



**West
Northamptonshire
Council**

**WEST NORTHAMPTONSHIRE HEALTH & WELLBEING BOARD
Minutes of the meeting held on 30th September 2021 at 2.00 pm
Venue: Council Chamber, The Forum, Towcester, South Northants**

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
Dr Jonathan Cox	Chair, Northamptonshire Local Medical Committee
Eileen Doyle	ICS Transition Director, Northamptonshire Health and Care Partnership
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Jemma Jackson	PCN Integration Manager/Support and Development Lead
Michael Jones	Divisional Director, East Midlands Ambulance Service
Stuart Lackenby	Executive Director for Adults, Communities and Wellbeing, West Northamptonshire Council
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
Professor Will Pope – viewed via Northamptonshire Democracy YouTube Channel	Chair, Northamptonshire Healthwatch
Cllr Bob Purser	West Northamptonshire Council
Cllr David Smith	West Northamptonshire Council
Dr Jo Watt	Chair, NHS Northamptonshire Clinical Commissioning Group
Lucy Wightman	Joint Director of Public Health, North and West Northamptonshire Councils

Also, Present

Sadie Beihson, Population Health Programme Project Manager
Cheryl Bird, Health and Wellbeing boards, Business Manager
Alysha Vaghela, Public Health Administrator, Public Health Northamptonshire

And no members of the public were in attendance.

13/21 Apologies

Neelam Aggarwal
Alan Burns, Chair
Cath Hadley, Director of Childrens Services, North and West Northamptonshire Councils
Anna Earnshaw, Chief Executive, West Northamptonshire Council
Shaun Hallam,
Mike Naylor, Director of Finance, East Midlands Ambulance Service
Oliver Newbold, NHS England
Cllr Jonathan Nunn, Leader, West Northamptonshire Council
Nick Petford, Vice Chancellor, University of Northampton
Russell Rolph, Chief Executive, Voluntary Impact Northamptonshire
Toby Sanders, Chief Executive, NHS Northamptonshire Clinical Commissioning Group
ACC Pauline Sturman, Northamptonshire Police
Crishni Waring, Northamptonshire Healthcare Foundation Trust

14/21 Notification of requests from members of the public to address the meeting

None received.

15/21 Declaration of members' interests

None received.

16/21 Board membership

Following discussions at the previous Board meeting and outside the meeting, the Chair asked the Board to formally co-opt the following representatives as members to the Board:

- Cllr Bob Purser – Labour Group representative, West Northamptonshire Council
- Neelam Aggarwal – BAME representative
- Primary Care Network – Jemma Jackson attended this meeting on behalf of the Clinical Director.

RESOLVED that:

The following representatives are co-opted to membership of the Board:

- **Cllr Bob Purser – Labour Group representative, West Northamptonshire Council**
- **Neelam Aggarwal – BAME representative**
- **Primary Care Network – Jemma Jackson attended this meeting on behalf of the Clinical Director**

17/21 Minutes from the previous meeting 24th June 2021

RESOLVED that: minutes from the previous meeting held on the 24th June were agreed as an accurate record.

18/21 Action Log

The Chair reviewed the actions from the previous meeting held on the 24th June 2021:

- Primary Care Network representative be invited to join the Board. **Completed.**
- Deborah Mbofana will ask Charlotte Goodson for breakdown on postcode areas for the responses from the PNA survey, for circulation to Naomi Eisenstadt. **Completed. This information has been forwarded to Naomi Eisenstadt.**
- Cllr Golby to meet with Cheryl Bird to discuss the sub groups and how they can be empowered to add value to what the Board wants to achieve. **Completed. This was discussed during a meeting on the 19th August and will be discussed further once development of the ICS has progressed.**
- An DFG update paper will be brought to the Board meeting in December to show the process being made. **Ongoing. The aim is for a paper to be brought to the next meeting in December.**
- A progress update on the BCF schemes and clarity on the 2021/2022 plan will be brought to the next Board meeting. **Completed. This is an agenda item and will be discussed later in the meeting.**
- 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 the ICS roadmap. **Completed. Naomi will discuss later in the meeting.**

RESOLVED that: the Board noted the update on the actions from the previous meeting.

19/21 Better Care Fund

The Deputy Chief Executive provided an overview of the Better Care Fund (BCF) for 2021/2022 and highlighted the following:

- The BCF has traditionally being performance managed around a set of indicators on delayed transfers of care, the numbers of people placed into residential care, and the effectiveness of reablement. At the start of the COVID19 pandemic performance metrics for delayed transfers of care were stopped.
- Locally the BCF will be a component part of the drive for integration alongside the continued development of the Integrated Care System (ICS) and Integrated Care Partnership.
- The BCF will be used to drive the discussions on pooled budgets and prioritised conversations around what will make a difference to local people.
- One of the key features of the BCF 2021/2022 plan is the inclusion of Integrated Care Across Northamptonshire (iCAN) programme.
- There is a need to consider how to increase integration of services through the community resilience pillar and the flow and grip pillar.
- The schemes contained in the BCF plan are grouped in relation to services and aim to support people in the community with hospital avoidance, support flow through the hospital and services enabling people to lead more independent lives.
- Northamptonshire will continue to have one BCF plan for the whole county during 2021/2022. North Northamptonshire Council are acting as hosts for the Better Care

Fund pooled budget on behalf of both unitary councils which will not diminish the accountability and decision making powers from a West Northamptonshire perspective.

- The BCF consists of three minimum contribution elements:
 - NHS Northamptonshire CCG contributions
 - Disabled facilities grant (DFG)
 - Improving better care fund (iBCF)
- During 2021/2022 work is ongoing to define the full scope of the schemes included in the BCF. As such the report seeks delegation of authority to enable the Chair in consultation with representatives from NHS Northamptonshire CCG, Chair of North Northamptonshire Health and Wellbeing Board, representatives from North and West Northamptonshire councils to agree the formalised BCF structure.
- The Deputy Chief Executive is in regular contact with his equivalent in Oxfordshire to discuss services for people living on the border between Northamptonshire and Oxfordshire. The rural areas of Northamptonshire are a challenge as services are more prevalent urban areas.
- Allocations for the DFG is based on a national formula on local levels deprivation.

The Director of Public Health noted there are huge opportunities to focus on hospital admission avoidance, with a need to actively consider how to reduce inequalities by the work being completed through the BCF. Health inequalities have a big contributory factor in relation to the volumes and complexity of illnesses going into our hospitals.

RESOLVED that: the Board endorsed the following recommendations:

- a) Delegate final approval of the financial plan to the Chair/Deputy Chair in consultation with a nominated representative from Northamptonshire Clinical Commissioning Group and West Northamptonshire Council**
- b) Note that the updated BCF policy statement for 2021/22 is largely similar to prior years and that the narrative plan does not require re-drafting or re-submission**
- c) Note that detailed plans once refreshed will need to be submitted for assurance to NHS England**
- d) Note that West Northamptonshire Council and North Northamptonshire Council are currently undertaking a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals will be presented to the Northamptonshire Clinical Commissioning Group (CCG), prior to sign-off as set out in recommendation 3.1a above**
- e) Note that the mechanism for paying the iCAN delivery partner will be via the BCF pool, however the funding of those payments will need to be matched by corresponding income from constituent partners to pay the delivery partner against agreed milestones.**

20/21 Population Health Update

The Director of Public Health provided an overview of Population Health work taking place in the county and highlighted the following:

- Population health management looks at the causes of poor health, along with health and social care outcomes, then starting to consider as a system how to improve identification of these and engage with communities to better understand how best to address these issues, allocating resources in a fair and equitable way to achieve the same outcome.
- There is a need to use all the insights and intelligence available to better understand our population needs and working with our communities to better understand their needs and develop our ambition as a Health and Wellbeing Board to reduce inequalities in the west of the county.

- There are five key ambitions:
 - Improve the health and wellbeing of the population
 - Enhance the experience of care by working with communities to establish how they want to access care and what type of care.
 - Reduce the per capita cost of health and care services and improve productivity, for if the focus of resources moves into preventative, the cost of healthcare will ultimately reduce.
 - Address health and care inequalities, there is a need to understand what the issues for the local population and distribute resources mostly in the areas of need.
 - Increase the wellbeing and engagement of the workforce by investment in training staff, as a well workforce is needed to deliver some of the service changes required over the coming months.
- A population Health Programme Board has been developed which sits under the ICS Transformation Board and is closely aligned with the Digital Transformation Board.
- A real intelligence software platform is needed to garner quantitative and qualitative data about need and develop strategies to help address the issues identified.
- Task and finish groups and sub committees have been developed to focus on elements that are challenging.

Sadie Beishon briefed the Board on a Population Health Management 22-week programme and highlighted the following:

- The programme will provide an opportunity to develop a local approach and is at the readiness stage by linking primary care, secondary care, community and mental health data to give a holistic view of the population.
- Once governance of the data sets linkages is completed, with support from an external company Optum, will look at how to use this data to identify the population needs and focus on interventions on the wider determinants and causes of a poor health.
- The Board were asked to approve the focus of priority of the 22-week programme to be falls. There is already a focus within the county on falls prevention funded by Public Health, but the aim of this programme will offer an insight into the benefit to the local population from targeted interventions.

The Director of Public Health noted the following:

- Northamptonshire has been an outlier for falls for some time, with the need to have a better pathway for falls prevention through to treatment. Whilst there will be a shift in resource to the preventative area, the reactive service will still be needed.
- Reshaping services towards community based interventions could be applied to reduce avoidance of a fall or provide better health and care outcomes if a person does fall.
- The learning process from this priority will be applied to other future priority areas.
- It is the role of this Board to influence health in all policies in all areas and to be an inequalities champion.
- The current Falls Prevention service is led by Occupational Therapists with a mix of skills levels, now more aligned with adult social services this year. The aim is for this to move into community hub level and with multi-disciplinary response to people's needs.

The Board discussed the 22-week programme, and the following was noted:

- Falls is a prominent feature in hospital admissions, with EMAS usually being called to help get people off the floor, which can lead to some people having a minor fall with no breakages but waiting on the floor for several hours.
- The falls priority links well with the workstreams within iCAN and ensure the population and carers have access to these services.
- Falls prevention is a tangible intervention where the savings can be evidenced during the year.

- There is also a need to consider environment issues, employment and housing as poverty is a key component in health inequalities.
- West Northamptonshire Council have committed to developing an anti-poverty strategy, led by the Deputy Chief Executive.

RESOLVED that:

- a) The Board endorsed using Falls for the 22-week population health management programme.**
- b) The Board will receive updates on the progress of the 22-week programme.**

21/21 COVID19 Update

The Director of Public Health provided an update on the COVID19 response and highlighted the following:

- Positive COVID19 case rates are increasing across the county which was expected following the re-opening of schools in September. Most of these cases were identified as children and their families started to complete lateral flow testing prior to their return to school.
- Currently in Northamptonshire there are 502 cases per 1000000 population, which is a 65% increase over the past 7 days, with 117% increase in the 11-16 years.
- The infection rate in younger age groups is not translating into wider age group positivity particularly in the over 60's and therefore there has been a slight reduction in the number of hospitalisations due to COVID19.
- Investigation into positive cases have found most infections were as a result of community transmission.
- Vaccination is now taking place in secondary schools, and those pupils who are unable to get the vaccinated due to being infected can get vaccinated later at the mass vaccination centre.
- There is a need to reduce positive case rates to avoid the older population becoming infected who are more at risk from severe symptoms or death.
- The Communication Team have been nominated for a national award for the work completed on the supporting the Northamptonshire COVID19 response.
- There is a need to ensure people receive the most appropriate and up to date information.
- Data on vaccination uptake in the 11-15 years is expected from next week onwards.
- The number of positive cases identified in care homes and care staff are starting to increase, these were the first cohort to be vaccinated.

The Board discussed the COVID19 response update, and the following was noted:

- Phase 3 vaccination programme is now underway, and a booster vaccine is recommended 6 months after the second vaccine dose, or if people have missed their second jab or not had any vaccinations they can come and get vaccinated.
- 93% of the social care workforce have been vaccinated. The government has introduced a vaccination exemption scheme, but the mandatory vaccination of social care staff will see people leaving the profession and impact the BCF work around discharges from hospitals.
- Concerns were raised about dis-information and misinformation, along with the accompanying aggression towards people who are still cautious and maintaining COVID19 safe practices.

RESOLVED that: the Board noted the COVID19 update.

22/21 Integrated Care System national guidance

Naomi Eistandt provided an update on the latest Integrated Care System (ICS) National guidance and highlighted the following:

- In April 2021 Northamptonshire was designated an ICS and is moving towards becoming a statutory body from April 2022.
- In England there are 42 ICS's.
- Once the local ICS become a statutory body it will have a budget of approximately £2 million and have to make formal decisions.
- It has been recognised for many years that the health and social care system is fragmented, as NHS is funded differently to local authorities. Over the past few years, the NHS has created a competitive environment for services rather than a collaborative environment.
- The four key aims of the ICS are:
 - Improving outcomes for local people and patients
 - Tackling health inequalities
 - Making better use of health and care resources
 - Strengthening contribution to local communities
- Local government and the NHS are big employers in a local area, and as such have responsibilities for fair pay, appropriate use of public buildings and how estates are managed. They should also be providing further education opportunities for young people such as apprenticeships.
- Integrated care is about giving people the support they need, joined up across the NHS, local councils, voluntary and community organisations and other partners. To remove any barriers or gaps that exist between different parts of health and care, for a smooth transition as patients move across the system.
- An Integrated Care Board (ICB) has been established which requires the following mandatory roles, Chief Executive, Chair, Medical Director, Nursing Director, Finance Director and a local government representative.
- There will an Integrated Care Partnership (ICP) established having a broader membership, part of its duties will be to create a Health and Care Strategy for the county, which the ICB will need to take heed of and be accountable for.
- Some of the functions of the ICP and the two Health and Wellbeing Boards in the county will overlap, and discussions are needed to ensure there is no duplication or work being missed.
- ICS's will complete most of their work at a system or PLACE level, local government will complete their work at a PLACE level. Health inequalities will need to be addressed at a sub level (neighbourhood level).
- In October Naomi Eisenstadt will take a proposal to the NHCP Board on the structure of the ICB.
- There are four priorities collaborative within the local ICS:
 - Mental health
 - Children and young people
 - iCAN
 - Elective care
- Naomi Eisenstadt is confident that the local ICS will be safe and legal from April 2022 but is concerned with the complexity of part of the responsibilities from NHS Northamptonshire CCG coming to the ICB.

The Board discussed the ICS update, and the following was noted:

- It was proposed that this Board look at pathways from other ICS areas to identify best practice that could be modelled and adopted.

- There is a certain amount of work that needs to be completed before vesting day, as not all aspirations will be completed by 31st March 2022 work will continue throughout 2022/202.

RESOLVED that: the ICS update.

23/21 Role of Health and Wellbeing Boards in context of the Health and Care Bill

The Chair advised the introduction of Health and Care Bill, does not change any of the statutory duties already in place for Health and Wellbeing Boards, instead the bill sets out additional requirements Health and Wellbeing Boards will have in relation to fulfilling duties of the new Integrated Care Board. There will be a workshop following this meeting to explore the role of Health and Wellbeing Boards in PLACE development in context of the Integrated Care System.

There being no further business the meeting closed at 3.25 pm.