

WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD
Minutes of the meeting held on 23rd March 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
Cllr Fiona Baker,	Cabinet Member, Childrens and Families, West Northants Council
Sally Burns	Interim Director of Public Health, West Northants Council
Anna Earnshaw	Chief Executive, West Northants Council
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Chief Superintendent Rachael Handford	Northamptonshire Police
Michael Jones	Divisional Director, EMAS
Jean Knight	Chief Operating Officer, Northamptonshire Healthcare Foundation Trust
Stuart Lackenby	Executive Director for People Services, West Northants Council
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
Dr David Smart,	Chair Northampton Health and Wellbeing Forum
Heidi Smoult	Chief Executive, Northampton General Hospital
Dr Phillip Stevens	GP, Chair Daventry and South Northants GP Locality
Colin Smith	Chief Executive, LMC

Also, Present

Cheryl Bird, Health and Wellbeing Board Business Manager
Julie Curtis – Via Teams, Assistant Director PLACE Development, West Northants Council
Rhosyn Harris, Consultant in Public Health, West Northamptonshire Council
Victoria Rockall via Teams, Head of Community Safety, West Northamptonshire Council
Steve Carroll, Service Director, BRIDGE
Miranda Wixon, Chair, VCSE Assembly
Sarah Bailey, Senior Criminal Justice Worker, Bridge

12/23 Apologies

Dr Andy Rathborne, Primary Care Network
Neelam Aggarwal-Singh, BAME representative
Colin Foster, Chief Executive, Northamptonshire Childrens Trust
Dr Shaun Hallam, Assistant Chief Fire Officer, Northants Fire and Rescue
Wendy Patel, Healthwatch Northamptonshire
Dr Santiago Dargalloniato, Chair, Northampton GP Locality
Nicci Marzec Director of Prevention, Office of Police, Fire and Crime Commissioner

13/23 Notification of requests from members of the public to address the meeting

None received.

14/23 Declaration of members' interests

None received.

15/23 Chairs Announcements

We are deeply shocked and saddened by the fatal incident in Kingsthorpe and our thoughts and condolences go out to the victim's family, friends and all those affected by this terrible tragedy. We are liaising with Northamptonshire Police, who are leading the investigation, and arranging support for those affected by the incident. We realise the profound impact that this tragic event will have on the local community, its schools and colleges and we are putting in place a package of measures to support them.

The Chief Operating Officer, Northamptonshire Healthcare Foundation Trust will be leaving her current role at the end of March. The Chair thanked Jean on behalf of the Board for all her work.

16/23 Minutes from the Previous meeting 23rd March 2023

RESOLVED that the minutes from the previous meetings held on the 23rd March were agreed as an accurate record.

17/23 Action Log

The Board reviewed the actions from the previous meeting:

- 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. **Awaiting 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. **Original meeting date postponed, awaiting confirmation of a new date.**
- **An update on the joint Health and Wellbeing Strategy will be brought to the next meeting.** On the agenda for discussion.

18/23 Community Safety Strategy

The Head of Community Safety gave the Board an overview of the West Northants Community Safety Partnership Strategy and highlighted the following:

- The West Northants Community Safety Partnership Strategy aligns with the Integrated Care Northamptonshire ambitions 'people feel safe in their own homes' and 'feeling valued for who they are'.
- The West Northamptonshire Community Safety Partnership (CSP) is an statutory partnership and had its inaugural meeting in April 2021. The CSP is tasked with creating a strategic assessment, strategy and action plan on how they plan to reduce crime and disorder, as well as anti-social behaviour (ASB).
- The structure of the CSP strategy will be launched on the 1st April 2023 and will be supported by performance data, updated on a quarterly basis to ensure the strategy is intelligence led.
- There will be a monthly CSP e-bulletin hosted on West Northamptonshire Council (WNC) website to ensure communities, partners and VCSE can receive regular updates.
- Strategic needs assessments will be used to formulate priorities.
- 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
- A governance structure has been mapped to the identified priorities and outcomes.
 - A Domestic Abuse Board delivers the Domestic Abuse Strategy.
 - The Serious Violence and Vulnerability Board looks at the structure and uses existing mechanisms to deliver this work.
 - There is a Serious Inquisitive and Rural Crime group.
 - Community One and series of neighbourhood working groups are aligned to the Local Area Partnerships.
 - The West Northants Anti Poverty Strategy is delivered through neighbourhood working.
 - Combatting Drugs Partnership and Youth Provision Board.
 - Case management meetings around individuals victims and offenders and is underpinned by community engagement networks and groups.
- A performance framework is in the process of being developed which aligns to the strategic priorities and Live Your Best Life outcomes framework.

The Board discussed the update and the following was noted:

- The Director of Communities and Opportunities chairs the CSP Board, and at the meeting held in February the new priorities and outcomes were approved.
- The CSP Board has the overarching responsibility of collaboration between key partners.
- The CSP Board uses key performance indicators that can demonstrate how effective the partnership is and the difference they are achieving and a performance report will be provided for scrutiny on an annual basis by this Board and WNC Full Council
- The CSP strategy is countywide and the LAPs will be a key element of neighbourhood working.
- Early intervention and prevention is important in rural areas as well as urban areas.
- The Sure Start Centres provided a secure place for women to report domestic violence. The WNC Communities Team has a Domestic Abuse and Sexual Violence Coordinator who is liaising with partners on progress against the violence against women and girls agenda.
- The Warm Welcoming Spaces provide opportunities to deliver community safety outcomes.
- Youth provision and youth offer in communities are needed as part of the early intervention and prevention.

RESOLVED that:

- **Jacqueline Parkes will liaise with Vicki Rockall around the work University of Northampton are completing around the Live Your Best Life ambitions.**
- **The Board noted the report and were 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'.**

19/23 Combatting Drugs Partnership Needs Assessment

The Consultant in Public Health provided an overview of the Combatting Drugs Partnership (CDP) Needs Assessment and highlighted the following:

- As part of the National Drugs Strategy it is a statutory requirement for all local areas to set up a multi-agency partnership to tackle drugs and alcohol misuse, this partnership must oversee completion of a Drugs and Alcohol Needs Assessment and have a Combatting Drugs Strategy in place by end of March 2023.
- In Northamptonshire a Substance Misuse Needs Assessment was undertaken in 2022 and consisted of 4 workstreams:
 - **Quantitative**
 1. Analysis of local and national routine datasets and reports
 2. Northamptonshire Police Drugs Supply Report
 - **Qualitative**
 3. Harm reduction - system mapping completed by the University of Manchester
 4. Service users focus groups and 1:1 interviews – led by people with lived experiences of drug and alcohol misuse.
- Workstream 1 - Key findings during the analysis of routine data for children and young people:
 - **Alcohol** - Nationally, alcohol consumption in children and young people has been declining. Young people aged 16-24 have the lowest level of consumption of any age group, however, this age group is the most likely to binge drink. Northamptonshire schools survey of Year 8 and 10 pupils in 2022 reported 40% of children said they drink alcohol (more than just a sip). This has been a decrease since 2019, where the proportion was 45%. Locally, hospital admissions in <18's specific to alcohol have declined over the last decade. Admission rates in both North and West Northamptonshire are similar to the national average, with ¾ of hospital admissions being girls.
 - **Drugs** - Nationally, young adults have the highest rates of drug consumption of any age group. 1 in 5 adults aged 16-24 reported drug use in the last year (till June 2022). Since 2013 the overall drug use has been increasing in young people aged 16-24.
 - The Northamptonshire schools survey of Year 8 and 10 children in 2022 reported 7% of Year 10 pupils said that they have used cannabis, 2% of boys and 1% of girls in Year 10 have used solvents as drugs.
 - Hospital admissions due to substance misuse in Northamptonshire are significantly higher than England in 15-24 year old, with ¾ of admissions being young women.
 - There are approximately 100 young people in drugs alcohol treatment services, 2/3 being male with the peak age of 14-15 years. Nationally 8% of young people drug and alcohol treatment service is under 18, this is compared to 30% in Northamptonshire is and significant driver around exploitation and county lines crimes. In 2020-21, the main vulnerabilities in young people entering substance misuse treatment in Northamptonshire are detailed below.
 - anti-social behaviour (13%)
 - self-harm (14%),
 - domestic abuse (15%),
 - impact of other's substance misuse (26%).
 - NEETs (8%)
 - Mental health treatment needs at the time of entering young people's treatment services are high – 62% in Northamptonshire, slightly lower than 67% England.
 - Children with substance misuse tend have intergenerational substance misuse behaviour and the Family Link Service are hoping to work with the CPD to break this cycle.
 - Outcomes in 2020-21 were similar to **England rate** 81% of exits recorded as successful completion, with no representations within 6 months, with time in treatment slightly longer than the England average.

- There has been an increase in recent years of those young people in treatment having extremely complex and high risk substance misuse requiring significant multi agency work.
- Workstream 1 - Key findings during the analysis of routine data for adults. We are reaching approximately 540% of opiate users and only 20% of alcohol users. A key priority is getting more adults into treatment services.
 - **Alcohol** - Nationally, there has been a downward trend in the proportion of adults who drink. Rates were highest in more affluent households, men and those aged 55 to 64. Locally, an estimated 7,000 adults in Northamptonshire are dependent on alcohol and potentially in need of specialist treatment.
 - Around 21% of adults in Northamptonshire drink more than the recommended 14 units per week, similar to the England average of 22.8%. Fewer people abstain from drinking – 12.9% in Northamptonshire compared to 16.2% in England.
 - There are different ways of measuring deaths from alcohol, deaths can either be related or specific, with little change in the death rate from alcohol in either the North or West in recent years. Nationally, deaths from alcohol increased during the pandemic, with those already drinking high levels increasing their consumption, mainly occurring in men (65%).
 - **Drugs** - In line with national trends, the death rate from drug misuse has risen in Northamptonshire over the last decade. In the 3 years (2019-22), there were 134 deaths from drug misuse and understanding death data is a key action for the CDP :
 - Most deaths are in men (71%)
 - Average age: 44.3 years in men and 41.3 women
 - Concentrated in Northampton, Kettering and Corby
 - Deaths are concentrated in the most deprived areas.
 - In 2020-21, 3,165 adults were in treatment for substance misuse and 1,590 were new presentations in Northamptonshire. The adult drug treatment rate is lower than England but higher to similar areas (CIPFA).
 - Cohort of service users is ageing, fewer young people are entering the service and more over 50's. Age, sex, LGBT and religious profile mirror the national average.
 - Low rate access for disabilities - 18% locally compared to 28% in England and few ethnic minorities
 - Most treatment outcomes are comparable or better than England with the exception of successful completion of treatment for alcohol and the drop-out rate where outcomes are worse.
 - Substance misuse has a considerable impact on the use of NHS services. In the last year in Northamptonshire (Aug 21 – Jul 22) substance misuse was involved in
 - 20k attendances at urgent care
 - This involved around 6.4k individuals
 - 3.5k hospital admissions
 - Cost of urgent care was £3million
 Many urgent care attendances are related to injuries, 56% are accidental, 1 in 4 involving self harm and a further 15% are assaults. Hospital Admissions peak in those aged 50-54.
- 87% of adults completing drug treatment and 89% completing alcohol treatment reported they no longer had a housing need in 2020-21. Comparable with England.
- Although most leave treatment without employment, in 2020-21, adults who are unemployed are 59% planned exit for drugs and 62% for alcohol
- In 2020-21, Northamptonshire had lower rates of completion of Hepatitis B vaccination, lower levels of acceptance for Hepatitis C vaccination, and a lower proportion of eligible adults provided with naloxone. Local data show that these figures improved considerably in 2022.
- Workstream 3 Harm Reduction System mapping

- Work was carried out by researchers at the University of Bath and Manchester Metropolitan University on behalf of Change Grow Live and the Public Health teams in North and West Northamptonshire Councils.
- Over two days of workshops with around 70 local stakeholders from a wide range of organisations in July and August 2022, the researchers facilitated sessions based on methods to understand complex systems to help understand harm reduction in the county and to identify opportunities to improve delivery.
- The output of the workshops were a stakeholder map and identification of factors affecting harm reduction delivery.
- Approximately 50 stakeholders reviewed these outputs and participated in the discussions to identify opportunities. These opportunities for improvement were grouped into themes.
- Workstream 4 – service users focus groups and 1:1 interviews
 - In 2022, the Northamptonshire Public Health teams commissioned a qualitative study to understand the views of adult services users in substance misuse treatment, those in recovery, and family and unpaid carers
 - The study looked at the needs of young adults and identified themes related to children but not include focus groups with interviews with children (under 18).
 - A total of 86 people took part in study, attending either focus groups or 1-2-1 semi-structured interviews conducted over 4 days. The interviews and focus groups were held in different geographical areas – Corby, Kettering, Northamptonshire and Wellingborough.
 - The themes explored were Harm reduction; Structured treatment ; Key workers and staff; Treatment and care planning; Safety and wellbeing; Joining up treatment with other services; Gaps in services and suggestions.
 - All those attending focus groups and interviews were asked to complete a consent form and provide demographic and characteristics information.
- Recommendations
 - Increasing intelligence in breaking drug routes and understanding vulnerable people to avoid exploitation and intelligence around night-time economy.
 - Get more people into treatment and reduce dropouts need to look at complexity of cases, ensure enough staff and ensure continuity of care, with people are aware of options and services appropriate to age groups and needs.
 - Ensure services are taking a psychologically informed environmentally informed approach.
 - Funding resources and reducing large caseloads would result in fewer dropouts.
 - Equity of harm reduction provisions and equity of access geographical for hard-to-reach groups.
 - Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations.
 - Improve the treatment of those with both mental ill health and substance misuse.
 - Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases.
 - Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals.
 - Break the generational cycle by engaging with the whole family and community settings.
- The government has recognised better resource is needed for workforce retention and has provided a supplementary substance misuse treatment and recovery grant of £1 million for the county. This grant must be used to increase adult and child treatment workers, recovery workers and understand the gaps in treatments services.

The Board discussed the update and the following was noted:

- There are a large number of children in unrelated placements.

- The voluntary sector provide services for child substance misuse but these are not always known to children's services. Work is needed on how to join up services so organisations know where to signpost vulnerable children to.
- There will be a meeting with CAMHs, NHFT and children's services to discuss mapping a multi agency service pathway for children.
- A further multi agency workshop will be set up to try and identify ways of preventing children using substance misuse.
- The University of Northampton has a centre for health social sciences with a young person's theme.
- Substance and alcohol misuse tends to link with poor mental health, needing an integrated service and person centred approach is needed. Dual diagnosis and having a clear pathway is one of priority recommendations.
- There is a need to look at what additional community support is available to support people to build wholesome communities.
- The cost of living crisis has had a negative impact on residents mental health.
- Training should be given to staff in A&E departments to recognise the signs of potential triggers for substance/alcohol misuse.

RESOLVED that.

- **The need assessment action plan to be brought to the next meeting.**
- **A breakdown of the £1 million grant to be brought to the next meeting.**

20/23 Voluntary Sector Spotlight

The Service Director from Bridge gave an overview of their service and highlighted the following:

- BRIDGE is mainly based in Northampton, but also offers smaller outreach services based in Wellingborough and Corby.
- BRIDGE is a support service for those in recovery from alcohol and substance misuse. Drug and alcohol misuse treatment is provided by CGL and S2S, who refer people into BRIDGE.
- BRIDGE offers support with outreach workers by looking at why customers are misusing and identifying what are the barriers to accessing support. They also work on different areas affecting a person's recovery, which could involve housing, education, training or employment.
- BRIDGE can offer courses to improve their members self-esteem and confidence, as well as a wide range of therapies and recovery groups. Walking groups are organised to improve members physical and mental health, as well as social events to encourage members to socialise. There is also a litter picking group, self defence group and women only group.
- Members in recovery are encouraged to volunteer to help and support others in their recovery.
- BRIDGE has a working gym and table tennis tables and are currently completing a project with Northampton town football club. There is also a café providing nutritious meals.
- Bridge is a drop in service and use the parts of the service you want. Those in recovery need a good support network. There are currently 850 members across the county see with a daily footfall of between 50-100. Members are currently 2/3 male and 1/3 female.
- BRIDGE have a housing team called Phase with 20 properties across the county, they are semi-independent for those who are homeless or not in suitable housing.

- The police are visible at BRIDGE which is a positive step to break down barriers with members. For those who are offenders, the causes of what led to offending are identified, with the aim to reduce re-offending.
- BRIDGE are on a fixed funding contract so the cost of living crisis has had an impact their services.

The Board discussed the overview and the following was noted:

- The Mental Health Learning Disability and Autism Collaborative is reviewing drug and alcohol misuse as part of their work. NHFT to refer patients to BRIDGE and take referrals from BRIDGE for mental health treatment.
- There can be issues with access to services in the rural areas, BRIDGE is currently not in a financial position to be able to offer services in these areas, but do offer online groups and telephone contacts.

RESOLVED that the Board noted the work completed by BRIDGE

21/23 Joint Strategic Needs Assessment

The Consultant in Public Health advised there is a statutory requirement for this Board to publish a Joint Strategic Needs Assessment (JSNA), but there is no clear national guidance on the structure of the JSNA, other than it must be driven by the needs in a local area. There is an existing countywide JSNA process, but it has been recognised there is also a need for a separate West and North Northamptonshire view, with the chapters to be shaped by stakeholders. A steering group will be set up with members from across West And North Northamptonshire councils and NHS Northamptonshire Integrated Care Board to review the JSNA process and bring a proposal back to a future Board meeting on the format and structure of the future JSNA.

RESOLVED that the Board support:

- 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.**

22/23 Integrated Care System PLACE Development

The Assistant Director of PLACE gave an update on PLACE development taking place across West Northamptonshire and highlighted the following:

- There are 2 Health and Wellbeing Forums and 9 Local Area Partnerships (LAPs) in West Northamptonshire. Both Forums and the 9 LAPs are operational.
- There is a West Northants Executive Place Delivery board which oversees the operational delivery and has a wide range of stakeholders.
- Partnership engagement is key component of PLACE development, along with reviewing the Local Area Profiles and overlaying these with data from health, Northants Police, EMAS, Northants Fire and Rescue. This will provide evidence on where targeted interventions need to take place to reduce inequalities.
- The LAP has a core leadership team comprising of:

- Elected members;
- Local GPs;
- VCSE;
- Public Health;
- WNC Director;
- Police,
- Northamptonshire Childrens Trust
- During the inaugural LAP meetings the Local Area Profile was reviewed, during April and May the LAPs will start to develop their priorities for their communities. Once identified these will be presented to the Board.
- Some of the emerging priority themes from across the LAPs are:
 - young families,
 - people feeling unsafe where they live,
 - drugs and crime,
 - online abuse
 - not feeling connected to the local community,
- The N4 LAP has identified priorities for has cardio vascular disease and school exclusions.
- Across the LAPs there is a common theme of young people's poor mental health.

The Board discussed the update and the following was noted:

- The University of Northampton held a Public Health event which looked at issues around the Live Your Best Life ambitions. During this event it was noted the LAPs will provide a good opportunity to evaluate community work.
- The priorities identified the LAPs will be aligned to the Live Your Best Life ambitions and Integrated Care Northamptonshire Outcomes Framework. The Health and Wellbeing Forums will be able to oversee that the priorities identified by the LAPs and ensure they align and deliver against these ambitions.

The Consultant in Public Health provided an overview of progress in developing the Outcomes Framework metrics and highlighted the following:

- The Live Your Best Life ambitions contained within the Integrated Care Northamptonshire strategy are all encompassing so specific priorities are needed to focus on as a system. Some of these will be shared across organisations.
- A prioritisation criteria has been applied to identify measurable metrics for a baselining progress against the priorities, which has produced recommendations for data collections and development of measures.
- Metrics need to be identified to assess children's mental health. A Children and Young Person Needs Assessment is currently being completed which will highlight the areas needed to focus on.
- There are GP representatives on the Strategy Development group working on the metrics.

RESOLVED that the Board noted the progress.

23/23 NHS Northamptonshire Joint 5 Year Forward Plan

The Chair of the NHS Northamptonshire Integrated Care Board (ICB) 5 Year Forward Plan and highlighted the following:

- It is a statutory requirement of the ICB and their partner trusts to produce a Joint 5 Year Forward Plan at the start of each financial year. Part of this requirement is that the ICB must consult with the Health and Wellbeing Board HWBB on whether the plan takes into

consideration the Joint Health and Wellbeing Strategy (JWBS). The HWBB must include a statement in the Plan as to whether it takes into consideration the JHWBS.

- The Plan must be informed by the Integrated Care Northamptonshire Strategy and the JSNA.
- There are 4 aims of an Integrated Care System
 - 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
- Inclusion of wider determinants is key to improving health and wellbeing of the local population as only 20% of work to improve residents health and wellbeing is completed by health partners.
- The Plan will include sections on:
 - What we know about the population of Northamptonshire?
 - What are priorities?
 - How do our programmes of work fit into these priorities?
- There are a large number of national priorities, but not enough resources to deliver against all of these. The ICB has chosen to take the lead on 3 Live Your Best Life ambitions, 'The Best Start in Life', Opportunity to be fit and well' and Access to health and Social Care when you need it'.

RESOLVED that:

- **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.**

24/23 NHS Northamptonshire Integrated Care Board Annual Report

The Chair of NHS Northamptonshire ICB advised it is a statutory requirement of ICBs to produce an annual report. ICB's must outline in the report how they have contributed to the delivery of the JHWBS and must consult with HWBBs when preparing the Report. The draft Annual Report is still in progress.

RESOLVED that the Board agreed to delegate consultation on the ICB Annual Report to the Chair in consultation with the Director of People and Director of Public Health to ensure timelines are met.

There being no further business the meeting closed at 3.30 pm.