

WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD
Minutes of the meeting held on 23rd January 2024 at 10.00 am
Venue: Council Chamber, The Forum, Towcester

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Anna Earnshaw	Chief Executive, West Northants Council
Colin Smith	Chief Executive, LMC
Councillor Wendy Randall	Labour Group Leader, West Northants Council
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr David Smart	Chair Northampton Health and wellbeing Forum
Dr Philip Stevens	Chair Daventry and South Northants GP Locality
Gabriella Van Beek	Office Manager, Healthwatch Northamptonshire
Michael Jones	EMAS
Miranda Wixon	Co-Chair Daventry and South Northants Health and Wellbeing Forum
Naomi Caldwell	Chair, NHS Northamptonshire Integrated Care Board
Palmer Winstanley - substitute	Chief Operating Officer, Northampton General Hospital
Professor Jacqueline Parkes	University of Northampton
Robin Porter	Assistant Chief Fire Officer, Northants Fire and Rescue
Russell Rolph Via Teams	Chief Executive, Voluntary Impact Northamptonshire
Sally Burns	Director of Public Health, West Northants Council
Toby Saunders	Chief Executive, NHS Northamptonshire Integrated Care Board

Also, Present

Adam Eakins, Lead Pastor, Broadmead Church
 Annapurna Sen, Public Health Physician Health Protection, West Northants Council
 Ashley LeDuc, Assistant Director
 Bonita Wallace, Senior Public Health Administrator, West Northants Council
 Cheryl Bird, Health and Wellbeing Board Business Manager
 Chloe Gay, Public Health Principal, West Northants Council
 Chris Pallot, Deputy Chief Operating Officer, NHS Northamptonshire Integrated Care Board
 Julie Lemmy, Director of Primary Care, NHS Northamptonshire Integrated Care Board
 Karen Spellman, Director of Strategy, NHS Northamptonshire Integrated Care Board

Paul Birch, Assistant Director Population Health, NHS Northamptonshire Integrated Care Board
Rachael Page, South Northants Volunteer Centre
Roberta Borges-Stewart

01/24 Apologies

Carella Davies, Chief Executive, Daventry Volunteer Centre
Cllr Fiona Baker, Cabinet Member for Children and Families, West Northants Council
Cllr Jonathan Nunn, Leader, West Northants Council
Colin Foster, Chief Executive, Northamptonshire Childrens Trust
Dr Andy Rathborne, Primary Care Network
Rebecca Wilshire, Director of Childrens Services, West Northants Council
Staurt Lackenby, Director of People, West Northants Council

02/24 Notification of requests from members of the public to address the meeting

None Received.

03/24 Declaration of members' interests

None received.

04/24 Chairs Announcements

The Chair made the following announcements:

- Palmer Winstanley will be the Northampton General Hospital representative for the next few months.
- Gabriella Van Beek will be the Healthwatch Northamptonshire representative replacing Wendy Patel

05/24 Minutes and actions from the previous meeting 11th December 2023

RESOLVED that:

- **The minutes from the previous meetings held on the 11th December 2024 were agreed as an accurate record.**
- **The 2 actions assigned to Assistant Director Revenue and Benefits to be followed up by the Health and Wellbeing Board Business Manager.**

06/24 Health and Wellbeing Board Terms of Reference and Election of Vice Chair

The Chair presented the revised Terms of Reference for the Board and highlighted the following:

- The Terms of Reference were adopted by the Board at their meeting on the 24th June 2021.

- The following proposed additions are to be added to ensure the Board complies with regulations for Local Authority statutory committee meetings and to outline additional procedures for when a Board member joins virtually:
 - Paragraph 8.2 If a Board member joins the meeting virtually this will not be counted in the quorum of that meeting.
 - Paragraph 9.2 If a Board member joins the meeting virtually, they will not be counted as being in attendance or be permitted to vote.
- The following proposed amendment from quarterly to bimonthly meetings to clarify frequency of meeting arrangements:
 - Paragraph 10.1 The Board shall meet on a bi-monthly basis, but this may need to be reviewed if there is a change in the frequency of work the Board needs to address. The date, hour and place of meetings shall be fixed by the Board.

RESOLVED that:

- **The Board endorsed the revised Terms of Reference for presentation to West Northamptonshire Full Council for approval.**
- **The election of Vice Chair be postponed to a future meeting.**

07/24 Live your best life domains: Access to health and social care when needed

The Chair advised the Live Your Best Life (LYBL) ambition 9 thematic theme for this meeting is 'Access to health and social care when they need it'.

The Director of Public Health advised there is development work taking place on the delivery plan for this ambition, which currently contains 4 high level metrics. Scorecards showing the high level metrics against the ambitions are being developed and will be brought to a future meeting. These scorecards will show the thread from the key action down into Local Area Partnership (LAP) level and Parish Council level.

The Director of Strategy and Partnerships confirmed the work being completed by NHS Northamptonshire Integrated Care Board (ICB) around the 5 Year Forward Plan and the associated implementation plans support delivery of this ambition and other ambitions contained within the Joint Health Wellbeing Strategy.

07a/24 Urgent Emergency Care Strategy:

The Deputy Chief Operating Officer presented an overview on development of the Northamptonshire Urgent and Emergency Care (UEC) Strategy and highlighted the following:

- This strategy will underpin the 5 Year Forward Plan and align with this LYBL ambition Access to health and social care when they need it.
- Currently an engagement process is underway on development of the Strategy.
- Each year the strategy covers will be underpinned by a delivery plan.
- There are 6 stages of UEC:
 1. Empowered self-care and active prevention – these are patients at a higher risk of conveyance to hospital, often diagnosed with multiple long term conditions. The commitment is to ensure all those living with multiple long term conditions are supported to live well and thrive in their communities, supported by services delivered at place-level. Each will have a comprehensive holistic care plan which is visible to all partners; increased use of remote monitoring; peer support groups and increased annual health checks.
 2. Rapid access to primary care and community care – living well with diagnosed long term conditions.

3. Rapid and co-ordinated urgent care and crisis response – working with patients to keep them well and at home for as long as possible, with more intensive support being provided. The commitment is to expand and embed a single point of access to respond to escalating needs and safely avoid a conveyance or admission to hospital, enabling the person to complete their recovery in their place of usual residence.
 4. Sub-acute – the patient needs a level of intervention from more specialist services, to provide wrap around rapid diagnostics to enable patient to remain at home.
 5. Emergency and acute care – a patient becomes ill and is unable to be treated at home and need hospital admission.
 6. Recovering independence – to support patients to recover their independence following a period of illness. The commitment is to deliver periods of intensive rehabilitation or recovery without delay for those who can return home and support them to remain there. Those who transition to a permanent care setting will receive this without delay.
- Each of the 6 pillars will include a breakdown of a work on a yearly basis. For pillar one the intent is to expand our capacity so that by 2028:
 1. 10,000 persons with multiple long-term conditions have a care plan using consistent care plan format.
 2. 5,000 persons benefit from remote monitoring.
 3. Every LAP will have a minimum of one peer support group per month for each of the four long term conditions prioritised for support.
 4. We will extend the annual health check for all persons over the age of 50 to include full blood test and an extended review with a lead clinician.
 5. All partner organisations involved in the support for the named person will have access to the care plan and take part in Multi Disciplinary Teams reviews.
 - For pillar 6 the intent is to strengthen our provision and approaches to:
 1. Ensure that patients do not wait for more than 48 hours in hospital from being ready for discharge to being at home.
 2. Provide longer term therapy where required through local community therapy services.
 3. Ensure any equipment or minor home adaptations required to support maximum independence of person are identified early in the patient journey and implemented to avoid delays.
 4. Utilise short term alternative (non 24 hr staffed) accommodation for persons to commence their out of hospital recovery if their own home is not yet available for them to return to.
 5. Maximise the use of Virtual Ward to enable the patient to return home for further recovery where they would otherwise have occupied a hospital bed where they are supported through outreach monitoring.
 - The intent is also to reprofile to ensure that by 2025:
 1. Any person requiring general rehabilitation / reablement in a bedded unit will be able to access this provision within ten miles of their home.
 2. We will have a single specialist facility giving correct provision of specialist stroke recovery beds to meet demand and ensure patients do not remain in Acute bed for longer than benefits their recovery plan.
 3. For persons who require a bedded pathway to manage unresolved delirium or challenges from behaviour related to dementia before they can progress to next part of their recovery journey, we will provide beds within one of our units with additional on site, in and out-reach staff to support successful outcomes.
 4. We have achieved full approval for our plans from stakeholders including health and social care in North and West Northamptonshire.
 5. We have maximised the use of our best estate and reduced future estate liability costs.
 6. No more than 5% of recovery beds are occupied on any given day by a person who

no longer has reason to reside.

Following questions from Board members the Deputy Chief Operating Officer added the following:

- The Strategy will support the work Northampton General Hospital will undertake in redesigning services around A&E, with one option to co-locate some minor illnesses services and out of hours services.
- Part of the new Primary Care Strategy will look at opportunities for an urgent care response in partnership with primary care and community care.
- Communication and support will be key in informing and guiding patients to use correct pathways and not ask for emergency services.
- There are mental health triage cars in place working alongside Northamptonshire Police (Operation Alloy) to attend mental health related incidents, which has seen a decrease in presentations to mental health facilities and A&E departments.
- Engagement has already taken place with various organisations and groups. The Deputy Chief Operating Officer offered to attend meetings and community groups to discuss development of the UEC Strategy and obtain residents feedback.

The Board discussed the update and the following was noted:

- General Practice only have 10 minutes with a patient to Make Every Contact Count (MECC), whereas staff in acute settings have much longer with patients. Conversations with patients in hospital around the benefits of diet, physical activity and smoking are key components to living healthier for longer and have a better success rate when discussions begin whilst a patient is in hospital.
- There is evidence to show that if hospitals provide a bio-psycho-social approach this will improve outcomes for patients.
- There is a need to ensure that all partners are communicated with, so they have an understanding of the development work taking place across the health system.
- There is an ongoing issue with patients suffering with mental health conditions not receiving the appropriate care or support, resulting in this cohort being frequent users of emergency services. More investment in treatment plans for these patients would reduce their reliance on emergency services.
- Patients who attend an A&E Department suffering with mental health issues are referred to the Community Liaison Teams, but there is a need to ensure patients feel their needs are being met.
- Referrals from Primary Care into the Musculoskeletal Service has a waiting time of approximately 1 year, which inevitably leads to more presentations at A&E and primary care to control their condition whilst waiting to see a specialist. There is also a 6 month waiting time to see a specialist for a dementia referral.
- A third of patients living in the Daventry and South Northants area access secondary care outside of Northamptonshire.
- ONS data has shown that poor mental health and musculoskeletal issues are the 2 main reasons for economic inactivity for those who are of a working age. There are currently long waiting lists for these services, with Northamptonshire Healthcare Foundation Trust (NHFT) looking at a range of options such services in community settings.
- There is an opportunity for the LAPs to help communicate the right pathways to access care through their engagement work with communities.
- It would be beneficial to have data points included in the action plan to act as a baseline to assess whether progress is being made.

RESOLVED that:

- **Presentations from the meeting to be circulated to Board members.**
- **The Board noted the update.**

07b/24 Northamptonshire Primary Care Strategy

The Director of Primary Care gave an overview for development of the Northamptonshire Primary Care Strategy and highlighted the following:

- Currently residents are finding access to GP appointments and NHS dentistry services difficult. Communication and engagement with residents is a key driver in facilitating change.
- The national recovery plans for both primary care access and UEC services have driven the structure of our Operating Framework. NHS England and supporting policies has emphasised the importance of joined-up delivery plans across Integrated Care Systems to drive recovery and resilience across the system, so the transformations planned in secondary care will align with the development of the primary care strategy.
- The *Delivery plan for recovering access to primary care*, also builds on the Fuller Stocktake Report, and references system-wide responses to integrated urgent care and neighbourhood teams:
 - The plan is centred on two key ambitions for access – tackling the 08:00 rush to ensure patients can receive same-day support and guidance from their local practice, and enabling patients to know how their needs will be met when they contact their practice.
 - To do this, it focuses on four areas to alleviate pressure and drive greater access – building capacity, reducing bureaucracy, empowering patients and modernising GP access.
 - Delivery in these areas includes improving the information, functionality and interoperability of technologies available; expanding the role of community pharmacy; and driving capacity increases through enabling workforce and estates initiatives to better support primary care.
- A System Level Access Improvement Plan has been produced and presented to NHS Northamptonshire ICB Board. This plan has an emphasis on listening to patients concerns, supporting them and GP Practices.
- The Primary Care Strategy will include GPs, Pharmacists and Dentists and focus on the four main areas to alleviate pressure and drive greater access – building capacity, reducing bureaucracy, empowering patients and modernising GP access.
- The engagement approach will be informed by the primary care sector, system providers and communities. Engagement from previous consultations with residents will feed into the draft Strategy.
- The aim of the strategy is for residents to access NHS services, personal and social care when they need to. People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs. Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.
- There are opportunities to deliver more routine health care services through other avenues to release capacity within primary care to enable GPs to deal with the more complex patients.

The Board discussed the overview and the following was noted:

- AI technology in Welcoming Spaces could be used to promote health improvement messages and pathways to services. As well as providing information for volunteers to promote.
- Concerns were raised about the current restraints on the system and raising unrealistic expectations amongst residents.
- The Joint Strategic Needs Assessment (JSNA) is being refreshed at a LAP and Primary Care Network (PCN) level.
- All the LAPs have GP representation as members.

- The high workload of primary care impacts on secondary care services. The national share of funding by the NHS into primary care is at an 8 year low, this balance of resource needs to be shifted more into primary care to enable more prevention work to be undertaken.
- GP Practices do not have an access problem it is a capacity problem.
- GP Practices are seeing patients with more complex needs, with a significant amount suffering with poor mental health. GPs would like to be able to support more patients who have complex needs at home, rather than in the practices.
- IT connections and communications between primary and secondary care need to be improved, as well as out of county communications which continue to be in paper format.
- Behaviour change in residents enabling them to care for themselves will release a lot of pressure on primary and secondary care services.
- Psychosocial health services could be undertaken by voluntary and community groups, as if psychosocial health issues are left unresolved this will manifest into physical health issues.
- A goods public communication strategy is needed to deliver messages on new pathways to access services and approaches to living healthier.
- Behaviour change for the population needs to start within health and care organisations.

RESOLVED that:

- **Access Improvement Plan to be circulated to the Board.**
- **The Chair VCSE Assembly and Director of Primary Care to discuss using community and voluntary sector to promote health improvement messages.**
- **The Board noted the update.**

07c/24 Prevention Strategy

The Assistant Director for Commissioning Performance gave an overview of work around prevention and residents requiring adult social care support and highlighted the following:

- Statutory requirements of local authority adult social care teams are:
 - If a Care Act Assessment confirms eligibility for long term support, there is a array of providers that help support these people.
 - If a Care Act Assessment deems a person is not eligible for support, there is still a responsibility to prevent, reduce and delay.
- There is rehabilitation, reablement and recovery pathways already in place.
- Approximately 80% of people accessing reablement services have no need for long term support after 3 months of receiving the initial support.
- The recovery pathway is for those who need good neighbourhood type support services.
- There are contracts in place with equipment specialist and assisted technology to help keep people at home safely for as long as possible.
- All enquiries into adult social care will go through the adult social team to enable better support for those who are in a crisis, with particularly high flow through the Northampton areas. To help mitigate the risks associated with front door services, the web pages are being re-designed to provide information and advice of health and wellbeing services as well as referrals to services where appropriate.
- For those who need more support looking after themselves but not long term support, a community wellbeing team is being created, with a mix of Supporting Independence Staff and Adult Social Care Staff, focusing on maximising independence. This will be a 12 week process assessed with the outcome start at the beginning and end of the plan.
- There will be improved links to GP Practices to identify people at risk of losing their independence. Building on the strengths of Aging Well to maximise resource available to support prevention.

- The customer service centre will work with people helping to identify those who could benefit from the community wellbeing team support.
- The Adult Social Care Teams have been re-aligned with the LAPs to utilise the strengths of the community offer and build into the adult social care offer.
- Discussions will take place with NHFT on use mental health support teams and housing support services to develop a more integrated offer.
- The draft West Northamptonshire Carers Strategy will be ready by the end of February, this has been reviewed by experts by experience, including engagement with unpaid carers to gauge their feedback on the support offer that is currently available.
- A bid has been submitted to the Accelerating Reform Fund (ARF), which includes more provision for unpaid carers who support people living with dementia.

The Board discussed the update and the following was noted:

- Wellbeing of carers needs to be included in the assessment for those suffering with dementia.
- The voluntary and community sector are aligned with the Prevention Strategy particularly in building capacity, as well as Action for Happiness project.

RESOLVED that the Board noted the update.

7d/24 Health Inequalities

The Assistant Director Population Health gave an overview on inequalities and access to planned hospital care and highlighted the following:

- There is a new legal duty that data should (where available) be disaggregated by age, sex, ethnicity and deprivation. The aim for Northamptonshire is for this to include reporting at a Place and LAP level. This reporting must also show links to JSNA and Health Equity Audits.
- Inequalities in elective activity:
 - The GP registers show more residents and more diversity than ONS data, this is due to the GP register kept more up to date than the ONS data.
 - Differences between groups:
 - There are 43% of “White British” aged over 50.
 - Black people twice as likely to live in most deprived areas.
 - The proportion of those needing elective surgery increases with age.
 - Key findings:
 - Those living in deprived communities have a longer length of hospital stay.
 - There is significant variation in standardised elective access rates by ethnicity categories.
 - The COVID recovery is not equal.
- The elective activities by deprivation decile DSR, 2022/23 show higher access rates in the deciles 1 and 5, there are also higher rates in decile 7, 8 and 9 which falls into some of the least deprived areas.
- Access rates for cancer relative services shown in the Relative Index of Inequality (proportion) of Elective activity are higher in the least deprived areas and lower in most deprived communities. More research will be conducted to try and establish whether this is due to screening or late presentation and accessing treatment in emergency settings rather than elective settings.
- Change in the elective activity DSR by deprivation 2022/23 compared to 2019/20 shows that the reduction in access rates following Covid is heavily skewed to more deprived populations with the least deprived 20% of our population seeing access rates increase while all other deciles saw reductions.

The Board discussed the update and the following was noted:

- Child poverty has a longer-term impact, with the impact being felt for potential another 30-40 years and service design needs to consider this.
- Those in poverty tend to suffer more ill health.
- It would be beneficial to see if there is interplay between deprivation, ethnicity and life chances. The ICB is currently undertaking some work around race, health and inequalities.
- With Northampton being a University town, primary care access for young people should be investigated further rather than focusing on elective care. There is a greater impact of sickle cell sufferers due to a higher student population.
- Healthwatch Northamptonshire are inviting speakers from local sickle cell sufferers to share their lived experiences, including looking at health inequalities.
- The biggest inequalities being seen by general practice is with those who can afford private medical treatment and those who have to wait for NHS treatment. Referrals for private medical treatment is approximately 20% higher than pre COVID19 levels.
- NHS funded private medical treatment to reduce waiting times is accessed more in deprived communities.

RESOLVED that:

- **The Assistant Director Population Health to circulate data on non elective activity, along with mental health data.**
- **The Board noted the update.**

7e/24 COVID19 Impact Assessment

The Public Health Physician Health Protection gave an overview of the COVID19 Needs Assessment and highlighted the following:

- The COVID-19 Impact Assessment has been conducted to evaluate the effects of the pandemic on the population and services across Northamptonshire. The aim was:
 - To identify both direct and indirect implications on the health, well-being, and lifestyle of residents, additionally.
 - To examine the impact of the pandemic on service provisions and their ability to meet the needs of the community, with the intent of informing system partners in the planning of recovery programmes.
- A survey was sent to approximately 6000 randomly selected residents, families and organisations from across Northamptonshire and 2300 fully completed responses were received.
- Half of the respondents (51%) reported suffering from the COVID-19 Infection, with around a quarter (26.5%) of them experienced COVID-19 reinfections (more than two episodes).
- Less than a fifth (14%) of the individuals who tested positive for COVID-19, resulted in having symptoms of long-covid within and beyond 3 months of infection. Which resulted in these individuals experiencing difficulties with day to day activities.
- A tenth (12%) of respondents indicated being diagnosed with a new health condition during the pandemic, with a third of them indicating their diagnosis was because of COVID-19.
- Respondents who did not have any mental health issues before, over half (50%) of them have reported to experience some form of mental health issue, from anxiety to serious mental health conditions, including attempting self harm.
- Two fifths (38%) of the adult respondents completed the domestic abuse questionnaires, of these, around one fifth of those (18%) stated they experienced some form of domestic

abuse, and two thirds of them experienced two or more types of domestic violence (63%) affecting their physical and mental health.

- Around two thirds (**65%**) of the children and young adults had the covid-19 infection; out of those, around (**50%**) were not vaccinated or incompletely vaccinated.
- Over two thirds (**69%**) of parents indicated their child experienced some form of mental health difficulties, anxiety being the most experienced followed by low confidence and self-esteem.
- Thematic analysis identified that the primary issues parents faced was accessing healthcare services including dentists and GP's, with a long wait for a follow-up for existing conditions.
- Delays in up to 2 years for special education assessments to diagnose special needs and support affected behavioural and learning growth.
- Issues identified in maintaining and recruiting volunteers which were associated with financial burdens due to unemployment, reduced earning and significant increase in cost of living.
- To keep organisations in operation, services indicated that financially they relied most on the local community (45%), followed by 30% support from the national government and 25% support from the local government.
- The majority (82%) of businesses who responded indicated a decrease in turnover during the COVID-19 pandemic compared to pre-pandemic expectations.
- One tenth of the responding businesses indicated that post pandemic they are still only partially trading, whereas remaining businesses returned to full trade.
- According to respondents' opinions, the contributing factors that influenced turnover included Brexit (24%), manmade wars (34%), changes in European laws on importing and exporting (24%) and other environmental factors (33%).
- 80% of the adult respondents indicated issues in accessing healthcare, which was related to cancelled appointments, getting follow up as well as first appointments.
- 60% of the adult respondents stated waiting times for a virtual or telephone GP appointment was also a minimum around seven days, which was a factor affecting timely management of ill health. These delays in access have continued in the post pandemic phase as well.
- 41% of the respondents from the Children survey also stated issues in accessing medical appointments, as a result of cancellations and postponements.
- 32% of health care workforce who responded stated that the COVID-19 pandemic had an effect on their Mental Health, with 29% of the workforce said that their physical health was also affected, with 39% indicating higher number of absences had an impact on the service delivery and affected their quality of work due to overburdened responsibilities.
- Workforce reported experiencing increased anxiety, work induced stress, burn out and episodes of low mood and no respite.
- 61% of respondents indicated their residents had various health and social care appointments cancelled. 50% stated that as a result of the cancellations, health and wellbeing of the residents deteriorated.
- Thematic analysis indicated that as a result of the pandemic, access to GPs was difficult and inconvenient, Residents' physical and mental health declined and the isolation led to development of poor memory leading to higher levels of anxiety and deteriorating existing memory loss and cognitive functions.
- 83% of the respondents indicated that the pandemic negatively impacted their residents mental health. These were linked to feelings of loneliness, anxiety and low mood due to the lack of social contact and interactions.
- Mental Health demand is exceeding capacity due to pandemic toll, additional capacity is required to support increasing needs. Additional need to smooth Mental Health service transition from adolescent to adult.
- Demand on Primary care (GP and dental)
 - Care pathways to be appraised to triage patients to relieve knock on pressures.

- Improvements required to increase availability of NHS Dental Health services and existing local pathway should be reviewed to improve access.
- Improve engagement with the population and the community to improve uptake of preventative interventions with a targeted approach to address health inequalities.
- Focus is required for supporting children with confirmed or undiagnosed learning difficulties to ensure they have the best start in life by improving access to special educational needs assessments and creating additional capacity to facilitate educational establishments.
- More investment into voluntary sector is needed to ensure services are kept in operation to continue to support those in need.
- Local government should ensure that all COVID-19 government support provided through the Local Authorities are equitable and equal, ensuring that hidden vulnerable cohorts and small businesses or organisations are not left out. Local Authority departments including regeneration, housing and community should identify local needs and mobilise resources and fundings accordingly.
- Northamptonshire system leaders to be prepared with local plans and procedures and be resilient, with adequate resources and capacity for an immediate response to emerging infectious disease epidemics or a pandemic.

The Board discussed the update and the following was noted:

- A wider discussion is needed on how best to use the findings contained within the needs assessment and how the findings can help formulate a wider recovery plan.
- Need to consider at a community level how we prepare for a future pandemic, identifying potential issues and working in partnership to address those hidden needs.
- Young Healthwatch Northamptonshire are undertaking an in-depth study in conjunction with the ICB around waiting times for SEND, ADHD diagnosis waiting times and how this is affecting young people.
- This impact assessment will sit within the JSNA and some of the recommendations have already been accessed.

RESOLVED that the Board noted the update.

7f/24 NHS Dentistry Update

The Chief Executive NHS Northamptonshire ICB gave an update on the NHS dentistry provision within West Northamptonshire and highlighted the following:

- The ICB took over commissioning for NHS dentistry provision from NHS England in April 2023.
- Currently there are national and local issues in accessing NHS dentistry services, due to workforce challenges within dentistry and the national NHS contract for dentists to provide NHS services.
- In West Northamptonshire currently demand for NHS dentistry services outstrips demand, with this financial year seeing several dental practices withdrawing NHS dentistry provision.
- NHS Northamptonshire ICB Dental Team have been contacting local dental practices for expressions of interest to increase their NHS dental offer above their core contracted level. There have been a few positive responses with these practices offering some limited additional NHS provision.
- NHS Northamptonshire is working with the regional Public Health Team to commission a dental needs assessment for Northamptonshire to be completed at the end of the financial year. Once completed it would be beneficial for this needs assessment to come to a future Board meeting to enable a wider discussion on a longer term investment plan for the dental underspend.

RESOLVED that:

- **The Dental Needs Assessment be presented to a future Board meeting.**
- **The Board noted the update.**

08/24 Voluntary Sector Spotlight

The South Northants Volunteer Bureau (SNVB) provided an overview of their work and highlighted the following:

- SNVB support the voluntary and community sector by providing guidance, training and information to those looking to initiate community action and assist residents in enjoying healthy lives whilst strengthening the community/voluntary sector in West Northamptonshire.
- SNVB are supported by approximately 350 volunteers, benefiting over 3000 residents and deal with approximately 100 volunteer enquiries every quarter.
- SNVB Volunteer Car Service facilitates transportation for over 500 passengers to access health and social appointments and receives approximately 2000 bookings every quarter. The volunteer drivers provide over £40k of volunteering every quarter and has saved 8 lives due to interventions made by the volunteer drivers.
- The cost of living crisis has seen a dramatic increase in residents needing additional support.
- WNC Customer Outreach Team attend the Woodford Saints Community project on a monthly basis, also the Care Co-ordinator for Towcester and Brackley attends on a weekly basis.
- SNVB work in collaboration with VCSE's Older Persons Thematic Group and Integrated Care Northamptonshire in understanding the reasons behind health inequalities in the older communities. With the aim to co-produce interventions to promote the prevention agenda and reduce periods of ill health.
- SNVB has completed asset mapping within their area and how this contributes to enhanced social participation, improved wellbeing and independence.
- The community food larders have over 100 volunteers providing a service to over 12k members accessing these larders. The volunteers have provided 10k hours of volunteering per quarter to a value £127k.
- The garden buddy volunteers complete 300 jobs every quarter using volunteers serving 125 community members, equates to 400 hours per quarter valuing £5k. Those often attending the food larders tend to volunteer at these.

The Lead Pastor, Broadmead Church provided an overview of their work and highlighted the following:

- Broadmead Church formed in 1932, which was re-developed in 2019 to build a community asset including more suitable space for the day nursery.
- A community survey was undertaken to gauge residents views on services they would like to see provided, with the top 3 being:
 - Community café
 - Senior lunches
 - After School Drop in
- Post COVID19 a workshop was held with over 80 attendees, including residents, voluntary sector, representatives from education and statutory services. From these actions groups were formed to work on fly tipping, anti-social behaviour, wellbeing, mental health.
- An Eastfield and Headlands Community festival is held annually, in conjunction with St Albans, food banks, statutory services and the voluntary/community sector.

- Broadmead Church has a good working partnership with local social prescribers and is in partnership with Northamptonshire Sport (NSport) to run the Big Bike Revival and guided bike rides.
- Broadmead Church has partnered with NSport to offer table tennis club which is attended by 30-40 people, and helps in reducing social isolation.
- Good Companions run a fortnightly lunch club at the Church for single or isolated elderly people and a fitness group has just started for the less mobile.
- There are approximately 1k adults coming into the church every week, with 120 volunteers. The Church is helping those who have been economically inactive for a period, to come and volunteer which helps them get back into employment.
- A challenge for voluntary sector/community groups is having to constantly access grant funding.

The Board discussed the updates and noted the following:

- The work of community sector and voluntary groups is a fundamental part of the work of the LAPs.
- Community trust decreases the risk of long term conditions and thought needs to be given on how to evaluate and evidence this.

RESOLVED that:

- **The West Northamptonshire Asset mapping to be circulated to the Board once completed.**
- **The Board noted the updates.**

08/23 Local Area Partnership Terms of Reference

RESOLVED that the Board endorsed the Local Area Partnerships Terms of Reference.

09/24 Any Other Business


The Director of Strategy NHS Northamptonshire ICB gave an update on the Workwell Partnership Bid and highlighted the following:

- The Workwell bid was submitted on the 22nd January. There will be 15 pilot sites across the country.
- The bid is to set up a pilot service to support people with disabilities and health conditions to return to employment or stay in employment.
- The bid was a collaboration between North and West Councils, NHS, voluntary sector, DWP and health colleagues.
- The model focused on 5 LAPs across the county, for West Northamptonshire it is Northampton Central and Rural West.

Dame Carol Black visited the county to review work around substance misuse taking place in the county.

RESOLVED that the Board agreed for the Chair to have delegated access to sign off the Better Care Fund Quarter 3 submission.

There being no further business the meeting closed at 12.05 pm.



WEST NORTHANTS
Health and Wellbeing Board
live your best life

West Northamptonshire Health and Wellbeing Board Action Log				
Action No	Action Point	Allocated to	Progress	Status of Action
111223/01	Belinda Green to link in with the Population Health Board Prevention Subgroup.	Belinda Green	Asked for an update awaiting a response	
111223/02	Belinda Green to ascertain if there is any provision currently in place to help people with offsetting debts	Belinda Green	Asked for an update awaiting a response	
230124/03	Miranda Wixon and Julie Lemmy to discuss using community and voluntary sector to promote health improvement messages	Miranda Wixon/ Julie Lemmy		
230124/04	Paul Birch to circulate data on non elective activity, along with mental health data.	Paul Birch		
Actions completed since the 23rd January 2024				
Action No	Action Point	Allocated to	Progress	Status of Action
230124/01	Presentations from the meeting to be circulated to Board members.	Cheryl Bird	Circulated 23rd January.	Completed
230124/02	Access Improvement Plan to be circulated to the Board.	Julie Lemmy	Circulated 24th January.	Completed