



**West
Northamptonshire
Council**

WEST NORTHAMPTONSHIRE HEALTH & WELLBEING BOARD

Minutes of the meeting held on 24th June 2021 at 11.30 am

Venue: Council Chamber, Guildhall

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Councillor Fiona Baker	Cabinet Member for Childrens, Families, Education and Skills, West Northamptonshire Council
Lisa Bryan	Prevention, Safeguarding and Partnerships Manager, Northamptonshire Fire and Rescue
Alan Burns	Chair, KGH and NGH Group
Martin Claydon	East Midlands Ambulance Trust
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster Joined the meeting at 12.00 pm	Chief Executive, Northamptonshire Children's Trust
Cathi Hadley Joined the meeting at 12.00 pm	Joint Director of Childrens Services, North and West Northamptonshire Councils
Stuart Lackenby	Executive Director for Adults, Communities and Wellbeing, West Northamptonshire Council
Cllr Jonathan Nunn	Leader, West Northamptonshire Council
Professor Will Pope	Chair, Northamptonshire Healthwatch
Russell Rolph	Chief Executive, Voluntary Impact Northamptonshire
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Colin Smith	Local Medical Committee
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health, North and West Northamptonshire Councils
David Williams	Executive Director of Business Development, Northamptonshire Healthcare Foundation Trust

Also Present

Cheryl Bird, Health and Wellbeing Board Business Manager
Katie Brown, Assistant Director Safeguarding and Wellbeing Services, West Northamptonshire Council
Deborah Mbofana, Public Health Practitioner, Public Health Northamptonshire
Chris Stopford, Private Sector Housing Manager, West Northamptonshire Council

And no members of the public

01/21 Apologies

Anna Earnshaw, Chief Executive, West Northamptonshire Council
Mike Naylor, Director of Finance, East Midlands Ambulance Service
Oliver Newbold, NHS England
Nick Petford, Vice Chancellor, University of Northampton
Crishni Waring, Northamptonshire Healthcare Foundation Trust
Alysha Vaghela, Public Health Administrator, Public Health Northamptonshire

02/21 Notification of requests from members of the public to address the meeting

None received.

03/21 Declaration of members' interests

None received.

04/21 Chairman's Announcements

The Chair asked the Statutory Board members to formally co-opt representatives from the following organisations as members to the Board:

- Leader, West Northamptonshire Council
- Cabinet member for Childrens, Families, Education and Skills, West Northamptonshire Council.
- Chief Executive, West Northamptonshire Council
- University Hospitals of Northamptonshire NHS Group
- Northamptonshire Health & Care Partnership
- Northamptonshire Children's Trust
- Northamptonshire Fire & Rescue
- East Midlands Ambulance Service
- NHS England
- University of Northampton
- Northamptonshire Police
- Local Medical Committee
- Voluntary Impact Northamptonshire
- Office of Fire, Police and Crime Commissioner

The Chair thanked Professor Nick Petford for his role in chairing the previous countywide Northamptonshire Health and Wellbeing Board.

The Chair acknowledged there is much work to be completed as a system and as a group of partners, to ensure development of the Integrated Care System (ICS) in Northamptonshire will bring benefits to local residents and partners across the county. Helping communities to support themselves and enable people to remain well and independent for as long as possible and this Board is ideally placed to be accountable and to accept challenge.

RESOLVED that:

Representatives from the following organisations are co-opted to membership of the Board:

- **Leader, West Northamptonshire Council**
- **Cabinet member for Childrens, families, education and skills, West Northamptonshire Council.**
- **Chief Executive, West Northamptonshire Council**
- **University Hospitals of Northamptonshire NHS Group**
- **Northamptonshire Health & Care Partnership**
- **Northamptonshire Children's Trust**
- **Northamptonshire Fire & Rescue**
- **East Midlands Ambulance Service**
- **NHS England**
- **University of Northampton**
- **Northamptonshire Police**
- **Local Medical Committee**
- **Voluntary Impact Northamptonshire**

05/21 West Northamptonshire Health and Wellbeing Board Draft Terms of Reference

The Chair advised Terms of Reference (ToR) (copies of which had been previously circulated) has been drafted for the West Northamptonshire Health and Wellbeing Board with the purpose of setting the future direction of the Board and ensuring the Board remained compliant with its statutory functions. As a S102 Committee of West Northamptonshire Council it should follow the Health and Wellbeing Board Terms of Reference included in West Northamptonshire Council's Constitution.

The Board reviewed the ToR and the following was noted:

- The statement 'Initiating and encouraging the integrated delivery of health, social care and other services with health and wellbeing related responsibilities' needs to be strengthened, to make ourselves accountable and challenge ourselves moving forward with development of the statutory ICS.
- The inclusion of the reference to the ICS and the need to review terms of reference on a regular basis was welcomed.
- It would be beneficial to have a representative from the Primary Care Networks sit on the Board as general practice is a vital part of how the health and care system operates.

- As the legalisation relating to development of a local ICS becomes clearer at a Place level, discussions will need to take place with partners involved in wider wellbeing services such as housing. These partners can play a substantive role within the Board and connect to the wider Place issues that have traditionally sat outside of health and social care.
- Although the ToR detail a process for identifying a vice chair, discussions have concluded that it would be prudent to see how this Board will be shaped in the future context of the ICS before appointing a Vice Chair.

RESOLVED that:

- a) **Primary Care Network representative be invited to join the Board.**
- b) **The Board agreed for amendments to the draft Terms of Reference be circulated to Board members for virtual approval before being submitted for final approval at Full Council.**

06/21 North Northamptonshire Pharmaceutical Needs Assessment

At the Chair's invitation, Public Health Practitioner, Deborah Mbofana introduced the West Northamptonshire Pharmaceutical Needs Assessment (PNA) highlighting the following:

- Charlotte Goodson was commissioned to complete the West Northamptonshire PNA by Public Health Northamptonshire, supported by Deborah Mbofana and Anne Hartley.
- Deborah Mbofana chaired the Project Advisory Group (PAG) which consisted of a wide range of members from across NHS organisations, Northamptonshire County Council, Public Health Northamptonshire, Healthwatch Northamptonshire, Local Medical Committee and Local Pharmacy Committee. The PAG met three times over the past eighteen months to start the process of developing a separate PNA for the West and North of the county.
- It is a statutory responsibility of Health and Wellbeing Boards to oversee the production and publication of a PNA for their area every three years.
- The PNA considers the pharmaceutical needs for the local area over the next three years, including needs in the community, current provision, access to services, the impact of population growth and proposed development in terms of housing roads and infrastructure.
- The information contained within the PNA is currently used by NHS England and NHS Improvement to commission services within the local area. From April 2022 commissioning for pharmacies, ophthalmology and dentistry will be the responsibility of the ICS.
- Pharmacies are pivotal in the health and wellbeing pathway and should be the first port of call for issues, advice and guidance relating to health, as well as already providing services such as dispensing, medicines management, and prevention services.
- The COVID pandemic has shown the importance of pharmacies and demonstrated their flexibility in offering services, with the increased use of electronic prescriptions and virtual offers.
- In West Northamptonshire there are:
 - 64 pharmacies,
 - 3 with dispensing appliance contractors,

- 13 out of the 38 GPs dispense to eligible patients,
- 2 are online only pharmacies,
- 7 pharmacies offering services 100+ hours,
- 4 other pharmacies are open 7 days a week.
- Pharmacies offer essential services as well as advanced and enhanced services relevant to particular areas.
- The conclusion from the PNA is that there is good access to pharmaceutical services for the local population even in the rural areas, particularly with the growth in electronic prescriptions. Most of the population in West Northamptonshire have access to a pharmacy within a 20 minute drive or 30 minute walk.
- It was felt there are sufficient services for the predicted 53,000 population growth that will take place in the county over the next three years. A large number of those who responded to the survey felt they had the capacity or could make adaptations to cope with the predicted growth.
- There were no services identifying as needing improvement or for no new services to be implemented once COVID19 restrictions are lifted.

The Director of Public Health thanked the PAG and Charlotte Goodson for all their hard work on producing the PNA, and added this assessment provides a huge amount of intelligence and insight into pharmaceutical provision within West Northamptonshire. This is particularly important following creation of the new unitary councils and will provide a key insight when commissioning of these services transfer over to the ICS from April 2022. Although service needs are currently well met, the Director of Public Health would like to develop community pharmacies further to deliver Public Health prevention services in the community.

Members of the Board discussed the PNA and the following was noted:

- The Board recognised the impact community pharmacies have had during the COVID19 pandemic, along with local authorities, voluntary sector and primary care, particularly in aiding to support and protect the shielded population.
- 52 of the respondents to the survey were in the shielded cohort and responded positively, including comments about flexibility and strong support.
- Community pharmacies are a vital part of the health and wellbeing plan to enable communities to have access to health advice, helping to relieve pressure on general practice and improve access to health and wellbeing services.
- Community pharmacies are making a big contribution in helping with the COVID19 vaccination programme, particularly playing an increasingly supportive role in recent months and are likely to have a bigger contribution over the next year.
- When questions were formulated for the survey they ensured specific questions around the COVID Pandemic were included to provide the opportunity to ask people how they were using pharmacies and whether they were happy with the service.
- A concern was raised that there were only 300 responses to the public consultation. Deborah Mahon acknowledged the sample is small which could be partly down to COVID19, but there is a need to consider about how to engage more proactively with communities.

RESOLVED that:

- a) **Deborah Mbofana will ask Charlotte Goodson for breakdown on postcode areas for the responses from the PNA survey, for circulation to Naomi Eisenstadt.**
- b) **The Board approved publication of the first West Northamptonshire Health and Wellbeing Board Pharmaceutical Needs Assessment.**

07/21 Director of Public Health Annual Report

The Chair informed the meeting that Directors of Public Health across the county had a duty to produce an annual report and it was a statutory duty of Health and Wellbeing Boards to oversee publication of the report. He then invited Director of Public Health, Lucy Wightman to provide a verbal update on the progress of the report for 2020/2021.

The Director of Public Health advised that due to the Public Health Northamptonshire being crucial in directing the county's response to the COVID19 pandemic, capacity within the team for business as usual has been severely reduced, resulting in a delay in production of the Directors of Public Health Annual Report for 2020/2021. The Director of Public Health asked the Board for virtual approval to publish the report in July and to bring the report for more formal scrutiny at the Board next meeting in September.

RESOLVED that: the Board agreed to virtual approval of the Directors of Public Health Annual Report 2020/2021 before being brought back to the next meeting.

08/21 Disabled Facilities End of Year Report 2020/2021

At the Chair's invitation Chris Stopford, Private Sector Housing Manager introduced the Disabled Facilities Grant (DFG) end of year report 2020/2021 and highlighted the following:

- Mr Stopford thanked colleagues from the previous Daventry and South Northamptonshire councils in helping to compile this report detailing the DFG spend in West Northamptonshire from April 2020 March 2021.
- Disabled Facility Grants (DFGs) are mandatory grants that Local Councils are required to provide to disabled children and adults to enable them to remain in their own homes and prevent admission to hospital and residential care.
- During 2020/2021 the DFG service has been heavily impacted by COVID19, but managed to mitigate the effects and continue to deliver DFGs. The main issues have been:
 - During the first lockdown the construction industry initially almost came to a complete halt until the Government clarified how the industry could continue to work with COVID19 secure practices in place.
 - Supply issues for contractors, with many suppliers unable to open during the first lockdown.
 - Householders' reticence to have work done / people coming into their homes, as the client base is essentially people more vulnerable to COVID19 and part of the shielded population.
 - Vulnerable council employees who were unable to go into clients' homes.

- COVID19 outbreaks for contractors, causing delaying in works and tenders.
- In response to the challenge imposed by the COVID19 pandemic, the housing team are working with the construction trade who have been unable to source materials to assist getting supplies delivered.
- Discussions are also taking place those clients who are still uneasy about having trades people in the house, to draw reassurance of the benefits of having adaptations completed outweighing the risk of being infected with COVID19.
- Having adaptations in place at home can really improve a person's quality of life at home.
- If all COVID19 restrictions are lifted on the 19th July this will enable the backlog of works to be completed.
- DFG clients on the waiting list are allocated a case manager and contacted on a monthly to six weekly basis to see if anything about the grant application has changed or whether the adaptation is still required.
- There was approximately £1 million underspend from the DFG budget 2020/2021 across West Northamptonshire, this underspend is protected and will roll forward into the 2021/2022 allocation.
- Legalisation states a grant approval lasts 6 months, but West Northamptonshire Council are using a discretion, where there is good reason for delay of works being completed the six month limit on approved grants will not be imposed.
- During 2020/2021 there were 120 completed jobs and 242 approved cases, of these 242 cases 150 are currently on hold.
- Since April 2021 £640k of grant work has already been committed, and work is underway to procure more contractors who will be able to deliver more grant work.
- The DFG budget allocated to West Northamptonshire Council for 2021/2022 is ring fenced, which will provide some scope to move funding around the unitary footprint.
- In April 2021 the West Northamptonshire Home Assistance policy was published which includes a new range of discretionary grants to focus on different and emerging needs in our community. This includes a fast track grant for palliative care, working closely with the two new hospices in the area to get people home if they wish when approaching their end of life.
- Discretionary grants were brought in last year due to COVID19 to get people returning home from hospital as quickly as possible, enabling people to be cared for with community support rather than having acute medical support.
- The maximum statutory grant allowance is up to £30k, but West Northamptonshire now have a discretionary grant of up to £45k.

Following questions from the Board Mr Stopford added:

- There is a small backlog of clients awaiting assessments, and work is taking place across the three sovereign councils to address this backlog. Once the assessments have been completed they are then prioritised to critical, urgent and standard.
- Currently there is no backlog for critical or urgent, as far as approval of the grant, but there is a backlog due to clients not wanting contractors to carry out work in their homes. Work takes place with clients who are defined as critical to explain

and assure that having COVID19 safe tradespeople in the house outweighs the risk to potential infection from COVID19.

- It is currently unknown what the latent demand for DFG will be once COVID19 restrictions are lifted. The numbers of incoming DFG calls are being managed and monitored, with the aim to have no DFG backlog in 2022/2023.
- The Executive Director for Adults, Communities and Wellbeing highlighted the same level of DFGs were not completed during 2020/2021 as is in previous years. The number of permanent admissions to care home has significantly reduced and over the next twelve months it is going to be about how to resource the team, to build capacity within DFGs to embrace the shift where fewer people will be admitted to care home settings, instead will remain in their own homes.

RESOLVED that:

- a) An DFG update paper will be brought to the Board meeting in December to show the process being made.**
- b) The Board noted the Disabled Facilities Grant spend for 2020/2021.**

09/21 Better Care Fund quarter 4 Update 2020/2021

At the Chairman's invitation, Katie Brown, Assistant Director Safeguarding and Wellbeing Services, introduced the Better Care Fund Quarter 4 Update 2020/2021 highlighting the following:

- This report provides information of the performance during quarter 4 of the BCF plan 2020/2021 against the four national metrics:
 - Reducing non-elective admissions to hospital
 - Reducing admissions to residential care and care homes;
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital into enablement/rehabilitation services; and
 - Reducing delayed transfers of care.
- It was noteworthy that these four metrics are related to supporting people to remain independent at home for as long as possible or following a hospital stay were supported to be able to return home.
- Due to the COVID19 there was no national requirement to formulate a local BCF plan for 2020/2021, to ensure efforts continued to focus on response to the pandemic. It was therefore agreed in the absence of any national guidance and given the strategic direction, plans and successes in 2019-2020, to maintain all the schemes that operated in the previous year's plan with no changes.
- There has been a 20% reduction in non-elective admissions which is a positive trend linked mainly to the COVID19 Pandemic.
- A positive trend could be seen in the reduction of permanent admissions to residential or nursing care. A significant amount of work across the system had been undertaken to ensure the primary option is for people to return home following a hospital stay or to remain in their own homes for as long as possible. This reduction is partly due to the National Discharge Guidance, using discharge to assess on upon returning home and the changes implemented in Adult Social Services Target Operating Model.
- A slight deterioration could be seen in the figures relating to those over 65 remaining home 91 days after discharge from hospital than in the previous quarter 3. One reason is a new case management system was introduced in West Northamptonshire Council at the end of Q3 and there is a need to re-clarify

the data. Another reason was the increase of acuity in patients being referred to and supported by the re-ablement team, which saw a correlation with the amount of people that still at home 91 days with the greater complexity of people being supported at home.

- Since March 2020 there is no longer a national requirement to publish data on delay transfers of care, there are currently different measures in place about how patients are discharged.
- Discussions are underway about how future BCF plans can underpin the ICS with both unitary councils and NHS Northamptonshire Clinical Commissioning Group.
- The BCF is currently being hosted by North Northamptonshire, covering the whole of the county.
- There will be more regional clarification is about what the expectations are in terms of publication and schemes for 2021/2022 BCF plan.

RESOLVED that:

- a) A progress update on the BCF schemes and clarity on the 2021/2022 plan will be brought to the next Board meeting.**
- b) the Board noted the BCF quarter 4 update.**

10/21 COVID19 update

At the Chairman's invitation Lucy Wightman, the Director of Public Health, provided the following update on the county's response to the COVID19 Pandemic:

- There continues to be an increase in positive case rates, but the rate of increase appears to be slowing.
- The England case rate is 98.4 per 100000 population, an 35.2% increase in the last seven days.
- The East Midlands case rate is 67.5 per 100000 population.
- West Northamptonshire case rate 55.3 per 100000 population, where the North is 34.5 per 100000 population, both of these are on an upward trajectory.
- Transmission of the virus is still broadly by community transmission.
- Northampton has the top case rate in the county of 53.4 per 100000 population, followed by East Northants at 52.9 per 100000 population. Kettering has the lowest case rate in the county of 20.6 per 100000 population.
- Work is taking place to try to increase uptake of vaccination in the lower age groups, including work on ethnic disparities as well as geographic differences.
- There have been no COVID19 deaths in the county for the past eight weeks, with a small increase in the number of hospitalisations, but very few needing intensive care support.
- The age groups with the highest rate of positivity is 10-19 years and 20-29 years, there are lower rates of positivity in the older age groups due to vaccination programme starting to have an impact.
- The national policy for testing is changing, a press release will be completed and new information will be updated on all the public websites in the county.

The Board discussed the update and the following comments were noted:

- There has been a push by central Government in the past few weeks for mandatory vaccination of care workers who work in care homes. A further consultation document is expected to be released next week and it does appear

there is a clear intention for the Government to take this forward. There will be a 16 week opportunity in order to support as many care workers as possible to become vaccinated. This proposal is more far reaching than just care workers it would also include social care staff and occupational therapists who have to visit care homes, as well as contractors who have to go into care homes to manage the property elements.

- The Board recognised all the different partners and venues involved in administering the vaccination programme. The communications teams across all health and care sector partners have been working collaboratively to ensure messages are being received by different age groups, in a variety of languages and media formats. One message currently being circulated to younger age groups is the importance of getting vaccinated to avoid long COVID19.
- There has been an excellent response from partners across the county working together in the county's response to COVID19, including communities and the voluntary sector. Along with the local government reform which took place in Northamptonshire, the county's response to the pandemic has paved the way for the continuation of integrated and collaborative working with partners across the county.

RESOLVED that: the Board noted the update on the county's response to the COVID Pandemic.

11/21 Northamptonshire Health and Wellbeing Annual Report 2020/2021

At the Chairman's invitation the Director of Health and Wellbeing, Lucy Wightman provided an update summarising the work overseen by the previous Northamptonshire Health and Wellbeing Board, during April 2020/March 2021. The Health and Wellbeing Board Business Manager was thanked for her work in difficult circumstances.

The Health and Wellbeing Board Business Manager stated the report included sections describing information on the Board's statutory duties and initiatives overseen by the Board's three sub groups. It also included some of the initiatives overseen by the Health and Wellbeing Forums.

The Chair thanked Professor Petford for his report and his work in Chairing the previous countywide Board.

RESOLVED that:

- a) The Chair will meet with the Health and Wellbeing Business Manager to discuss the sub groups and how they can be empowered to add value to what this Board wants to achieve.**
- b) The Board are noted the work of the previous countywide Northamptonshire Health and Wellbeing Board during 2020/2021.**

12/21 Integrated Care System Update

At the Chairman's invitation, the Chair of the Northamptonshire Health and Care Partnership provided a verbal update on the Integrated Care System (ICS) and highlighted the following:

- In February 2020 the Government announced ICS's would become statutory in April 2022 and would undertake some of the functions currently performed by Clinical Commissioning Groups and commissioning undertaken by NHS England.
- The aim of an ICS is to provide improved health for everyone, reduce health inequalities, to spend public money well and contribute to the wider social and economic benefits of the community made by the NHS and local government.
- The NHS can make you better, but it cannot make you well and a lot of work takes place to improve the wellbeing of the local population within local authorities.
- The first quarter of 2021 was spent working on the structure and operating model of the ICS to ensure there is a better share of power between local government and the NHS.
- An ICS is not just about closer working between the NHS and local government but a more collaborative arrangement between the key partners, including the acutes, community services, primary care and clinical commissioning groups.
- Work is taking place on an outcomes framework, and there are four key priorities for Northamptonshire being taken forward:
 - Children and young people,
 - mental health,
 - elective care
 - iCAN.
- The second phase of ICS development is to move towards a shadow ICS Board, whilst still delivering the Clinical Commissioning Group responsibilities.
- There was a need to understand the complexities within the NHS to ensure the NHS works more collaboratively with Local Government particularly in social care.

Toby Sanders, Chief Executive of the NHS Northamptonshire Clinical Commissioning Group stated the following:

- All the partners on this Board have been involved in the first phase of the developing the Northamptonshire ICS.
- The national policy agenda is around the integration of the NHS within itself, that isn't focused on competition and procurement contracts.
- Integration of services with local authorities, as well as wider partners and agencies across the county and unitary footprints will make a difference to outcomes for the population.
- The four priority areas will build collaboratives to bring together different partners in a more tangible way, with devolving budgets, resourcing in a more connective way to enable front line clinical, professional and operational teams to carry on work for their service users and the local population.

- Discussions are taking place about the role of Health and Wellbeing Boards and joint commissioning at a Place level. This would include more appointed joint roles and joint teams managing programmes such as the BCF, interface with care homes, residential sector and continuing healthcare.
- The national legalisation currently going through Parliament makes reference to an ICS statutory body, and an ICS Health and Care Partnership function which will bring together the two Health and Wellbeing Boards in the county and the NHS to look at the outcomes framework and an integrated structure for the county.
- A slide deck will be signed off on the 25th June and be to distributed to partners to support some of the internal discussions that have taken place.
- By September a process will be underway nationally and regionally for appointing or identifying designated chairs for ICS systems, following this there will be a process for identifying designated Chief Executives.

The Board discussed the update and the following was noted:

- The approaches being taken forward will look to establish a better balance on how to prioritise future interventions for service users.
- The operating model is can be difficult to conceptualise if not from a health and social care background. It would be good to have some case studies on what this means in practical terms for residents.
- Children and young people have been asked what the changes feel like for them and work is taking place on to pulling together the context on what they are saying to help identify the outcomes and priorities needed, and how performance can be measured against them.
- Co-production within the four priority workstreams is key. Co-production in the mental health workstream is well embedded, and other workstreams could use this a best practice.
- Northamptonshire carers have been fantastic in ensuring that carers voices are heard within those workstreams, enabling local residents to get a sense of how services will be different and they how they will access the care they need.

RESOLVED that:

- a) **A report will be brought to the next meeting to describe the resource and management needed for transition work over the next few months, including n ICS roadmap.**
- b) **the Board noted the verbal update on the Integrated Care System Update.**

There being no further business the meeting closed at 1.26 pm.