

**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 do 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.