

WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD
Minutes of the meeting held on 14th May 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
Carella Davies	Chief Executive, Daventry Volunteer Centre
Chief Superintendent Rachael Hanford	Northants Police
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Colin Smith	Chief Executive, LMC
Councillor Adam Brown	Leader, West Northants Council
Councillor Wendy Randall	Labour Group Leader, West Northants Council
Councillor Fiona Baker	Cabinet Member Childrens and Families, West Northants Council
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Philip Stevens	Chair Daventry and South Northants GP Locality
Gabriella Van Beek	HWNW Manager, Healthwatch North and West Northamptonshire
Miranda Wixon	Co-Chair Daventry and South Northants Health and Wellbeing Forum
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Palmer Winstanley	Chief Operating Officer, Northampton General Hospital
Professor Jacqueline Parkes	University of Northampton
Russell Rolph	Chief Executive, Voluntary Impact Northamptonshire
Sally Burns	Director of Public Health, West Northants Council
Stuart Lackenby	Deputy Chief Executive, West Northants Council
Toby Sanders	Chief Executive NHS Northamptonshire Integrated Care Board
Vicky Martin - substitute	Office Police Fire Crime Commissioner

Also, Present

Anna Ferreira-Gomes, Defence Medical Welfare Officer, Northampton General Hospital
 Bonita Wallace, Senior Public Health Administrator, West Northants Council
 Carolyn Howe, Well Northants Lead, West Northants Council
 Chloe Gay, Public Health Specialist, West Northants Council
 Emma Parry, Warm Spaces Lead/Coordinator, West Northants Council

Frank Earley, Public Health Principal, West Northants Council
Kelly Connor, Criminal Justice Delivery Manager, West Northants Council
Leanne Wightman, Project and Executive Support Manager, West Northants Council
Rhoda Asante, Administrator, West Northants Council
Victoria Rockall, Head of Community Safety, West Northants Council

25/24 Apologies

Anna Earnshaw, Chief Executive, West Northants Council
Dr Andy Rathborne, Primary Care Network
Dr David Smart, Chair, Northampton Health and Wellbeing Forum
Jonny Bugg, Chief Executive, Office Police Fire Crime Commissioner
Michael Jones, Divisional Director, EMAS

26/24 Notification of requests from members of the public to address the meeting

None Received.

27/24 Declaration of members' interests

None received.

28/24 Chairs Announcements

The Chair welcomed Cllr Adam Brown, Leader of West Northants Council (WNC), Cllr Brown will join the Board replacing Cllr Jonathan Nunn.

29/24 Minutes and actions from the previous meeting 26th March 2024

RESOLVED that:

- **The minutes from the previous meeting 26th March agreed as an accurate record.**
- **The following actions are to be carried over to the next meeting:**
 - **The Assistant Director Revenue and Benefits to link in with the Population Health Board Prevention Subgroup.**
 - **The Assistant Director Revenue and Benefits to ascertain if there is any provision currently in place to help people with offsetting debts.**
 - **The Director of Public Health to investigate further the rise of 42% in Children being in low-income families and feedback to the Chair of NHS Northamptonshire ICB.**
 - **A workshop will be organised to review the iCAN Business Case and how this aligns with the BCF, for feedback at a future meeting.**
 - **The Director of People to raise at WNC ELT meeting how can the Autism Strategy be moved forward to make a difference to lives of those suffering with autism.**
 - **The Autism Lead to forward the engagement work completed around the All Age Autism Strategy to the Board.**

30/24 NHS Northamptonshire Integrated Care Board Annual Report

The Chair and Chief Executive of NHS Northamptonshire Integrated Care Board (ICB) presented the draft Health and Wellbeing Strategy section from the ICB Annual Report 2023/2024 and highlighted the following:

- It is a statutory duty for the ICB to consult with this Board when producing their Annual Report, to enable the Board to review how the ICB has considered the Joint Health and Wellbeing Strategy (JHWBS) when undertaking their business during the previous year.
- For the last financial year the ICB is facing a £34.8 million deficit.
- The ICB are still waiting sign off for their financial plans 2024/2025 from NHS England, the reason for the delay was due to planning guidance only being issued in late March, it is expected there will be a deficit contained within the plan.
- Discussions are taking place with partners about the possibility of scaling back investments, as financial pressures mean the ICB is unable to focus on all the areas of work it would like to. Workstreams will continue for emergency urgent care, children's services and mental health.
- GP budgets and dental care are outside the scope of reduced investment, but locally commissioned services may be impacted.
- The challenge for the ICB is to balance the books and stabilise the position whilst planning for longer term.

The Board reviewed the section and the following was noted:

- Concerns were raised about how the potential overspends for secondary care during 24/25, which could impact investment and funding for primary care services and the voluntary sector who support patients within communities.
- At WNC Executive Leadership Team there have been discussions about the use of predict analysis to embrace AI more proactively, particularly around homelessness, early help and children's provision, falls and debt and money advice.
- Partners on the Board all have financial challenges and if this is not addressed this could result in a reduced amount of funding to meet people's needs.
- It is vital collaborative work around SEND is continues, WNC and ICB are working closely to improve support for children and families. The next Integrated Care Partnership meeting will have a focus on SEND.

RESOLVED that the Board endorsed the draft JHWBS strategy section of the ICB Annual Report.

31/24 Joint Health and Wellbeing Strategy Scorecard

The Director of Public Health gave an overview on the development of the JHWBS scorecards and highlighted the following:

- As a health and wellbeing system 17 metrics were agreed for partners to collaboratively work towards as part of the Integrated Care Northamptonshire Strategy and the JHWBS.
- National data will be used to show progress against these metrics which is updated on an annual basis so progress will not be seen immediately.
- Behind each of the Live Your Best Life (LYBL) ambitions WNC's Business Intelligence Partner is collating additional data and metrics to provide a more detailed picture of the progress being made against the metrics.
- For LYBL ambition 'Connected to Family and Friends' the main metric is the number of adult social care users having as much social contact as they like, which is moving in a positive direction.
- Behind each LYBL ambition will be a set of delivery plans, including 'We Will' statements highlighted in the JHWBS. Using the 'We Will' statements several key actions have

been developed, where partners will provide quarterly updates on their progress for delivery against these actions.

- Each Local Area Partnership (LAP) will have a scorecard to show how the progress against their projects feeds into the LYBL ambitions scorecards and metrics.
- There are several Parish Councils who are creating their own health and wellbeing plans, which will align with the LYBL ambitions and JHWBS.

The Board discussed the scorecards and the following was noted:

- Analysts need to be able to provide evidence on the metrics that will have the biggest contribution towards reducing health inequalities.
- Data by LAP areas will highlight differences between areas and community groups within West Northamptonshire.
- Concerns were raised that some Primary Schools are seeing more children in Reception and Year 1 children that need speech and language assistance.
- NHFT have an ongoing piece of work to improve capacity within pathways for children's services.
- There has been backlog in early help assessments which would identify those children who need additional support at an earlier age.
- The metric for cancer treatment is performing well, but more work is needed to avoid hospital admissions from falls.
- The delay in completing health assessments for looked after children is a challenge, it may be feasible for lower grade clinicians to undertake these, leading to increased capacity and a reduction delays.

RESOLVED that:

- **Early Help assessments to be added as a metric to the scorecards.**
- **The Board noted the update.**

32/24 Thematic Session: Live Your Best Life ambition – 'Connected to Family and Friends'

The Chair advised the thematic theme for this meeting is the LYBL ambition 'Connected to Family and Friends'.

The Director of People advised this is one of the least developed ambitions and there is a need to consider the work taking place that recognises the value of being connected to family and friends and the consequences in failing to provide this support. For residents who have connections to friends and family, this provides connections to their communities, but for those who do not have these connections it could result in a decline in physical and mental activity. Care plans tend to focus on keeping people safe and physically well, but not what is needed to do to support a person's quality of life. For looked after children, systems should be in place to support their connection with family and friends.

The Board discussed what 'Connected to family and friends' means and the following was noted:

- Friends and family are key to supporting the older population and keeping them well. For those suffering with early stages of dementia, there is a need to look at how the family unit functions, as supporting this unit will help to residents to live better in their communities.
- The COVID19 pandemic highlighted residents who were cut off from family and friends.
- There is a need to ensure there is support for carers as well as those suffering from illnesses and long term conditions.

- Voluntary, community and religious organisations working in communities need to be properly supported, as they provide vital activities to those who are socially isolated.
- How we work with family's needs to be included in this ambition, the use of AI could provide virtual wards to support families

32/24a Loneliness Needs Assessment and Adult Social Care Survey

The Public Health Principal gave an overview of the Loneliness Needs Assessment and Adult Social Care Survey and highlighted the following:

- Loneliness is a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person's relationships.
- Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships.
- People under 30 are the loneliest age group, with 16-29 year olds twice as likely to report being chronically lonely than the over 70s.
- Women are significantly more likely to report being chronically lonely than men (6.33% of men are chronically lonely while 7.67% of women are chronically lonely). Surveys undertaken before COVID19 generally found that men and women had similar levels of loneliness.
- People who had a physical or mental health diagnosis are over three times more likely to be lonely. (11.17% in this sample are chronically lonely compared to 3.25% of people without a diagnosis).
- The risk of experiencing loneliness was greater for gay, lesbian and bisexual people, as well as people who selected 'other' to heterosexuals.
- People's social class was also associated with loneliness, with people from semi-routine professions more likely than those in management or professional roles to report loneliness, even when controlling for their household income.
- Place-based risk factors that affect loneliness and social isolation are:
 - Living in remote areas associated with poor transport, reduced local activity choices, social isolation of minorities, poor digital connectivity, and lack of opportunities to socialise outside of school, which increases risk of loneliness.
 - Young people also report feeling particularly lonely in densely populated urban areas, including at university.
- The Place-based protective factors that can improve feelings of loneliness and social isolation are:
 - Living in greener, more walkable, and less populated areas.
 - Individuals with a higher sense of belonging to their neighbourhoods and higher trust in the inhabitants of their neighbourhoods feel less lonely and higher neighbourhood social cohesion is associated with better mental and physical health.
- According to the 2021 census data West Northamptonshire has:
 - 11.30 households with 1 person over the age of 66 living alone, compared to 12.81 for England. Northampton North LAP area has the highest percentage at 14.34.
 - A higher number of older people moving to where their children live and then losing their network of friends and becoming reliant on family.
 - Lone pensioner households without access to a car is 43.8, compared to 49.4 for England, the highest being 63 in the Northampton Central LAP area.
- A recent Adult Social Care survey took place, where 1,929 people were surveyed and 511 responses received. Feedback from the survey included:
 - Overall, people feel less lonely, less isolated and feel that they can spend their time as they want and do things they enjoy.
 - A large proportion of people who never/hardly feel lonely are people with Learning Disabilities (LD) and older adults in residential homes.

- The majority of the people who often or always feel lonely are younger adults in community/residential homes.
- The people who feel isolated and feel they do not do anything they value or enjoy are mainly younger adults in community/residential and older people in community.

The Board discussed the update and the following was noted:

- Primary Care Networks have social prescribers in place and SPRING social prescribers works with those who have multiple long term conditions and may be experiencing loneliness.
- Prevention is key to enabling people to live well for longer.
- Work within the iCAN programme has reduced the number of 75's being admitted to hospital due to falls.
- The Serious Violence Needs Assessment has shown that isolation is a key factor in serious violence, profiles could be used for targeted streams of work to reduce isolation.
- Those in rural areas without access to transport affects younger members as well as older members. A community bus to help young people access activities would be beneficial.
- Poor housing, lack of employment are all factors in those experiencing social isolation.

RESOLVED that the Board noted the update.

32/24b Welcoming Spaces

The Head of Community Safety and the Welcoming Spaces Project Lead gave an overview of the Welcoming Spaces initiative and highlighted the following:

- Welcoming Spaces evolved from the Warm Spaces initiative which was a key action from the Anti Poverty Strategy. These spaces are run by local people from the voluntary, community and faith sectors across West Northamptonshire for local communities.
- In these spaces residents are offered a warm, trusted setting where all guests are treated equally with dignity and respect.
- Services offered in each space will vary depending on the need of community but include:
 - Community activities, including homework club, community meals and film nights.
 - Access to computers, free Wi-Fi and charging points.
 - Access to wrap around support provision, including money, welfare and mental wellbeing, a whole network of partners including Adult Social Care, Community Law, Northants Fire Safety, Age UK Northamptonshire.
 - Provision of refreshments/hot soups etc.
- There are currently 105 Welcoming Spaces across West Northamptonshire, with 50% of these receiving a small grant from WNC.
- Data is collated from grant funded Warm/Welcoming Spaces since their launch in December 2022 which shows:
 - 104,012 attendees.
 - 5045 referrals to organisations for advice on money and debt, housing and homelessness, welfare rights, immigration issues, education, employment, mental and physical health.
 - The biggest age groups attending these spaces are people aged 25 or under and over 66, with the most common reason for attending the welcoming space being mental health support and money and debt advice.
- The WNC Cost of Living Support website provides details on the Welcoming Spaces and West Northamptonshire app includes a feature to locate the nearest welcoming space. Welcoming Spaces are also promoted through the Town and Parish Councils.

- Each space receives a Welcome Information Pack, including cost of living support, Adult Social Care information and advice on accessing services. Regular communications are sent to all Welcoming Spaces, highlighting training and services available.
- There has been an extension of Chatty Cafe Scheme to reduce isolation and loneliness, in partnership with Action for Happiness, with 22 cafes registered so far.
- The Community Training Partnership funded by WNC's Anti-Poverty Strategy continues to be promoted across West Northamptonshire, providing free training to all those delivering front line services.
- 441 winter warmth packs have been given out to those are experiencing fuel poverty.
- Work is underway with Public Health to deliver free NHS health checks and vaccinations in a variety of Welcoming Spaces.
- At Towcester Library Welcoming Space there is a pilot of offering monthly support service sessions such as employment drop-in sessions until August 2024, Adult Social Care Team face to face sessions until December 2024, and NHFT Talking Therapies.
- A Digital Inclusion Project is underway including:-
 - Producing videos and leaflets around basic digital skills for use in Welcoming Spaces.
 - Instructions on how to navigate of Adult Social Care website, the NHS App and Libraries Borrowbox eBook service
- There is a pilot Rural Community Transport Project for Brackley residents to access Adult Social Care Drop-in sessions at Towcester Library.
- The WNC Armed Forces Covenant are holding engagement sessions at various Welcoming Spaces.

It was noted that the Daventry and South Northants Health and Wellbeing Forum have discussed how to encourage people to access Action for Happiness training in rural areas.

RESOLVED that the Board noted the update.

32/24c Well Northants Programme

The Well Northants Lead gave an overview of the Well Northants Programme and highlighted the following:

- The Well Northants vision is to build empowered local communities, with the skills and confidence to take control of and improve their individual and collective health and wellbeing. To reduce health inequalities and use a robust, evidence-based framework for communities and local organisations to work together, that will influence policy and practice.
- The model was developed by reviewing the Well Communities model of asset-based community development in London.
- The Well Northants Programme was established in 2021 and focuses on communities at risk of worst health outcomes and life expectancy, specifically sex workers, gypsy romany travellers and canal boaters in the areas of Blackthorn, Kings Heath, St Davids, Southbrook, Semilong, Briar Hill and Lings.
- The programme aligns with the West Northants JHWBS principles
 1. Prevention as a priority
 2. Tackling health and wellbeing inequalities
 3. The importance of “place” and delivery through our Local Area partnerships
 4. An evidenced based community insight approach
 5. Co-production
- The team have worked directly with sex workers to understand the health issues this community face, which has fed into the community profile contained within the Sex Workers Needs Assessment. A harm reduction pack has been developed, there is also

a late night drop in support service providing advice on a range of services such as money and debt advice, housing etc.

- All areas of focus for the programme were identified based on IMD data and inequalities.
- Kings Heath is one of the most deprived neighbourhoods in West Northamptonshire, with a range of poor outcomes across health and wellbeing.
 - There are 9,100 residents in the Kings Heath and Spencer Ward, with 30% of people born outside the UK, with a large mix of diversity and a large Polish community.
 - 34% of over 16-year-olds are economically inactive, of those, 73% of people have never worked or been out of work for 12+ months.
 - 29% of people live alone.
 - 40% own/mortgage on home, 40% social rented and 17% private rental.
 - Child poverty and income deprivation facing children is significantly worse at 30% than the England average of 15%. Children have a prevalence of being overweight and obesity measured from reception and increasing with age.
 - 28% of all residents have no qualifications.
 - There is a larger proportion of young people and a lower proportion of older people compared to West Northants population. 26% of the population are 15 and under, only 8% of the population are over 65.
 - 17% of residents are classed as disabled.
- The Well Northants Programme has worked with Kings Heath residents since April 2022, supporting and engaging with the community to understand what the community needs are, and what assets can be built upon in the local area. The following priorities were identified by the community:
 - Ownership and access to buildings, community spaces and shop units. There is currently no community space available in Kings Heath.
 - Maintenance and use of public spaces and natural environment.
 - Feelings of isolation and disconnection.
 - Sustainability of funding and commitment to change good relationship with partners working in the community.
- There is a Well Northants Community Grant available, providing investment in a range of projects, all linked to the local priorities and voted for by the local community using a participatory budgeting approach.
- The Well Northants Programme is also supporting additional projects in the Kings Heath area:
 - Safer Streets investment through the Community Safety Partnership:
 - ❖ 3 CCTV upgrades and BT line rental in the area outside the GP Surgery via 'Safer Streets Lite'
 - ❖ Upgrades to the CCTV cameras in the car park by the GP surgery and by the entrance of the square
 - ❖ Clearance in alley ways and cut throughs around Nene way and South Oval to open line of sight in darker areas.
 - Local housing provider investment (Northampton Partnership Homes):
 - ❖ Anti-climb paint being put on low level flat balconies where break ins occur.
 - ❖ New doors, a lock replacement programme implemented.
 - ❖ Broken gates on flats have been replaced.
- Upcoming projects for Kings Heath are:
 - Full regeneration of Park Square.
 - Calendar of events and a list of drop-in services in the area including Police, GP, Toy Library, Family Support Services, Northampton Partnership Homes, is being produced.
 - Arts Research Project with the University of Northampton: an opportunity to bid for funding for Art Projects following the initial research project.
 - Working with the ICB for a new community diagnostic centre planned as an extension to Kings Heath medical centre.

- Annual community fun day established.
- A contextual safeguarding review with both schools in the area to be completed in the coming months.
- Investment of capital funding for an Old Sure Start Centre to be used as a community hub.
- Sport England place-based funding to be invested, working with Nsport and partners to develop bid.

The Public Health Specialist advised evaluation of the Well Northants Programme is being completed by the University of Northampton, using qualitative and quantitative data.

Feedback from the evaluation is that:

- People who are engaged and involved in Well Northants feel valued.
- There are more groups and organisations working and delivering services in target neighbourhoods.
- Neighbourhood based organisations are developing as community anchors.
- There are increased opportunities for volunteering and social action.
- Improved environmental conditions eg. safer and cleaner streets.
- Increased social connections.
- More colleagues and partners are using Well Northants approach – appreciative enquiry, asset building, building relationships and partnerships, connecting and empowering people.
- Partners across the ICS use insights gathered, improving understanding of the needs of communities to inform policy and practice.

The Board discussed the update the following was noted:

- Volunteers need support to help facilitate social action, there is a leadership programme to enable upskilling of these volunteer groups to facilitate this.
- The Communities Team has undertaken asset mapping which has identified some investment might be needed in existing assets. GP practices and schools could be ideal venues to be used as community assets.

RESOLVED that the Board noted the update

32/24d Armed Forces Covenant

The Project Executive Support Officer and Define Medical Welfare Officer gave an overview of the West Northamptonshire Armed Forces Covenant and highlighted the following:

- Armed Forces community encompasses current and former service personnel as well as their families. More specifically, it includes the following groups:
 - Members of the Regular and Reserve forces of the Royal Navy/Royal Marines, British Army and the Royal Air Force
 - Former members of these services (Veterans)
 - Members of British overseas territory forces who are subject to service law (such as the Gurkhas)
 - Merchant Mariners who participated in a recognised military operation (such as the Falklands conflict or anti-piracy operations)
 - Family members such as spouses/civil partners, partners in a long-term relationship, former partners, bereaved partners and dependent children of the above categories.
- The Armed Forces Covenant is a voluntary pledge and promise by the nation that the Armed Forces community should be treated fairly and face no disadvantage when accessing public and private services, with special provision made in appropriate cases for those who have sacrificed the most, such as the injured or bereaved.
- The Armed Forces Act 2021 introduced a separate Armed Forces Covenant duty that applies to specified public bodies, where there is a legal obligation when exercising

relevant functions in the areas of healthcare, housing and education to have due regard to the three principles of the Armed Forces Covenant:

- The unique obligations of, and sacrifices made by, the armed forces;
- The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces;
- The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.
- Things to consider when implementing the Covenant Duty are:
 - Rank structure and differences between units will affect how people transition out of the Service and into civilian life.
 - The Armed Forces community will not always voluntarily tell you that they are linked to the military.
 - Everybody will have had a different experience of life in the Service, and the needs of each individual may vary greatly.
 - Capacity vs. Capability – during their service they might not have the capacity to complete forms etc.
 - Service terminology vs. Civilian terminology – need to consider this.
- Statutory services are not used fully to provide support for the armed forces, which creates additional pressure for the voluntary and charitable sector.
- The following services are commissioned by NHS England:
 - Op Courage is for anyone where serving in the armed forces has impacted their mental health, specialising in PTSD. Statutory services can refer people into this.
 - Op Restore for anyone who has physical injuries because of service, but this has to be GP referral. Discussions are taking place to see if consultants could also refer.
 - Op Nova is for those who have left the armed forces, but are in the criminal justice system, providing support to help them rehabilitate into civilian life.
 - Op community and fortitude are not available in all areas of the country. This is a single point of contact with a care navigation and signposting model.
- The Defence Medical Welfare Service (DMWS) was established 81 years ago, after WW2. “...an independent charity providing medical welfare to those who have, and continue to, operate on the frontline”.
- DMWS Welfare Officers are stationed in 47 hospitals across the country. These officers provide a wide range of support for individuals such as early help assessments, mental health support, liaising with and supporting families, ensuring support and services are in place upon hospital discharge.
- Those who have served in the Armed forces have specific needs, and it would be beneficial to have this reflected in the LYBL ‘Connected to family and friends’ delivery plan.
- The Northamptonshire Armed Forces Covenant Partnership Board meet on a quarterly basis, with members from a range of statutory, voluntary and community sector organisations.

The Board noted that the Helmdon and Brackley Food Larders provide support for veterans by signposting to other services for support.

RESOLVED that the Board:

- **Agreed for a Veteran Lead to become a representative of the Board.**
- **Agreed for the Leicestershire and Rutland (LLR) ICB model of best practice to be circulated to Board members.**

33/24 Voluntary Sector Spotlight: Deanshanger Good Neighbour Project

Cllr Thompson provided an overview of the Deanshanger Good Neighbour Scheme and highlighted the following:

- Good Neighbours schemes are run across the country and are set up by local people to help neighbours maintain a good quality of life. Each good neighbours group is self-supporting, offering a varying range of services depending on local need.
- During COVID19 Deanshanger set up a volunteering network with over 100 volunteers, with continued support needed post COVID19.
- Deanshanger Good Neighbours Scheme offers the following services:
 - Volunteer support project, providing 1:1 support for residents.
 - Community Engagement with community partners to deliver free, open to all village events.
 - Community Cohesion and Improvement, bringing together partners to share ideas, hosting regular network meetings, as well as promoting events and activities, ensuring all residents are informed and feel welcome to attend.
 - Advocate for village improvements – fundraising to provide a Youth Café for teenagers, free summer activities for children and promoting a Volunteer Driver Service when last bus service ended March 2024.
- Deanshanger Good Neighbours coordinated the Deanshanger Warm Spaces in 2022-3 and is now a WNC Welcoming Spaces Partner. Deanshanger Man's Club is also a Welcoming Space Partner.
- Being a Welcoming Space partner provides being part of a formal and supported network, to share ideas and draw down resources, with a brand that is recognised and trusted.
- Deanshanger is part of the Chatty Café scheme which is a national not for profit organisation tackling loneliness by providing face-to-face meet ups to chat.

The Board discussed the update and the following was noted:

- There is an issue where those living in rural areas in the south of the county having to access services outside of West Northamptonshire. Towcester Area Door to Door (TADD) Service does not currently have capacity to provide additional community transport.
- Volunteers are needed to undertake the community work, consideration is needed on how they can be supported support and have consistent training, as well as more creative ways to access with funding to support the small groups working in community areas.
- Best practice should be reviewed and replicated across West Northamptonshire.
- It would be good to harness social entrepreneurs, providing them with resources to help work with communities to reduce social isolation.

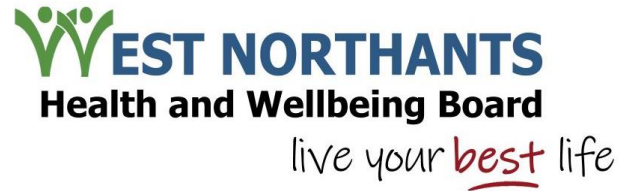
RESOLVED that the Board noted the update.

34/24 Any Other Business

RESOLVED that the Board:

- **Noted the progress in developing the West Northamptonshire Active Lives Strategy.**
- **Endorsed publication of the Sexual Health Needs Assessment.**

There being no further business the meeting closed at 12.30 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
140524/02	A Veteran Lead to become a representative of the Board	Leanne Wightman		
Actions completed since the 14th May 2024				
Action No	Action Point	Allocated to	Progress	Status of Action
260324/03	A workshop will be organised to review the iCAN Business Case and how this aligns with the BCF, for feedback at a future meeting.	Ashley LeDuc/ Michael Hurt	This will included as part of the 2025 Refresh.	Closed
140524/01	Early Help assessments to be added as a metric to the scorecards	Sally Burns	This has been passed to Richard Corless to look at appropriate data sets.	Completed.
140524/03	Leicestershire and Rutland (LLR) ICB model of best practice to be circulated to Board members	Cheryl Bird	Circulated to the Board	Completed.