in particular the formation of the two Health and Wellbeing Boards in Northamptonshire and the establishment of the Northamptonshire Integrated Care Partnership.

Each local area takes a different approach to developing the JSNA, and the presentation highlights the different approaches areas are using. JSNAs differ considerably in terms of the topics and type of intelligence included, format, involvement of different stakeholders and process for ongoing development. Technological advances and use of tools such as Power BI have changed the way many areas are developing their JSNAs. These tools provide end users with dynamic and interactive dashboards that are tailored to their own needs

and regularly updated. Examples of the approaches other areas have taken to developing their JSNA are contained in the presentation.

There is a need to redesign the JSNA to meet the changing needs of the Health and Wellbeing Boards and the Integrated Care System. A JSNA redesign project to establish the vision for the JSNA, scope, format, governance, and process for ongoing development would achieve this. Engagement with members of the Health and Wellbeing Board, Integrated Care Partnership and wider stakeholders will be critical to the JSNA redesign. The approach to redesigning the JSNA recognises that evidence and intelligence products will be required at both System and Place level.

### **3. Recommendations**

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- 3.1 It is recommended that the Board support the
- a) Development of a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) are easily found.
  - b) Initiation of a JSNA redesign project to determine the scope of the JSNA in the context of plans for wider intelligence in Northamptonshire. Project to determine the vision for the JSNA, scope, format of the final product, governance and process for ongoing development and review.
  - c) Establishment of a project steering group for the JSNA redesign project to oversee the stakeholder engagement and development of recommendations to Health and Wellbeing Boards.

### **4. Report Background**

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Health and Wellbeing Boards have a responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA.<sup>1</sup> The purpose of the JSNA and Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities. Local authorities and Integrated Care Boards (ICBs) have equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board. The Health and Wellbeing Act 2022 requires the Integrated Care Partnerships to write an integrated care strategy to set out how the assessed needs identified in the JSNA can be met through the functions of the ICB, partner local authorities or NHS England (when commissioning in that area).<sup>2</sup>

There is no single, agreed definition of a JSNA. National guidance states that local areas are free to undertake JSNAs in a way that is best suited to their local circumstance – there is no template, format or mandated dataset that must be used.<sup>3</sup> The accompanying presentation provides details of how other

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<sup>1</sup> DHSC. [JSNA and JHWS statutory guidance](#). Updated 24<sup>th</sup> August 2022.

<sup>2</sup> DHSC. Statutory guidance. [Guidance on the preparation of integrated care strategies](#). 29<sup>th</sup> July 2022

<sup>3</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf)

areas have approached developing their JSNAs to meet local needs.

Drawing on the approach from other areas, the presentation identifies several aspects that should be considered going forward. This includes development of a vision for the JSNA together with scope, format and governance. The JSNA needs to be developed in the context of wider intelligence plans within the system. A JSNA redesign project with wide stakeholder engagement is required to inform development of a new JSNA product.

## **5. Issues and Choices**

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- 5.1 The presentation highlights that choices will be required in developing the JSNA to meet current and future needs. These will be addressed in the proposed JSNA redesign project. This includes the topics for inclusion, format of products, resources, and process for development including involvement of stakeholders.

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

- 6.1.1 Funding will be required for a project manager to lead the redesign project. The project will be funded by Public Health and Northamptonshire ICB. The redesign project will establish longer term resource requirements for the council and ICB to support the ongoing development of the JSNA.

### **6.2 Legal**

- 6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

- 6.3.1 There are no significant risks arising from the proposed recommendations in this report.

### **6.4 Consultation**

- 6.4.1 Not applicable

### **6.5 Consideration by Scrutiny**

- 6.5.1 Not applicable

### **6.6 Climate Impact**

- 6.6.1 Not applicable

## 6.7 **Community Impact**

6.7.1 Not applicable

## **7. Background Papers**

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7.1 Presentation - Developing the Joint Strategic Needs Assessment.



North  
Northamptonshire  
Council



West  
Northamptonshire  
Council



Northamptonshire  
Integrated Care Board

# Developing the Joint Strategic Needs Assessment

# Legislation

- Health and Wellbeing Boards have a responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA.
- Local authorities and Integrated Care Boards (ICBs) have equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board.
- The Health and Wellbeing Act 2022 requires the Integrated Care Partnerships to write an integrated care strategy to set out how the assessed needs identified in the JSNA can be met through the functions of the ICB, partner local authorities or NHS England (when commissioning in that area).

# Changing landscape

Current JSNA is based on the process designed by the former Northamptonshire County Council and Northamptonshire CCG. Landscape has changed:

- New Health and Wellbeing Boards – North and West (2021)
- NHS organisational change: move from CCGs to the ICB (2022)
- Establishment of the ICS / ICP and publication of the 10 year ICN strategy (2023)
- Planned new Health & Wellbeing Strategies for North and West (2023)
- Formation of new teams in the councils (2022)
- New website and technology options

# Current approach

Focus in recent years has been on development of specific products to meet strategy development and commissioning needs at a given point, including:

- Overview of health and wellbeing needs (JSNA headline summary pack)
- Detailed needs assessment (e.g., 0-19's, sexual health, drugs & alcohol)
- Health profiles of a community (e.g., PCN and Local Area Partnership Profiles)
- Briefings and insight packs (short profiles on specific topics)
- Demographic reports (including ONS and census outputs)



# Moving forward - what are the options?

There is no single, agreed definition of a JSNA. National guidance states that local areas are free to undertake JSNAs in a way that is best suited to their local circumstance – there is no template, format or mandated dataset.

JSNA vary considerably in terms of

- Topics
- Format
- Process

# Topics – set list of topics

Many JSNAs do contain data on a standard list of topics, often presented along a life course alongside demographic and wider determinants (e.g. [Liverpool](#))

**Joint Strategic Needs Assessment (JSNA)**

- About the JSNA**  
The JSNA identifies key issues affecting the health and wellbeing of our residents, both now and in the future.
- Our city**  
The JSNA highlights the key health and wellbeing issues affecting our residents so that the health and social care system can help address them.
- Wider determinants of health**  
Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

- Start well**  
Every child in Liverpool should be given the best start in life, with the crucial period starting from pregnancy to the age of two.
- Grow well**  
How we develop policies and interventions that effectively improve health in early years, and give children the best start in life.
- Live well**  
Living well is essential in helping us manage our health and maintain our independence.
- Conditions and diseases**  
Information on particular disease types and data on some of the main causes of death in the city.
- Age well**  
Healthy active ageing and supporting independence so older people are able to enjoy long and healthy lives, feeling safe at home and connected to their community.
- Specific population groups**  
Health needs assessments for military veterans, homelessness and asylum seekers.

# Topics – agile response to priority areas

JSNAs are increasingly developing topics aligned to the immediate priorities e.g. cost of living and damp and mould (e.g. [Suffolk JSNA](#))



## Suffolk Cost of Living Dashboard

A screenshot of the 'Contents' section of the Suffolk Cost of Living Dashboard. It features a blue header with a hamburger menu icon and the word 'Contents'. Below this is a white box titled 'Navigation' containing instructions: 'To navigate the various pages in this dashboard, use the page navigator at the bottom of the web page or follow the links to the Contents page. Either use the left or right arrows to move through the dashboard or alternatively by clicking on the center of the page number indicator you can directly select which page you wish to view.'



# Topics – observatory style

Some JSNAs hold a wide variety of evidence and intelligence products from multiple partners e.g. VCSE, council, ICB, university e.g. [Suffolk JSNA](#)

## Topic list

- [Adult and child weight management needs assessment](#) (2022)
- [Ageing needs assessment](#) ([Ageing summary report](#), [Ageing presentation delivered 2019](#)) (2018)
- [Air quality profile](#) (2021)
- [Alcohol](#) (topic) (2018)
- [Alcohol needs assessment](#) (2022)
- [Cancer](#) (report) [Cancer summary report](#) (2018)
- [Census 2021](#) (including summaries as data is released) (2022-23)
- [Childhood immunisations](#) (topic) (2021)
- [Children in Care needs assessment](#) (2018)
- [Children in Suffolk: Suffolk data stories](#) (2020)
- Children: [Suffolk through a child's eyes](#) (APHR) (2019)
- Children: [State of Children in Suffolk](#) (2022)
- Children: [National Childhood Measurement Programme Briefing](#) (2022)
- [Citizens Advice Impact Report](#) (external report) (2019)
- [Community profiles - East Suffolk](#) ([opens in new window](#)) by partnership area (2019)
- [Cost of living profile](#) (2022)
- [COVID-19](#)
- [Crisis in people with poor mental health](#) (2019)
- [Dementia](#) (State of Suffolk) 2021
- [Deprivation \(2019\)](#) Suffolk report and summaries
- [Drug and alcohol health needs assessment](#) (2022)
- [Economy, skills and employment](#) (Suffolk summary) (2022)
- [Evidence-based findings about the veteran population in the East of England](#) (Northumbria University research: 2019)
- End of life: [Lasting Legacies](#) (APHR) (2018)
- [Food insecurity in Suffolk](#) (2021)

- 2022
- 2021
- 2020
- 2019
- 2018

# Topics – mapping assets

JSNA guidance states that assets should be mapped alongside needs. Few achieve this, exceptions include [Bolton](#)

### ASSETS

Mounting evidence shows that when practitioners begin with what communities have – their assets – as opposed to what they don't have - their needs - a community's ability to address those needs increases.

[FIND OUT MORE](#)



# Topics – beyond the data

Many JSNAs are incorporating different types of information and intelligence including literature reviews, related strategies, national data and consultations e.g. [Herts](#) and [Kent](#)



## JSNA Lite Bite: Creative Health

January 2023

### Purpose

- This JSNA Lite Bite provides an overview of Creative Health, exploring the potential benefits of greater investment in arts and culture for national and local health outcomes.

### Review of literature

#### What is Creative Health?

- Creative Health refers to the relationship between the arts, culture, heritage, health and wellbeing. It encompasses the growing recognition that engaging with creativity, culture and heritage can help improve health outcomes and facilitate a shift from an illness-based medical

A screenshot of the Kent Public Health Observatory website. The header is a dark teal banner with the text 'KENT PUBLIC HEALTH OBSERVATORY' in white. A search bar is located in the top right corner. Below the banner, there is a navigation menu with links for 'Home' and 'Joint strategic needs assessment'. The main content area features the title 'JSNA stakeholder insight' in a large, bold, dark font. Below the title, there is a paragraph of text: 'Stakeholder insight is a critical part of the JSNA. It involves collecting, collating and explaining the views, expectations, perceptions and experiences of local communities about what contributes to good health.'

# Format

Often JSNAs will contain use a standard format for topics - short “bite sized” for set topics with longer needs assessments or “deep dives” in focused areas.

Most are using web based tools, such as Power BI, to create interactive, dynamic dashboards that end users can tailor to their needs e.g. [Devon](#) and [Essex](#)


Information can be regularly updated and tailored to focus on specific variables, can include:

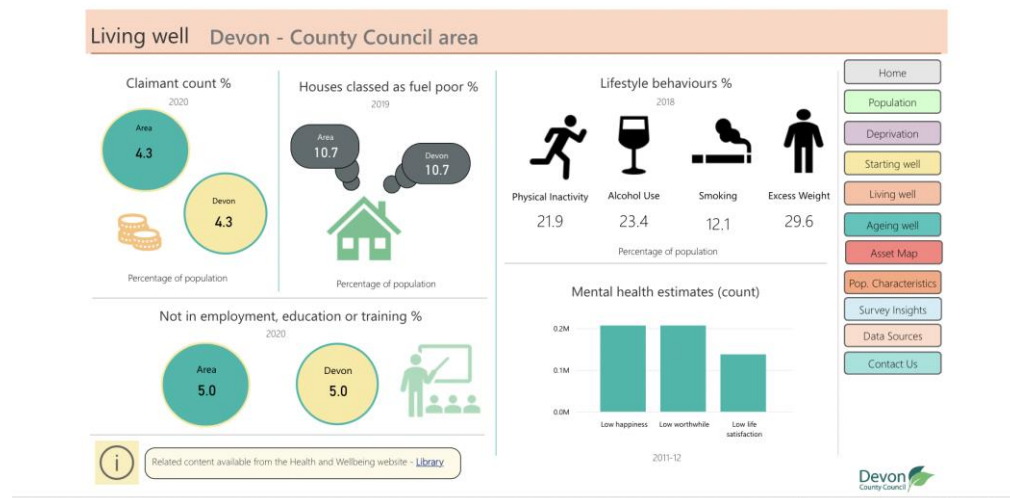
- Geographical areas (LAPs, wards, neighbourhoods)
- Population of interest
- Time periods

# JSNA headline tool

The JSNA Headline tool is an interactive resource which sits underneath the umbrella of the Joint Strategic Needs Assessment (JSNA). It provides headline Health and Wellbeing across the life course for many different areas across Devon.

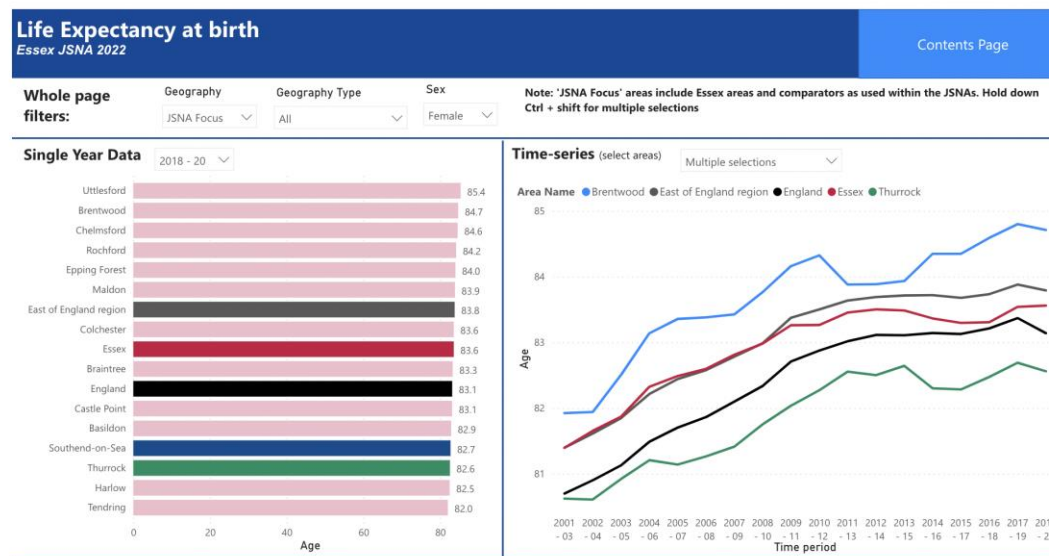
If you require the Joint Strategic Needs Assessment resource information in an alternative format please email [publichealthintelligence-mailbox@devon.gov.uk](mailto:publichealthintelligence-mailbox@devon.gov.uk) or call 01392 383000 and ask for Public Health Intelligence.

You can click on the  icon below the report to make the report larger.



# Essex County Council

The Health Outcomes -Length and Quality of Life dashboard is an interactive tool that presents information and intelligence to allow our stakeholders to understand the need in their local areas and inequalities as they pertain to length and quality of life. To make the most of this dashboard, it is important that it is used in conjunction with the accompanying downloadable reports so that the combined information and intelligence supports the provision of services to improve Essex resident's health and wellbeing and to reduce health inequalities.





# Process

Most areas will have a multiagency JSNA steering group established to continuously develop the JSNA. Remit of the steering group often includes:

- Determining the scope of JSNA
- Prioritisation of requests (can include use of a matrix)
- Standardisation of approach to product development
- Resourcing
- Work programme development
- Quality assurance
- Promotion and evaluation

# Next steps for Northamptonshire

Determining what the JSNA should be for Northamptonshire requires an understanding of the vision for the JSNA, with clarity on

- Scope
- Target audience and their needs
- Website and platforms for publication
- Involvement of wider stakeholders
- Governance and ongoing development

National guidance states that there is no requirement for each Health and Wellbeing Board to have its own JSNA – two or more Health and Wellbeing Boards could choose to work together to develop their JSNAs. Intelligence products are needed at System and Place level.

# Recommendations

This review has highlighted the need to redesign the JSNA and process for ongoing development, considering organisational changes and priorities. Recommendations:

- **Develop a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) can be developed and are easily found.**
- **Initiate a JSNA re-design project to determine the scope of the JSNA in the context of plans for wider intelligence in Northamptonshire. Project to determine the vision for the JSNA, scope, format of the final product, governance and process for ongoing development and review.**
- **Establish a project steering group for the JSNA re-design project to oversee the stakeholder engagement and development of recommendations to Health and Wellbeing Boards.**

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## WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

23<sup>rd</sup> March 2023

<b>Report Title</b>	<b>Place Development Progress Report</b>
<b>Report Author</b>	<b>Julie Curtis, AD for Place Development, West Northants Council</b>

<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SMR</b>	Sally Burns, director of Public Health, West Northants Council	14 <sup>th</sup> March 2023

### List of Appendices

None

### **1. Purpose of Report**

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- 1.1. To provide Members with a progress report on the roll out of the West Northants Place Operating Model and the development of Health and Wellbeing Forums and Local Area Partnerships (LAPs).
- 1.2. To provide assurance to Members that activities are underway following the publication of the Integrated Care Northamptonshire (ICN) Live Your Best Life (LYBL) Strategy in January 2023.

### **2. Executive Summary**

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- 2.1 The report includes an update on the West Northants Place development. The Place Operating model is being delivered through two Health and Wellbeing Forums and nine Local Area Partnerships. The West Executive Place Delivery Board provides operational oversight to ensure partners work together to provide support to LAPs, reduce organisational barriers and enable integrated working.
- 2.2 The report provides details on the delivery approach through the two Pioneer LAP sites and the learning transferred to the roll out of the remaining seven LAPs.

### **3. Recommendations**

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- 3.1 Members are requested to note the progress of the West Northants Place development, the roll out of all nine LAPs and proposed next steps.

## **4. Report Background**

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**4.1** On 15<sup>th</sup> November 2022 members supported the proposal to recommend the Integrated Care Northamptonshire (ICN) Live Your Best Life Strategy to the Integrated Care Partnership. The ICN Strategy sets out the long-term vision, ambitions, outcomes framework and the ICN Operating Model and how they all interconnect to support successful integrated working. The ICN Strategy is underpinned by the Strategic Outcomes Framework which identifies systemwide outcomes and priorities.

The ICN Place Operating Model for West Northants is the delivery model for how partners can contribute to the achievement of the 10 LYBL ambitions. The Place Operating Model includes the development of nine LAPs supported by two Health and Wellbeing Forums. To optimise successful delivery, all levels of Place should align to the metrics associated with the 10 LYBL ambitions.

### **4.2 Introduction**

The Place model is reliant on all system partners working together to identify local priorities, improve outcomes and reduce inequalities for residents and their communities. The West Northants Health and Wellbeing Board (HWB Board) is the main oversight committee for the development and roll out of the Place model.

The West Executive Place Delivery Board is a partnership and is responsible for the operational oversight of LAP implementation and delivery. The membership mirrors that of the HWB Board and includes leadership from organisations across West Northants and includes colleagues from VCSE, Healthwatch, GP, Northampton General Hospital, Northamptonshire Healthcare Foundation Trust, Northamptonshire Police, East Midlands Ambulance Trust, Northamptonshire Fire and Rescue, Town and Parish Councils, Integrated Care Board (ICB), Northamptonshire Childrens Trust, West Northants Council (WNC) Officers, Mental Health, Learning Disabilities and Autism Collaborative, Police and Crime Commissioner, Public Health and Communications. The monthly meeting focuses on partnership working and where appropriate, provides direct operational support to LAPs to reduce organisational barriers and enable integrated working.

The West Northants Place Operating Model includes the development of two local Health and Wellbeing Forums: one for Northampton and one for Daventry and South Northants and nine LAPs (five across Northampton and four across Daventry and South Northants). The West Northants approach has been to test out the model through the introduction of two Pioneer LAP sites; one in Northampton (N4) and one in Daventry and South Northants (DSN4). The first two LAPs have been active since October 2022 and the remaining seven LAPs have now had their inaugural meeting and will start to identify their local priorities during April and May. It is planned that all nine LAPs will be fully live by the end of June 2023

### **4.3 Health and Wellbeing Forums**

The two Health and Wellbeing Forums have a shared responsibility to;

- Support the development of LAPs
- Identify “at scale” priorities based on LAP profiles and priorities

and

- Agree a local, multi-partner action plan for their locality.

The membership of both Forums mirrors that of the HWB Board and includes colleagues from; VCSE, GP Locality Chair, Northamptonshire General Hospital, Northampton Healthcare Foundation Trust, Northamptonshire Police, Northamptonshire Fire and Rescue, Elected Member, WNC Officers, Environmental Health, Public Health and Social Prescribers.

The Chairs of the Forums are represented on the HWB Board.

The Forums meet bi-monthly on the alternate month to the HWB Board to allow for reporting and feedback timescales.

#### 4.4 Local Area Partnerships

The areas covered by each of the nine LAPs in West Northants are detailed below:

LAPs	Wards
DSN1	Brixworth, Braunston & Crick, Long Buckby and Moulton
DSN2	Daventry West, Daventry East and Woodford & Weedon
DSN3	Silverstone, Middle Cheney and Brackley
DSN4	Deanshanger, Towcester & Roade, Bugbrooke and Hackleton & Grange Park
N1	Riverside Park, Billing & Rectory Farm and Talavera
N2	Nene Valley, Delapre & Rushmere and East Hunsbury and Shelfleys
N3	Duston West & St Crispin, Duston East and Sixfields
N4	Castle, Abington & Phippsville, St George and Dallington Spencer
N5	Headlands, Kingsthorpe South, Boothville & Parklands and Kingsthorpe North

##### 4.4.1 The initial functions of the LAP are:

- They represent local areas and give a voice to residents, translating strategy into local action.
- They empower residents to co-produce new services and solutions for their local area.
- They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
- They empower local leaders to take accountability for local action.

##### 4.4.2 The objectives of the LAPs are as follows:

- To promote partnership working at a community level to reduce inequalities and improve public health and wellbeing outcomes for local residents.
- Health services, care services and wider determinates of health services integrated at a local level to reduce duplication and drive efficiencies.
- Based on community areas collaborating across organisational barriers to engage and coproduce services with local people.
- Use intelligence led data and insight information for priority setting and development of Delivery Plans.

LAPs do not have delegated authority, delegated decision making or access to a budget however, they do have the potential to attract funding e.g. ICB 2022/23 Health Inequalities Allocation for CORE20plus5 populations

#### **4.4.3 Membership of the LAPs**

Each LAP has a core membership that brings together leaders who work closely with their communities and understand the local landscape. This includes Elected Members, GPs, VCSE, Police, Public Health and WNC Executive Director. Once the two or three priorities are identified by the LAP then invitations are extended to other agencies/organisations that are associated with delivering on those particular priorities. For example, where children and young people are identified as a priority the Northamptonshire Childrens Trust are invited and represented in the LAP. This is to help strengthen the focus on the priority.

#### **4.4.4 Development of the LAPs to date**

The following activities have been agreed and continue to be discussed through the West Executive Place Delivery Board:

- 2 Pioneer sites identified to accelerate and test out how the LAP model might practically work.
- GP Practices mapped to LAPs.
- Adult Social Care deployed on a LAP footprint.
- WNC services adopting LAP approach where sensible.
- VCSE engaged and supporting LAPs on a thematic basis.
- Police “beats” arranging themselves into LAPs.
- Each LAP has an individual Local Area Profile produced through the Insights Tool data to help inform priority setting.
- Asset mapping of each LAP.
- Plan to introduce Asset Based Community Development approach to engagement and coproduction.
- Links to WNC Anti-poverty Strategy Action Plan e.g. Warm Welcoming Spaces.
- WNC Customer Services and a GP Practice working in collaboration to pilot a one stop shop delivered from the Surgery premises.

#### **4.4.5 Learning from the Pioneer LAPs**

Two LAPs were identified as Pioneer sites:

- N4:** Covering the wards of Castle, Abington & Phippsville, St George and Dallington Spencer  
**DSN4:** Covering the wards of Deanshanger, Towcester & Roade, Bugbrooke and Hackleton & Grange Park

The LAPs started meeting in October 2022 and have been working on the identification of the main two to three priorities that will make a positive difference to their local communities and reduce inequalities.

#### **4.4.6 Feedback from N4**

- In 2022/23 Northamptonshire ICB received their Health Inequalities Additional Allocation (HIAA) within their core allocation to address health inequalities. The HIAA guidance requests



ICBs to align their work with a range of National priorities including CORE20plus5 (Adults) groups. One of the CORE20plus5 clinical priority areas is Chronic Respiratory Disease: *A clear focus on Chronic Obstructive Pulmonary Disease (COPD)*. The N4 Local Area Profile data identified that the number of emergency admissions to hospital for people with COPD is twice the national average: N4 Ratio 230 vs England Ratio 110. A comprehensive plan has been produced to align £800,000 from the HIAA to the COPD priorities identified in the N4 LAP. The LAP approach provides the opportunity to see the consequent impact of targeted activities. This priority will contribute to the LYBL ambitions;

- Access to health and social care when they need it
- Opportunity to be fit, well and independent
- **Benefits to the system:**
  - Less people in crisis who require a hospital emergency admission therefore freeing up beds and clinical time to focus on those who need elective care and reducing their waiting time for planned operations
  - Less people requiring GP appointments therefore reducing demand
  - Less people in A&E therefore improves access to ambulances for those requiring immediate care.
- The Local Area Profile also identified high rates of crime in the N4 area. Police data shows that 50% of the crime committed in Northampton is committed by people who live in N4. Education data was then overlaid with the profile and police data and it shows that the number of pupils excluded and/or suspended from schools in N4 were the highest in West Northants. In one year, on average, pupils are losing 12.5 years of education. Data and intelligence is not normally or readily shared across agencies in this way and has made a significant impact on priority setting. As a result a call to action was agreed and a Multi-Agency Team meeting has been set up including partners from Police, Education, Schools, GP Practice, VCSE and Elected Member to focus on the problem and identify possible solutions. This priority will contribute to the LYBL ambitions;
  - Best Start in Life
  - Access to the best available education and learning
- **Benefits to the wider system**
  - Less spend on alternative provision for children
  - Reduction in anti-social behaviour
  - Earlier identification of needs leading to prevention of further escalation

#### 4.4.7 Feedback from DSN4

- It has been agreed that The Forum in Towcester will become a local Family Hub offering a wide range of services for parents, carers and children. The details are being finalised and will be shared in due course. This priority will contribute to the LYBL ambition;
  - Best Start in Life
- DSN4 Local Area Profile identifies a high level of rurality and associated issues. Digital exclusion and social isolation have been identified as priorities and work is underway with VCSE colleagues to understand the issues through local engagement. There are 20 Warm Welcoming Spaces in DSN4, this is 20% of the total number across West Northants demonstrating the community support already in place and to be optimised as community hubs for local people. This priority will contribute to the LYBL ambition;
  - Connected to their families and friends

- Cross border issues and population flows towards Milton Keynes is challenging and further evidence needs to be collected to identify specific priorities for focus.

#### **4.4.8 Roll out of the LAPs and next steps**

The remaining seven LAPs have had their inaugural meeting during February and March 2023. The LAPs were well attended by partners and each reviewed their Local Area Profiles and discussed local insights. They will agree two or three local priorities during April and May 2023. At the time of writing this report the following challenges have been identified:

- Young families (debt, isolation, access to services)
- Feeling unsafe where you live
- Crime: gangs, knife crime, drugs, ASB, cross border crime, misuse of social media
- Connectivity with community
- Cardio vascular disease
- Rurality / social isolation
- Digital exclusion
- Cross border issues
- Young people’s mental health

Once all LAP priorities are identified they will be reported to the local Health and Wellbeing Forum and summarised for the HWB Board.

Each LAP will have a set of core products including: project management support, communications plan, website, naming convention, engagement plan, metrics and access to BI support.

## **5. Issues and Choices**

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- 5.1 The Integrated Care System and it’s requirements are requirements under the legislation laid out in the Health and Social Care Act 2022 and therefore health and social care bodies are required to have in place the specified governance arrangements from 1<sup>st</sup> July 2022. The structure of the West Place Operating Model has been developed in consultation with a wide variety of stakeholders and officers have taken these views into consideration as part of the final proposal.

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

There are no direct financial implications as a result of this report but looking ahead clearly the strategic approach will help the system to continue to prioritise future investment approaches. The Health & Care Act 2022 provides the potential for the Local Authority to receive delegated authority of health functions and resources from the ICB and this could be a vehicle to align resources to LAPs.

### **6.2 Legal**

There are no legal implications arising from the proposals.

### 6.3 Risk

There are no significant risks arising from the update included in this report.

### 6.4 Consultation

6.4.1 There is no requirement for formal consultation.

### 6.5 Consideration by Overview and Scrutiny

6.5.1 At the meeting of the Corporate Overview and Scrutiny Committee on 6<sup>th</sup> March 2023 members were interested in LAP development and roll out. The members were generally supportive of the approach and the plans for further development and interested in the future maturity of the LAPs.

### 6.6 Climate Impact

6.6.1 There is no climate/environmental impact.

### 6.7 Community Impact

6.7.1 As set out in the legislation the implementation of ICS and particularly the ICN Strategy and the West Northants Place Operating model is to positively impact on the health and wellbeing of local communities.

6.7.2 Localities and LAPs are the focus of how local communities can design activities and services to improve outcomes, reduce health inequalities and contribute to the 10 LYBL ambitions. They adopt an intelligence and data led approach to identifying areas experiencing high levels of inequality that would benefit from redesign and integration of service provision. They also review evidence on local health needs, social and economic determinants of health and collectively determine two to three priorities that need addressing.

## 7. Background Papers

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- 7.1 DHSC Policy paper February 2021: Integration and innovation: working together to improve health and social care for all
- 7.2 DHSC Police paper updated 10 March 2022: Health and Care Bill: Integrated Care Boards and local health and care systems
- 7.3 DHSC Policy paper June 2022: Guidance on the preparation of integrated care strategies: Guidance for integrated care partnerships on integrated care strategies
- 7.4 West Northants Health and Wellbeing Board paper 15 November 2022: Draft Integrated Care Northamptonshire Live Your Best Life Strategy
- 7.5 December 2022: Integrated Care Northamptonshire Live Your Best Life Strategy



## WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

**23<sup>rd</sup> March 2023**

<b>Report Title</b>	Integrated Care Northamptonshire Outcomes Framework
<b>Report Author</b>	Rhosyn Harris, Consultant in Public Health, West Northants Council

<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	Sally Burns, Director of Public Health, West Northants Council	13 <sup>th</sup> March 2023

### List of Appendices

#### **Appendix A – Powerpoint Slides - ICP Outcomes Framework Metric Prioritisation: March 2023 Update**

##### **1. Purpose of Report**

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- 1.1. To update members on progress towards prioritising metrics for the Integrated Care Northamptonshire (ICN) Outcomes Framework
- 1.2. To ask for member feedback and support in proposing the ICN Outcomes Framework to the Partnership for sign-off at their next meeting.

##### **2. Executive Summary**

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- 2.1 Key to ensuring that the developing Integrated Care Northamptonshire partnership moves forward towards its stated ambitions will be agreement of measures with available baselines from which to measure progress.
- 2.2 Using a prioritisation process overseen by the Strategy Development Board (with membership from the constituent partners of Integrated Care Northamptonshire) a proposed Outcomes Framework has been developed.
- 2.3 The proposed framework includes 15 priority metrics across the ten 'Live Your Best Life' ambitions of the Integrated Care Strategy.
- 2.4 We also present recommendations for areas of data development where existing metrics do not adequately capture health and wellbeing outcomes for particular groups in a meaningful way.

### 3. Recommendations

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- 3.1 That HWB recommend the proposed Integrated Care Northamptonshire (ICN) Outcomes Framework (and provide feedback on the proposed metrics) for submission to the Partnership for sign-off at their next meeting.

### 4. Report Background

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#### Legislative Background

- 4.1 The Health and Care Act 2022 established Integrated Care Boards (ICBs) and required that all upper-tier local authorities that fall within the footprint of the ICB must establish an Integrated Care Partnership (ICP).
- 4.2 The Act required integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessment) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

#### National Guidance

- 4.3 Department of Health and Social Care (DHSC) Guidance on the preparation of integrated care strategies published in July 2022 states that:

*“Agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments, is a powerful way for the integrated care strategy to bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.*

*We expect this to be an important aspect of all integrated care strategies, which can also play an important role in supporting the setting of joint goals for local areas.”*

#### Local Governance

- 4.4 In advance of Northamptonshire partners formally meeting as a new Integrated Care Partnership (ICP) a multi-agency Strategy Development Board (SDB) was established, with membership from the constituent organisations, to develop the Integrated Care Strategy.
- 4.5 Core to the emerging Integrated Care Strategy were its ten ‘Live Your best Life’ ambitions (Table 1) and associated 22 outcomes. For the partnership to be able to measure its progress on delivering these outcomes, however, specific metrics would need to be agreed as part of an outcome framework.
- 4.6 The SDB has had oversight of the development of the outcome framework throughout with, crucially, input from the ICB, both North and West Health and Wellbeing Boards (HWBs), and the ICP (in its inaugural meeting in December 2022) to guide development.

## **Process**

- 4.7 The outcomes framework began as a longlist, developed by the public health team, of nearly 80 metrics that each measured an aspect of the strategy's outcomes.
- 4.8 Through compiling this longlist and sharing/engaging with key stakeholders it became clear that:
- a) The ten ambitions were comprehensive in their scope and therefore the list of potential corresponding metrics countless, therefore, there would need to be a prioritisation exercise to identify specific areas of work and metrics for the partnership to focus on in its first years.
  - b) Three ambitions sat more in the sphere of influence of the ICB, and the remaining seven – focused on the wider determinants of health – sat more in the sphere of influence of the HWBs, therefore, these constituent partners of ICN should 'own' their respective ambitions.
  - c) Existing metrics, though in some cases valid and useful, in other cases represent data that are routinely collected rather than measures that really matter in terms of health outcomes for the population, therefore, the outcomes framework would need to be complemented by a programme of data development.
- 4.9 Based on these findings, two prioritisation exercises took place using the same methodology, focusing on prioritising metrics for the ICB-led and HWB-led ambitions respectively. The process involved a workshop-style exercise in which senior leaders considered data for Northamptonshire across a broad range of metrics for each ambition and used defined prioritisation criteria or "tests" to select priorities.
- 4.10 The prioritisation criteria applied included:
- 1) There is an identified need at a county level (Northamptonshire benchmarks poorly compared with its peers)
  - 2) Both North and West of the county recognise a need (this is not a specific need in one "Place")
  - 3) Focusing on this metric area will have an impact on shifting the population health curve
  - 4) Focusing on this metric will have a significant impact on reducing health inequalities
  - 5) There will be real value added from the Partnership working together on this
  - 6) This is an issue amenable to local action

## **Results**

- 4.11 The prioritisation exercise has identified 15 priority metrics (Table 1 below) for the partnership to focus on across nine of the ten ambition areas with the tenth ambition area having a qualitative feedback focus.

**Table 1. Proposed Initial ICN Outcomes Framework – Live Your Best Life Strategy Ambitions and Priority Metrics**

<b>AMBITION</b>	<b>AVAILABLE SYSTEM PRIORITY METRICS</b>
<b>BEST START IN LIFE</b>	% achieving good level of development at age 2-3
<b>ACCESS TO THE BEST AVAILABLE EDUCATION AND LEARNING</b>	Gap in Attainment Level 8 for FSM and LAC pupils
<b>OPPORTUNITY TO BE FIT, WELL AND INDEPENDENT</b>	% Adults current smokers (APS) % Adults classified as overweight or obese Adolescent self-reported wellbeing (SHEU) Standardised rate of emergency admissions due to COPD
<b>EMPLOYMENT THAT KEEPS THEM AND THEIR FAMILIES OUT OF POVERTY</b>	Gap in employment for those in touch with 2ary MH services
<b>HOUSING THAT IS AFFORDABLE, SAFE AND SUSTAINABLE IN PLACES WHICH ARE CLEAN AND GREEN</b>	Number of households owed a prevention duty under Homelessness Reduction Act
<b>TO FEEL SAFE IN THEIR HOMES AND WHEN OUT AND ABOUT</b>	Number of re-referrals to MARAC for children experiencing domestic abuse
<b>CONNECTED TO THEIR FAMILIES AND FRIENDS</b>	% Adult social care users who have as much social contact as they would like
<b>THE CHANCE FOR A FRESH START, WHEN THINGS GO WRONG</b>	Number of emergency hospital admissions for those of no fixed abode
<b>ACCESS TO HEALTH AND SOCIAL CARE WHEN THEY NEED IT</b>	% Cancer diagnosed at stage 1/2 % of people discharged from hospital to their usual place of residence Rate of ED attendances for falls in those aged 65+ % Eligible LAC and adults with LD/SMI receive annual health check
<b>TO BE ACCEPTED AND VALUED SIMPLY FOR WHO THEY ARE</b>	Qualitative feedback as part of community engagement exercises

4.12 Alongside the existing metrics identified, we also identified areas for which there were metrics that don't allow us to understand health outcomes for residents as well as we would like and therefore data development areas have been proposed (Table 2 below).

**Table 2. Suggestions for areas of required data development**

<b>AMBITION</b>	<b>DATA DEVELOPMENT SUGGESTIONS</b>
<b>ACCESS TO THE BEST AVAILABLE EDUCATION AND LEARNING</b>	<i>Need to better explore wellbeing in school aged children Need to better measure quality of education and outcomes for SEND pupils</i>
<b>HOUSING THAT IS AFFORDABLE, SAFE AND SUSTAINABLE IN PLACES WHICH ARE CLEAN AND GREEN</b>	<i>Need to explore available data on quality of homes and exposure to cold/damp/mould conditions</i>
<b>TO FEEL SAFE IN THEIR HOMES AND WHEN OUT AND ABOUT</b>	<i>Need to look at data linkages with NARP/Police observatory to track outcomes for CYP experiencing ACEs</i>



**CONNECTED TO THEIR FAMILIES AND FRIENDS**

*Need to look at data collection for socially excluded groups and opportunity for data linkages to start tracking outcomes (CORE20PLUS5 link)*

**THE CHANCE FOR A FRESH START, WHEN THINGS GO WRONG**

*As above, need to explore more connected data systems to understand outcomes for people with experience of rough sleeping/criminal justice*

4.13 The format of reporting of the outcomes framework and supporting documentation including relevant activity performance indicators will be developed with the support of the public health team, in conjunction with performance leads from constituent partners in the next phase of work.

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**5. Issues and Choices**

5.1 The issues and choices faced in developing the outcomes framework included prioritising a shortlist of metrics for the integrated care system to focus its attention in its initial years.

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**6. Implications (including financial implications)**

**6.1 Resources and Financial**

6.1.1 While there are no direct resource or financial implications arising from this paper, the purpose of the outcomes framework is to support all system partners to prioritise their spend to maximise population health outcomes.

**6.2 Legal**

6.2.1 There are no legal implications arising from the proposals.

**6.3 Risk**

6.3.1 There are no significant risks arising from the proposed recommendations in this report.

**6.4 Consultation**

6.4.1 While the public have not formally been consulted on this first version of the ICN Outcomes Framework, part of the prioritisation process involved testing out emerging priority themes against the findings of community LAP discussions and stakeholder engagement findings.

**6.5 Consideration by Overview and Scrutiny**

6.5.1 Scrutiny have not been involved in discussions around the ICN Outcomes Framework to date.

**6.6 Climate Impact**

6.6.1 One of the “Live Your Best Life” ambitions is to have “housing that is affordable, safe and sustainable in places which are clean and green”. While the prioritised system metric **Page 49**

ambition focuses specifically on housing rather than climate, given both West and North Northamptonshire councils' carbon commitments we expect many other areas of action to contribute to the achievement of this ambition.

## 6.7 **Community Impact**

6.7.1 The Health and Care Act 2022 requires Integrated Care Partnerships to positively impact the health and wellbeing of local communities

6.7.2 The approach outlined in the strategy ensures that the issues and inequalities relevant to Local Area Partnerships (LAPs) are the focus of how services work with local communities to improve outcomes as set out in the outcomes framework.

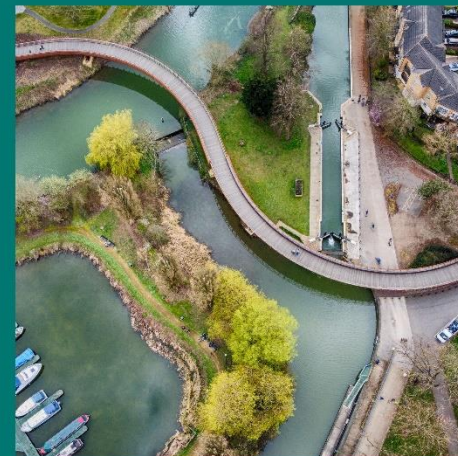
## 7. **Background Papers**

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7.1 [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

# ICP Outcomes Framework Metric Prioritisation

March 2023 Update



- The national “ask”
- The “ask” from the ICP in Northamptonshire
- Prioritisation process
- Prioritisation criteria
- Priority metrics identified by the ICB for 3 ‘LYBL’ ambitions
- Outputs from strategic leaders’ meeting
- Proposed priority metrics for the 7 remaining ‘LYBL’ ambitions
- Complete list priority metrics
- Areas for data development

- The Act requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessment) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
- Guidance on the preparation of integrated care strategies published in July 2022 states that:

*Agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments, is a powerful way for the integrated care strategy to bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.*

*The Department of Health and Social Care will set out further detail on shared outcomes, as described in ‘Health and social care integration: joining up care for people, places and population’, by April 2023.*

# ICP December meeting discussion

- The ten ambitions are comprehensive, we need to prioritise metrics from the longlist to focus our (shorter term) delivery plans
- We should build on the nine priority metrics (across three ambition) identified as by the ICB as areas to focus on in their 5-year delivery plans, identifying priorities among the seven remaining ambitions
- The priority metrics need to be system-wide priorities and agreed by key partnership stakeholders recognising that Place(s) and Local Area Partnerships may identify additional localised priorities that speak to the system-wide ambitions.
- Metrics for this first iteration of the framework need to be currently available data that we can use to baseline, though we should not be restricted to this and need to explore new areas of data collection.
- The strategy development board (meeting Thursdays fortnightly) will continue to meet to oversee metric prioritisation to bring a suggested framework back to the ICP before its next meeting.

# Prioritisation Process

STRATEGY AMBITION	STRATEGY OUTCOME	Suggested Metrics (priorities identified by ICD)	Date of data	Baseline	Unit	Mark	Weight
Womens health and well-being and after pregnancy	Womens are healthy and well during and after pregnancy	% women who are in early pregnancy	2020/21	22.5%			
		% women smoking at time of delivery	2020/21	15.4%			
		Number of women receiving specialist postnatal mental health	2020/21	25			
		% babies with low birth weight at time of birth (LBW)	2018	10.1%			
All children grow and develop so they are ready and equipped for school	All children grow and develop so they are ready and equipped for school	Number of children aged 5-16	2020/21	152,316			
		% good level of development at end of Y1	2020/21	71%			
		% of children with special educational needs in the	2021	1%			
		% of children in special care within 12 months of previous care	2021	1%			
Education settings are good and inclusive and children and young people, including those with special educational needs	Education settings are good and inclusive and children and young people, including those with special educational needs	% of people achieving 3-4 pass in Eng & Maths	2022	39.2%		63.8%	
		% of people achieving 5 pass in Eng & Maths	2022	10%		19.1%	
		Average attainment 8 scores of all pupils	2022	44.1	46.2	48.7	
		% of people meeting the expected standard in reading, writing &	2022	59%	55%	52%	
		% SEND children achieving expected standard	2022	1.8%	1.5%	1.1%	
		% SEND children in care of County Council	2022	10.4%	10.3%	10.1%	
		Ratio of permanent exclusions (per 100 pupils)	2022	0.02	0.03	0.06	
		Ratio of suspensions (per 100 pupils)	2022	0.08	0.11	0.17	
		Number completing GCSE Entry 1 qualification	2022/23	16,111	14,111	12,311	
		% of those aged 16-18 in Education, Employment or Training	2020/21	45.5%	40.9%		
		% physically active children	2020/21	28.8%	28.8%		
		% physically active adults	2020/21	28.8%	28.8%		
Top 5 priorities of overnight and short-term	2020/21	28.8%	28.8%				
% of people identified as experiencing homelessness	2020/21	28.8%	28.8%				
Self-reported wellbeing (adult)	2020/21	28.8%	28.8%				
Self-reported wellbeing (adult)	2020/21	28.8%	28.8%				

Jan to Feb 2023

- Criteria and process agreed by strategy development board
- Supporting data circulated to inform prioritisation discussion

Process and criteria agreed

Strategic Leaders

- Workshop of strategic leaders focusing on ambition areas
- Polling software used to gather feedback on strategic priorities

- Meetings with analyst network (NHS, Police and Local Authorities)
- Reviewed strategic priorities and available datasets

Technical expertise

Final Proposal

- “Best Fit” metrics proposed for strategic priorities
- Data development recommendations where gaps in our data collection

# Prioritisation Criteria

## Metric Selection “Tests”

1. There is an identified need at a county level (Northants benchmarks poorly compared with its peers)
2. Both North and West of the county recognise a need (this is not a specific need in one “Place”)
3. This will have an “upstream” impact and help shift the population curve
4. This will have a significant impact on reducing health inequalities
5. There will be real value added from the Partnership working together on this
6. This is an issue amenable to local action



Ambition	Available System Priority Metrics
Best Start in Life	% achieving good level of development at age 2-3
Opportunity to be fit, well and independent	% Adults current smokers (APS)
	% Adults classified as overweight or obese
	Adolescent self-reported wellbeing (SHEU)
	Standardised rate of emergency admissions due to COPD
Access to health and social care when they need it	% Cancer diagnosed at stage 1/2
	% of people discharged from hospital to their usual place of residence
	Rate of ED attendances for falls in those aged 65+
	% Eligible LAC and adults with LD/SMI receive annual health check

# Strategic Leaders' Thoughts



live your best life

# Priorities for Remaining Ambitions

Integrated Care  
Northamptonshire



Ambition	Outcomes	Available System Priority Metrics
Access to the best available education and learning	<ul style="list-style-type: none"> <li>Education settings are good and inclusive and children and young people, including those with special needs perform well</li> <li>Adults have access to learning opportunities which support them with work and life skills</li> </ul>	Gap in Attainment Level 8 for FSM and LAC ?SEND pupils ( <b>reduction = improvement</b> )
Employment that keeps them and their families out of poverty	<ul style="list-style-type: none"> <li>More adults are employed and receive a 'living wage'</li> <li>Adults and families take up benefits they are entitled to</li> </ul>	Gap in employment for those in touch with 2ary MH services ( <b>reduction = improvement</b> )
Housing that is affordable, safe and sustainable in places which are clean and green	<ul style="list-style-type: none"> <li>Good access to affordable, safe, quality, accommodation and security of tenure</li> <li>The local environment is clean and green with lower carbon emissions</li> </ul>	Number of households owed a duty under HRA (to prevent loss of tenancy) ( <b>reduction = improvement</b> )
To feel safe in their homes and when out and about	<ul style="list-style-type: none"> <li>People are safe in their homes, on public transport and in public places</li> <li>Children and young people are safe and protected from harm</li> </ul>	Number of re-referrals to MARAC for children experiencing domestic abuse ( <b>reduction = improvement</b> )
Connected to their families and friends	<ul style="list-style-type: none"> <li>People feel well connected to family, friends and their community</li> <li>Connections are helped by public transport and technology</li> </ul>	% Adult social care users who have as much social contact as they would like ( <b>increase = improvement</b> )
The chance for a fresh start, when things go wrong	<ul style="list-style-type: none"> <li>Ex-offenders and homeless people are helped back into society</li> <li>People have good access to support for addictive behaviour and take it up</li> </ul>	Number of emergency hospital admissions for those of no fixed abode ( <b>reduction = improvement</b> )

Ambition	Priority Theme Identified by Strategic Leaders	Data Development Suggestions
Access to the best available education and learning	All can reach their potential and good mental wellbeing for CYP	Need to better explore wellbeing in school aged children Need to better measure quality of education and outcomes for SEND pupils
Employment that keeps them and their families out of poverty	Gap in employment for those with mental health need	None – adequate metric available
Housing that is affordable, safe and sustainable in places which are clean and green	Access to affordable and quality homes	Need to explore available data on quality of homes and exposure to cold/damp/mould conditions
To feel safe in their homes and when out and about	Adverse Childhood Experiences – improving outcomes for those experiencing ACEs	Need to look at data linkages with NARP/Police observatory to track outcomes for CYP experiencing ACEs
Connected to their families and friends	Improving outcomes for those who are socially excluded	Need to look at data collection for socially excluded groups and opportunity for data linkages to start tracking outcomes (CORE20PLUS5 link)
The chance for a fresh start, when things go wrong	Improving outcomes for those experiencing multiple exclusion homelessness	As above, need to explore more connected data systems to understand outcomes for people with experience of rough sleeping/criminal justice

Ambition	Available System Priority Metrics
<b>Best Start in Life</b>	% achieving good level of development at age 2-3
Access to the best available education and learning	Gap in Attainment Level 8 for FSM and LAC pupils
<b>Opportunity to be fit, well and independent</b>	% Adults current smokers (APS) % Adults classified as overweight or obese Adolescent self-reported wellbeing (SHEU) Standardised rate of emergency admissions due to COPD
<b>Employment that keeps them and their families out of poverty</b>	Gap in employment for those in touch with 2ary MH services
<b>Housing that is affordable, safe and sustainable in places which are clean and green</b>	Number of households owed a prevention duty under Homelessness Reduction Act
<b>To feel safe in their homes and when out and about</b>	Number of re-referrals to MARAC for children experiencing domestic abuse
<b>Connected to their families and friends</b>	% Adult social care users who have as much social contact as they would like
<b>The chance for a fresh start, when things go wrong</b>	Number of emergency hospital admissions for those of no fixed abode
<b>Access to health and social care when they need it</b>	% Cancer diagnosed at stage1/2 % of people discharged from hospital to their usual place of residence Rate of ED attendances for falls in those aged 65+ % Eligible LAC and adults with LD/SMI receive annual health check

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## West Northamptonshire Health and Wellbeing Board

23 March 2023

<b>Report Title</b>	<b>Five Year Joint Forward Plan (5YJF) Update</b>	
<b>Report Author</b>	<b>Bhavna Gosai, NHS Northamptonshire Integrated Care Board</b>	
<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	<b>Naomi Eisenstadt</b>	<b>Chair, NHS Northamptonshire Integrated Care Board</b>

### List of Appendices

#### Appendix A – Five Year Joint Forward Plan (5YJF) Update

##### 1. Purpose of Report

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- 1.1. To provide members with an update on the 5 Year Joint Forward plan.

##### 2. Executive Summary

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- 2.1 This report provides members an overall position of the Joint forward plan and provides summary of the outline of the strategy.
- 2.2 This guidance published supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts to develop their first 5-year joint forward plans (JFPs) with system partners.
- 2.3 The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare their JFP before the start of each financial year.
- 2.4 This guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet.
- 2.5 We will work with the West HWBB Strategy leads to align our plans

##### 3. Recommendations

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3.1 The Health and Wellbeing Board is recommended to:

- Note that the draft plan is still in development at the time of this Health and Wellbeing Board
- Delegate submission of this statement for the ICB 5 Year Forward Plan to the Chair of the Health and Wellbeing Board in consultation with the

Director of Public Health and Wellbeing and the Director of People, in order to ensure that required timescales are met

- 3.2 Health and Wellbeing Boards are required to submit a statement to be included in the 5 Year Forward plan as to whether the plan takes into account the Joint Health and Wellbeing Strategy.



# Five Year Joint Forward Plan (5YJF) Update

Health and Wellbeing board update

Date 23 March 2023

# Overview of 5 year Joint Forward View

- Guidance published on 23 December 2022
- We have a duty to align the ICB Plan with
  - Integrated Partnership Strategy
  - Health and Wellbeing Boards strategies
  - Operational planning requirements
  - Partner Trust Strategies

Integrated Partnership Strategy  
10 years

ICB Joint Forward View Plan 5  
years

Health and Well Being Strategies

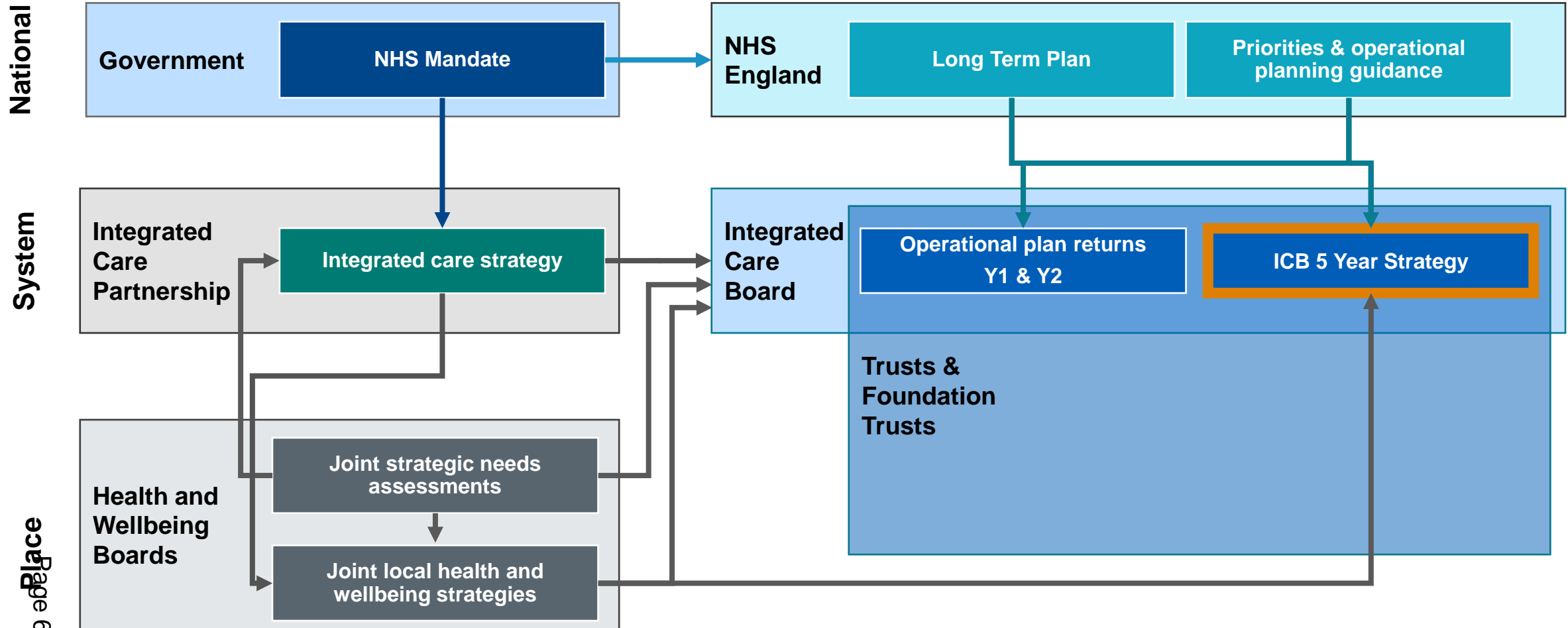
Operational plans 1-2 year  
Partner Trust Strategies

# Strategy and Planning Integration



Northamptonshire  
Integrated Care Board

The ICB 5 Year Plan will have regard to the integrated care strategy and address delivery of universal NHS commitments



National

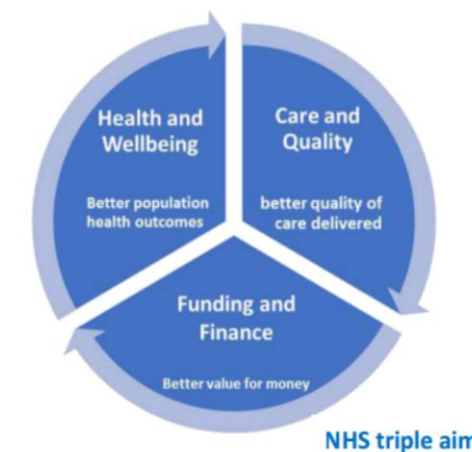
System

Place

# Aims of Joint Forward View

## Integrated Care System (ICS)

- Aim 1 - Improve outcomes in population health and healthcare
- Aim 2 - Tackle inequalities in outcomes, experience, and access
- Aim 3 - Enhance productivity and value for money
- Aim 4 - Help the NHS support broader social and economic development



The ICB have a duty to consider the wider effects of our decisions, also known as the ‘triple aim’ of

- health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing),
- quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and
- sustainable and efficient use of resources by NHS bodies.

# Key Points for consideration for Joint Forward View



Northamptonshire  
Integrated Care Board

The plan must describe how ICB and partners intend to **exercise their functions** over the next five years and, in particular

- Describe how the ICB intends to **meet population health needs** of people in their area through delivery of primary, secondary and community care.
- Explain how the ICB intends to **discharge certain duties**
- Set out any steps the ICB proposes to take to implement any **joint local health and wellbeing strategy**.
  - Both health and wellbeing strategies are under development and we will align our plan to the strategies
- Set out any steps the ICB proposes to take to address the particular needs of **children and young people** and **victims of abuse**.
- **3 Principles**
  - 1: Fully aligned with the wider system partnership's ambitions.
  - 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
  - 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate
- Describe how we will meet the legislative requirements

# Overview of structure of Joint Forward View



**Northamptonshire**  
Integrated Care Board

	Chapters	Summary key aspects to cover
1.	Introduction	<ul style="list-style-type: none"> <li>• What is an ICS, ICP and ICB</li> <li>• Who we are?</li> <li>• What is our purpose</li> <li>• What is our population</li> <li>• Our journey so far</li> </ul>
2.	Context	<ul style="list-style-type: none"> <li>• Purpose of document</li> <li>• What do we want to be</li> <li>• Status of our system</li> <li>• The current challenges of system to cover</li> <li>• Quality</li> <li>• Health inequalities CORE20PLUS5</li> <li>• Paint a picture of our system</li> <li>• Finance – challenges</li> <li>• SWOT</li> </ul>
3.	Priorities *	<ul style="list-style-type: none"> <li>• National delivery must do's - Long Term Plan</li> <li>• Recover areas national priorities - Live your best life</li> <li>• Locally - deliver the outcome framework - LYBL 3 ICB Priority Aims</li> </ul>
4.	Our Programmes of Work*	<ul style="list-style-type: none"> <li>• Current position - How are we doing - What are the targets and comparators</li> <li>• What are we doing about issues - Priorities and Improvements</li> <li>• Enablers for Change: Workforce, Digital &amp; Data, Estate &amp; Environment, Finance</li> <li>• Any other support function relevant to particular work areas</li> </ul>
5.	Risk & Opportunities	<ul style="list-style-type: none"> <li>• Outline the Risk and Opportunities for our system</li> </ul>
Page 70	Next Steps	<ul style="list-style-type: none"> <li>• Refresh</li> <li>• Planning cycle</li> <li>• Delivery of programme of work will through – Collaboratives, Place, LAP under development</li> </ul>

Currently underdevelopment the aim to have a 50 page strategy with a public facing document

\* Further details in next slides

# 3. National Priorities (1/2)



Area	Objective
<b>Urgent and Emergency Care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
<b>Community Health Services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
<b>Primary Care</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
<b>Elective Care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days

# 3. National Priorities (2/2)



Area	Objective
<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Mental Health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
Improve access to perinatal mental health services	
<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
<b>Prevention and Health Inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach



# 10 Ambitions from the ICP's Strategy

Best Start in Life

Access to the best available education and learning

Opportunity to be fit, well and independent

Employment that keeps them and their families out of poverty

Housing that is affordable, safe, and sustainable in places which are clean and green

To feel safe in their homes and when out and about

Connected to their families and friends

The chance for a fresh start when things go wrong

Access to health and social care when they need it

To be accepted and valued simply for who they are

# 3. Local Priorities – Outcome Framework (ICB Priority Aims)



**Northamptonshire**  
Integrated Care Board

Ambition	Outcomes	Metric
Best Start in Life	Women are healthy and well during and after pregnancy	<ul style="list-style-type: none"> <li>% women obese in early pregnancy</li> <li>% women smoking at time of delivery</li> <li>% of target number women accessing specialist perinatal mental health support (894 women)</li> </ul>
	All children grow and develop well so they are ready and equipped to start school	<ul style="list-style-type: none"> <li>% good level of development at age 2-3</li> <li>% good level of development at end Yr R</li> </ul>
Opportunity to be fit, well and independent	Children and adults are healthy and active and enjoy good mental health	<ul style="list-style-type: none"> <li>Self-reported wellbeing</li> <li>Hospital admissions as a result of self-harm (people aged 15-19) per 100,000</li> <li>Adolescent mental wellbeing (WEMWBS score at age 15)</li> <li>Suicide rate</li> </ul>
	People experience less ill-health and disability due to lung and heart diseases	<ul style="list-style-type: none"> <li>emergency admissions due to coronary heart disease (standardised admission ratio)</li> <li>emergency admissions due to COPD (standardised admission ratio)</li> <li>smokers successfully quitting (per 100,000)</li> <li>Excess under 75 mortality in adults with serious mental illness (SMI) or LD</li> </ul>
Access to health and social care when needed	People can access NHS services and personal and social care when they need to	<ul style="list-style-type: none"> <li>% people triaged duty within 24 hours</li> <li>% people that are in crisis that receive a commissioned service within 24 hours</li> <li>% outside of crisis situations people that require commissioned service receive it within 1 month</li> </ul>
	People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs	<ul style="list-style-type: none"> <li>% people discharged within 7 days</li> <li>Adults in acute mental health beds Length of Stay rate (over 60 days)</li> </ul>
	Services to prevent illness (e.g., health checks, screening, and vaccines) are good, easy to access and well used	<ul style="list-style-type: none"> <li>Flu vaccine coverage in 65+ age group</li> <li>COVID vaccine coverage 75+ age group</li> <li>Population vaccination coverage MMR one dose by age 2</li> </ul>

# 4. Our programmes of work



Programmes of Work we will cover	Enabling Sections
<ul style="list-style-type: none"> <li>Primary Care including Fuller review</li> </ul>	<ul style="list-style-type: none"> <li>People</li> </ul>
<ul style="list-style-type: none"> <li>Continuing Health Care and Personal Health Budgets (PHB)</li> </ul>	<ul style="list-style-type: none"> <li>Research and Innovation</li> </ul>
<ul style="list-style-type: none"> <li>Personalised care</li> </ul>	<ul style="list-style-type: none"> <li>Medicine Management</li> </ul>
<ul style="list-style-type: none"> <li>Elective Care</li> </ul>	<ul style="list-style-type: none"> <li>Digital and Business Intelligence</li> </ul>
<ul style="list-style-type: none"> <li>Cancer</li> </ul>	<ul style="list-style-type: none"> <li>Estate and Environment</li> </ul>
<ul style="list-style-type: none"> <li>Urgent and Emergency Care inc community services</li> </ul>	
<ul style="list-style-type: none"> <li>Better Care Fund</li> </ul>	
<ul style="list-style-type: none"> <li>Safeguarding</li> </ul>	
<ul style="list-style-type: none"> <li>Mental Health, Learning Disabilities and Autism</li> </ul>	
<ul style="list-style-type: none"> <li>Palliative and End of Life Care</li> </ul>	
<ul style="list-style-type: none"> <li>Children Young people</li> </ul>	
<ul style="list-style-type: none"> <li>Maternity and Neonatal</li> </ul>	
<ul style="list-style-type: none"> <li>Community Health Services</li> </ul>	

# Summary

- Draft strategy is under development
- Document will be shared with health and well being boards to provide a statement
- Strategy will be published by end of June 2023

# Reference - Links to guidance



Northamptonshire  
Integrated Care Board

## Guidance on developing the Joint Forward Plan - 23 December 2022

<https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf>

## Guidance on developing the Joint Forward Plan 27 January 2023

Classification: Official  
Publication reference: P1902100



Guidance on development of  
the joint forward plan  
Supporting materials

Version 1.27 January 2023

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## WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

23 March 2023

<b>Report Title</b>	<b>West Northants Community Safety Partnership Strategy</b>
<b>Report Author</b>	<b>Vicki Rockall, Head of Community Safety, Engagement and Resettlement, West Northants Council</b>

<b>Contributors/Checkers/Approvers</b>		
<b>Other Director/SME</b>	Stuart Timmiss, Executive Director of Place and Economy, West Northants Council	13 March 2023

### List of Appendices

None

#### **1. Purpose of Report**

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- 1.1. To update the Board on the Community Safety Partnership (CSP) priorities and outcomes that are aligned to the Live Your Best Life ambitions, specifically, that people feel safe in their homes and when out and about and that our communities are accepted and valued simply for who they are.

#### **2. Executive Summary**

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- 1.2. The report outlines the vision, identified partners, priorities, outcomes and delivery of West Northants Community Safety Partnership Strategy.

#### **3. Recommendations**

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- 3 Members note the content of the report and feel assured that West Northants Community Safety Partnership are delivering against two of the Live Your Best Life ambitions; that people feel safe in their homes and when out and about and that our communities are accepted and valued simply for who they are.

## 4 Report Background

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- 4.1 The West Northamptonshire Community Safety Partnership is well established, with a clear governance structure to deliver our statutory responsibilities as a collective to reduce crime and disorder and Anti-Social Behaviour.
- 4.2 The CSP's vision is to make West Northamptonshire safer for our communities, businesses and visitors, by working in partnership to reduce the risk and harm of crime and Anti-Social Behaviour. Working together we want to create a place where people feel safe and supported and the diversity of our community is valued.
- 4.3 The responsible authorities for the CSP include:
1. West Northants Council
  2. Northamptonshire Police
  3. Northamptonshire Fire and Rescue Service
  4. Probation Service
  5. Integrated Care Board

Other delivery partners of the CSP operations and activities include:

6. Northamptonshire Healthcare Foundation (NHS) Trust
7. Office of the Northamptonshire Police, Fire and Crime Commissioner
8. Youth Offending Service
9. Voluntary and Community and Faith Sector Organisations
10. Registered Housing Providers
11. Northamptonshire Children's Trust

## 5 Issues and Choices

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- 5.1 The partnership has utilised the Police's annual Strategic Assessment, community profiles and engagement with the community to help refresh the priorities for the partnership.
- 5.2 The Assessment collates considerable information and data, detailing levels of crime and Anti-Social Behaviour that enables the Community Safety Partnership to consider the current position and any changing circumstances or emerging issues that could necessitate different approaches or interventions. The current volume of crime, level of harm and community concern, the impact on our communities and victims and how much added value can the partnership give is also taken into consideration.
- 5.3 The current priorities that have been agreed are informed by the various existing strategies and priorities, including our Domestic Abuse Strategy, Anti-Poverty Strategy, the emerging Health and Wellbeing Strategy, the priorities of both the Children's Partnership and the Adult Safeguarding Board and the ten live your best life ambitions, specifically, that people feel safe in their homes and when out and that our communities are accepted and valued simply for who they are. The priorities are also considered alongside both existing and emerging national priorities and policing priorities



included in both Northamptonshire Police's Control Strategy the Police Fire Crime Commissioner's Policing and Crime Plan and the newly established Combatting Drugs Partnership.

5.4 The current strategic priorities and agreed outcomes for the CSP include:

**1. Work with our communities to ensure our neighbourhoods are safe spaces for everyone**

- Support and influence the place-based approaches to our priority neighbourhoods and vulnerable locations
- Increased partnership outreach promoting wellbeing and safety in our communities
- Environmental improvements that design out crime will be delivered
- Focus on early intervention and utilise the powers and legislation available to us as a partnership to reduce incidents of anti-social behaviour, youth violence, exploitation, and serious organised crime leading to improved victim satisfaction
- Improved awareness and reporting for hate crime
- Our protected and seldom heard communities engaged, ensuring a sense of belonging and improved community cohesion
- Safer Roads for use by all through supporting communities in the implementation of localised interventions

**2. Target those causing the greatest harm, tackling the causes of crime through prevention and early intervention**

- Increased Early Intervention and Youth Offer - Diverting young people from opportunities to commit crime
- Improved education and awareness amongst young people in relation to online abuse, gangs, knife crime, criminal and sexual exploitation and hate crime
- improved understanding across the partnership of Serious Organised Crime and gang related activity

**3. Reduce incidents of serious violence including domestic abuse, sexual offences and knife crime.**

- Reduce the number of high risk victims and offenders through referral, education and prosecution.
- The Serious Violence duty will be delivered, including the development of a strategic needs assessment, strategy and action plan
- The Domestic Abuse Strategy and action plan will be delivered
- Improved public confidence in reporting violence, particularly for those disproportionately affected, i.e. women and girls.
- Identify and target organised crime groups that cause harm to our communities by disrupting and dismantling them and bringing offenders to justice

**4. Protecting vulnerable people, safeguarding those at risk of exploitation**

- Develop and embed contextual safeguarding to ensure victims and their families get the right support when they need it most
- Dismantled drug supply chains and effective treatment and recovery services through the delivery of the 10 year drug strategy, working closely with the Combatting Drugs Partnership.
- Reduced opportunity for violent extremism through the delivery of the Prevent and Protect duties

## **6 Implications (including financial implications)**

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### **6.1 Resources and Financial**

6.1.1 There are no resources or financial implications arising from the proposals.

### **6.2 Legal**

6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

6.3.1 There are no significant risks arising from the proposed recommendations in this report.

### **6.4 Consultation**

6.4.1 We have established a strong Community Engagement Network. This exists via Town and Parish Council liaison, community leaders, community forums, community engagement events, VCSE assembly, VCS and faith organisations and neighbourhood working groups. The need for local people to be given an opportunity to voice their views and opinions is important in achieving longer-term change and improving community safety.

6.4.2 The partnership regularly asks the community to identify what their greatest community safety concern is in their neighbourhood. These results are analysed every three months and used to set the locally identified priorities and inform the strategic priorities for the partnership.

### **6.5 Consideration by Overview and Scrutiny**

6.5.1 In meeting the statutory responsibilities under the Crime and Disorder (Overview and Scrutiny) Regulations 2009, an update report from West Northamptonshire Community Safety Partnership (CSP) is provided annually. The report focuses on the levels of CSP performance, progress against current priorities and activity undertaken. A Performance report was considered at Overview and Scrutiny in February 2023.

### **6.6 Climate Impact**

6.6.1 No impact.

### **6.7 Community Impact**

6.7.1 The CSP continues to work closely with partner agencies, including the Police, the Office of the Police, Fire and Crime Commissioner, East Midlands Ambulance Service, Youth Offending Service, the Fire Service, University of Northampton, Housing Providers, Probation Service, Health and Community and Voluntary and Faith Organisations to deliver activities that will tackle our strategic priorities and deliver improved outcomes for our communities across West Northants.

6.7.2 Some examples of activity delivered by the partnership over the last 12 months include:Page 82

- **Domestic Abuse and Sexual Violence** Board set up, Needs Assessment completed to identify gaps in support, especially for those who are in specialist domestic abuse accommodation, Domestic Abuse Strategy and Action Plan developed, to meet our statutory duties in relation to the Domestic Abuse Act 2021.
- Dedicated Domestic Abuse and Sexual Violence Coordinator role created, to ensure the delivery of the Strategy.
- Domestic abuse training has been provided across the services within West Northamptonshire to ensure all employees have the skills to respond quickly and appropriately to domestic abuse and sexual violence.
- 16 Days of activism annual campaign delivered
- Hate Crime Week of Action delivered, including engagement stands in high footfall areas in Northampton and Daventry, ward visits from Northampton Partnership Homes and the Northampton Partnership Homes Daphne bus; Information sent to schools for them to take part in a hate crime activity whereby they learn about what a hate crime is
- **School engagement** - Community Safety-Young Peoples Animation went live at the start of October and is being used by more than 70 primary schools across the West. The programme covers Fire and water safety, Knife crime and gangs, Personal safety and crime prevention, Child exploitation and Online safety, Hate crime, Road and Rail safety and Mental health.
- 'I'm Still Me' LGBTQ training conference delivered with over 40 school staff signing up to take part in the event.
- We continue to work with Northampton International Academy to address some community safety issues alongside partners from Education and Youth Offending service. Safety Mapping workshops were completed in partnership with Free 2 Talk (F2T) in October and engaged with 130 pupils across several sessions. A report was produced by F2T which has been incorporated into the multi-agency action plan with the school to support ongoing improvement including the delivery of one of four youth justice fund projects led by Free 2 Talk, engaging young people at risk of entering the criminal justice system early on.
- **Community engagement** – 60 engagement events, bringing our communities together held throughout the year, including Holocaust Memorial Day, International Women's Day, Ukraine Independence Day, Srebrenica, International Youth Day, International Day for People with Disabilities and Pride.
- Community and engagement newsletter – issued bi-weekly through our community engagement network, providing community safety messages and campaigns, guidance and details of events
- **Safer Roads** - The Road Joint Action Group has considered 36 new problem localities during the year, with issues such as road layout at accident hotspots, speeding, HGVs in restricted areas and parking.
- **Anti-Social Behaviour** - Our Anti-Social Behaviour Officers are working in partnership with the local policing team, in tackling Anti-Social behaviour, serious organised crime and youth violence.
- 41 CPW's (Community Protection Warning Letters) have been issued – 24 for neighbour disputes, 4 for verbal abuse and threatening behaviour, 7 for youth nuisance, 3 for street drinking & being drunk in public, 1 for urinating/defecating in public, 1 for nuisance phone calls/ ringing the police unnecessarily and being verbally abusive

- threatening, and 1 for entering the grounds of a primary school and causing alarm and distress to children and staff.
- 12 CPNs (Community Protection Notices) have been issued – 6 for youth nuisance, 1 for a neighbour dispute, 1 for urinating/defecating in public, 3 for street drinking and being drunk in public, and 1 for verbal abuse and threatening behaviour.
  - 2 CBOs (Criminal Behaviour Orders) were issued on 2 individuals who were the prolific ringleaders of a large group of youths in a specific neighbourhood, causing harassment, alarm and distress to local residents. Since the CBO's were granted there has been a huge reduction in Anti-Social Behaviour in this area of Northampton.
  - Supported the first national Anti-Social Behaviour Awareness Week.
  - **Knife Crime** – Two-week campaign against violence with the visit of the Knife Angel in May. Activities included different agencies at the Angel delivering themed sessions (including youth services and domestic abuse agencies). Two well attended major bleed control sessions were held at the Guildhall, along with an introduction to Trauma Informed Practice, 3 sessions for parents on what to look out if their child was getting involved with gangs, an anti-violence day at Daventry and an anti-violence march followed by entertainment on the Market Square.
  - Promoted and supported Police with a number of knife amnesty events.
  - Purchase of knife amnesty bins
  - Knife arch and additional policing resources jointly funded with the Office of the Police and Fire Crime Commissioner and deployed in the night-time economy
  - Supported Police Operation Sceptre Week of Action against Knife Crime including a re-launch of the Knife Angel section of the Explore Northampton app, updated with new videos, information for both young people and parents and links to relevant websites. The links include the map of bleed packs across the county funded and developed by charity Off The Streets, work also included highlighting to staff the kinds of blades that are now illegal to own, particularly important to Officers who may be going into people's homes.
  - **Vulnerability** - Target hardening of properties of vulnerable residents, that have been victims of Anti-Social behaviour, hate crime or domestic abuse.
  - Continuous promotion and development of the Good Neighbour Schemes across the West, working in partnership with Northamptonshire ACRE to help alleviate social isolation and loneliness.
  - Promotion of Action for Happiness Network and Happy Cafes
  - 100 Warm Welcoming Spaces - partner working group evolved into an advisory board to help with the cost-of-living crisis, working with parish and town councils and partners in the voluntary and community sector to create a network of Warm Spaces, a group of non-judgemental, safe and welcoming places where people in West Northamptonshire can come together to stay warm. Many support organisations involved including partnership working with Northants Fire Service on home fire safety visit packs.
  - **Safer Streets** - Two new CCTV cameras installed at ASB hotspots in Towcester linked back to Omega One control room
  - Safer Streets 3 Home Office funding bid, brought £513k into Northampton town centre specifically to improve safety of Women and Girls. The funding supported 20 specific projects, including:

1. Environmental improvements £291,488 – CCTV coverage of the Racecourse, ANPR in the car park, improved lighting, fencing, trimming of shrubbery and crown lifting.
  2. Capable guardianship - £112,000 – University of Northampton student safety schemes and Park Watch schemes.
  3. Education & Awareness - £109,722 – security packs for students and the community, bystander programmes delivered by Suzy Lamplugh Trust, community engagement events, drama and animation production, improvements to the Safer Route with new lamppost flags and campaign materials targeted at students.
- Delivered bike marking and personal safety awareness pop ups in parks under Safer Streets 3, in Northampton town centre and at Northampton hospital with a focus around the topic of violence against women and girls.
  - Creation of the It Only Takes One campaign, creating a range of resources to challenge violence and harassment, all available on a website including information on the Safer Nights Out van, Shout Up project and the Safer Route.
  - Op Push in Northampton town centre, where officers and neighbourhood wardens stopped cyclists and scooter users on Abington street, to issue fixed penalty notices and confiscate illegal scooters.
  - Work continues to deliver the Safer Streets 4 bid in Blackthorn & Bellinge. A new CCTV camera has been installed in a crime and ASB hot spot area of Spinneyside Walk in Blackthorn which coincided with the start of the police Operation Revive tackling gangs and crime across Northampton East and Kings Heath. Reinstatement of CCTV in Bellinge and Blackthorn around the shopping areas is imminent. Lighting upgrade to LED for specific underpasses is also imminent.
  - Some adjustments have been made to the aspects of the town centre Safer Streets bid being delivered by the council and progress is being made. A full consultation on the Public Space Protection Order to gate Francis Jetty has been completed and is currently awaiting planning permission. Exploratory land searches for a future periodic road closure have been arranged and orders raised for works to install over 20 new lanterns, across an estate adjacent to the busy evening economy, alongside the removal of shrubbery to improve visibility. These works were identified and prioritised following partnership working with Northampton Partnership Homes and Northants Police.
  - Street Pastor Scheme continues to operate in Northampton Town Centre, on bank holidays and pay weekends.
  - Purple Flag reaccreditation scheme for the Town Centre achieved.
  - **The Well Northants project** is taking a community-based approach to address health inequalities in West Northamptonshire focusing on those who are most vulnerable. We aim to build resilience within local communities so that people are empowered to take action together on health and the social determinants of health. And reduce the health inequalities faced by those who are most disadvantaged or excluded. The Well Northants communities are St David's, Blackthorn and Kings Heath in Northampton and Southbrook in Daventry. During the year community development workers have been meeting people, visiting community groups and hosting world café events to understand local priorities. The priorities have been reviewed by local communities and developed into local action plans for delivery. As part of our targeted inclusion work, we

have engaged with specific communities (Sex workers and Gypsy Romany Travellers) and have started to map community needs and build actions plans to address needs.

- **Focus on our high crime, priority areas** continues:
- Developed focused neighbourhood working groups in priority areas:
- Northampton East (with smaller task & finish groups as required), Bouverie, St. David's & Kingsthorpe, Briar Hill and Castle. Action plans have been developed through these groups that include ASB targeted enforcement around fly tipping, burglaries, car crime, theft, gang and Knife crime. Partnerships established with the schools and there is an identified focus on contextual safeguarding. Some of the activity delivered through these groups include:
  - 21 partnership engagement events, working with Northampton Partnership Homes and Northamptonshire Police held.
  - 18 bike marking events held, these have involved the distribution of bicycle crime prevention packs to residents and the marking of several 100's of bikes.
  - Continue to encourage target communities to report, whether that be to the police or anonymously to Crimestoppers or Fearless.
  - Violence and Vulnerability Review carried out for Blackthorn and Kings Heath.

6.7.3 The CSP Strategy will be published on our website, the strategy will be a live document and activities, performance and progress will be updated at least quarterly. A partnership e-bulletin will be created every 4-6 weeks.

## **7 Background Papers**

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None