

WEST NORTHAMPTONSHIRE HEALTH & WELLBEINGBOARD
Minutes of the meeting held on 7th June 2022 at 11.00 am
Venue: Great Hall, Guildhall, Northampton, NN1 1DE

Present:

Councillor Matthew Golby (Chair)	Cabinet Member for Adults, Health and Wellbeing, West Northamptonshire Council
Neelam Aggarwal-Singh	BAME Representative
Cllr Fiona Baker	Cabinet member for Childrens, Families and Education, West Northants Council
Sally Burns	Interim Director of Public Health, West Northants Council
Anna Earnshaw	Chief Executive, West Northants Council
Naomi Eisenstadt	Chair Designate, Northamptonshire Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Polly Grimmett - substitute	Director of Strategy, University Group of Hospitals Northamptonshire
Dr Shaun Hallam	Assistant Chief Fire Officer, Northants Fire and Rescue
Michael Jones	Divisional Director, EMAS
Jean Knight	Chief Operating Officer, Northamptonshire Healthcare Foundation Trust
Stuart Lackenby	Deputy Chief Executive, Director for Adult Social Services, West Northants Council
Professor Nick Petford	Vice Chancellor, University of Northampton
Cllr Wendy Randall	Opposition Leader, West Northants Council
Russell Rolph	Chief Executive, Voluntary Impact Northamptonshire
Toby Sanders	Chief Executive, Northamptonshire Clinical Commissioning Group
Dr Darin Seiger	Chair, Northampton GP Locality
Colin Smith	Chief Executive, Northamptonshire Local Medical Committee

Dr Philip Stevens	Chair, Daventry and South Northants GP Locality
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Also, Present

Cheryl Bird, Health and Wellbeing board Business Manager
Katie Brown, Assistant Director Safeguarding and Wellbeing Services, West Northamptonshire Council
Sarah Hillier, Chief Executive, Northamptonshire MIND
Chris Stopford, Interim Private Sector Housing Manager, West Northants Council

And no members of the public were in attendance.

13/22 Apologies

Chris Kiernan, Director of Childrens Services, West Northants Council
Dr Andy Rathborne, Primary Care Network
Assistant Chief Constable Ashley Tuckley, Northamptonshire Police
Alan Burns, University Group of Hospitals, Northamptonshire
Professor Will Pope, Chair Healthwatch Northamptonshire
Dr Jo Watt, Chair, NHS Northamptonshire Clinical Commissioning Group

14/22 Notification of requests from members of the public to address the meeting

None received.

15/22 Declaration of members' interests

None received.

16/22 Chairman's Announcements

As part of the ongoing work to support delivery of PLACE the Board are asked to endorse Dr Philip Stevens, Chair of the Daventry and South Northants Locality and Dr Darin Sieger, Chair of the Northampton Locality to become members of this Board

Cllr Wendy Randall is replacing Cllr Bob Purser as opposition elected member to the Board.

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

- **Dr Darin Seiger**
- **Dr Philip Stevens**
- **Cllr Wendy Randall**

17/22 Minutes from the Previous meeting 3rd March 2022

RESOLVED that: minutes from the previous meeting held on the 3rd March 2022 were agreed as an accurate record.

18/22 Action Log

The Board reviewed the actions from the previous meeting:

- A letter of thanks be sent to Lucy Wightman on behalf of the Board. **Completed, this was sent on the 4th March.**
- The Director of Public Health to ask communications to emphasise that people must continue to wear face coverings in all health facilities. **Completed, this has been emphasised in communications.**
- The ICS Outcomes Framework presentation be circulated to the board for feedback and be brought back to the next meeting. **Completed this was circulated on the 4th March and will be discussed later in the meeting.**
- Membership of the board be mapped against the 10 domains in Live your Best Life. **Completed this will be discussed later in the meeting.**
- The draft Health Inequalities Plan will be brought back to the next Board meeting. **Completed this will be discussed later in the meeting.**
- The draft Anti Poverty Strategy will be forwarded to the Board and an agenda item at the next meeting. **Completed. This will be discussed later in the meeting.**

19/22 Clinical Group Strategy

Polly Grimmett gave a presentation on the process of engagement undertaken during development of the Clinical Group Strategy (CGS) and highlighted the following:

- The University Group of Hospitals Northamptonshire was formed in 2020, with Northampton General Hospital and Kettering General Hospital.
- Previously the hospitals had worked separately which had limitations, by forming the hospital group they can work together to provide clinical services resulting on sustainable improvements for patients care.
- The population in Northamptonshire is growing fastest than the national average, with pockets of health inequalities within the county.
- There is difficulty in recruiting and retaining some specialist staff within the two hospitals in the county, which leads to poor reliability of service provision to patients.
- Feedback from patients about their experiences across the two hospitals, was there was no join up with services, clinicians from one hospital couldn't view test results taken at the other hospital.
- Some patients are having to travel out of county for treatment when in theory this could be delivered in county.
- Engagement for the strategy began with hospital staff across the two hospitals, asking for views on how they felt working together could improve services for patients. 90% of staff who took part the engagement stated working together with collaborative services was a real opportunity to improve patient care. The ideas from this engagement were taken to the Hospital Group Board in November 2021 for agreement.
- Since November 2021 wider engagement has been undertaken with Integrated Care System partners, public and patients. This wider engagement involved over 600 staff, hosting 4 public events and circulating information on websites and social media.
- There was feedback about being net zero carbon and having environmentally friendly practices and which appears in the CGS.
- The CGS will focus on four themes:
 - Work with health and care partners to prevent ill-health and reduce hospitalisation. Working as part of an Integrated Care System (ICS) provides an opportunity to deliver seamless care, including across community services and primary care.
 - Develop Centres of Excellence across all services, starting with cardiology and cancer. It has been recognised that there will be a significant increase in terms of

care for those developing these long term conditions. Investment has begun on specialist equipment needed for these centres and patients can now have these specialist treatments in county. It is also hoped these centres will attract recruitment of talented people across the country.

- Ring-fence elective capacity to reduce waiting list and variation between sites and increase efficiency. During the winter months elective care operations have to be postponed, one of our priorities over the next 12 months is to define and protect the elective capacity across the group.
- Build on our University Hospital status to become a hub for innovation and research.
- The University Hospitals Group Northamptonshire Board were presented with the CGS in May and accepted that the document represented the feedback received during the engagement phase.
- On the 8th July there will be a cancer workshop with stakeholders where we can start to define what cancer care in the acute sector needs to look like.

Following questions from the Board, Polly Grimmett added the following:

- Over the next 6-12 months work will take place on identifying the actual deliverables, along with a Communities Engagement Plan to ensure there is a continuous engagement cycle.
- If there is evidence, we may suggest a change in where services are provided, but this would be in the best interests of patients.
- The next level of detail for service designs will consider the location of patients, what is their access and what are their health inequalities.

The Board discussed the CGS and the following was noted:

- There is a need to ensure this strategy will be complementary to the GP Clinical Strategy when this is developed.
- More clarification is needed on how people who live on the border on Northamptonshire will be able to access services.
- Patients need to have seamless services delivered at the point of need.
- It would be beneficial to discuss how this will align with the four collaboratives within the ICS.
- GPs will be keen to work on how to develop the new integrated cardiology services.

RESOLVED that the Board:

- a) **Notes the significant engagement that has taken place with staff, patients, the public and local stakeholders in developing the Group Clinical Strategy.**
- b) **Approves the document as a strategic direction of travel for acute hospital care in the county.**

20/22 COVID19 Update

The Director of Public Health gave an update on the latest COVID19 situation and highlighted the following:

- Most of the mandatory requirements for the management of COVID19, have been revoked and we are now in a 'Living with COVID19' phase.
- The Health Protection Team are working on a transition project involving partners from across the county.
- The all-age positivity case rate for Northamptonshire has drastically reduced to 75 per 100000 population which is a 22% reduction on the previous week.
- The levels of PCR and Lateral Flow testing being undertaken are also reducing.
- There are currently three active outbreaks across Northamptonshire, one in a Care Home in the West of the county, with the other two outbreaks in the North of the county.

- The role of Public Health Northamptonshire in relation to COVID19 has moved to managing outbreaks.
- COVID19 related hospital admissions have also drastically reduced.
- Due to reduction in positivity, and hospital admissions the Director of Public Health proposes to bring a COVID19 update to the Board only if there is an escalation in cases.

The Chief Executive of the Integrated Care Board gave an update on the vaccination programme and highlighted the following:

- 1,568,142 total vaccines delivered in Northants as of 5th June 2021.
- Current focus is on Spring Boosters to over 75s; Care Homes, Housebound and Immunosuppressed and continued focus on 5-11 and 12-15 cohorts, with the following number of vaccines administered:
 - Over 80s – 24,614 with 7,200 remaining;
 - over 75s 21,544 with 6,481 remaining.
 - Care Homes – 95% visited (highest in the region) – remaining scheduled (outbreaks stopped visits)
- Guidance on the autumn campaign is expected. Currently JCVI cohorts 1-6 are covered but this could expand to 1-9 (over 50s, frontline HSCW and at risk patients). This will be c400,000 people in Northants with an expectation the programme will run from Sept-Dec 2022
- All eligible patients for the spring boosters are encouraged to come forward before the end of June. This is critical so that when the autumn campaign commences, they will have had a three month gap between vaccine doses.
- Some sites will be pausing COVID19 vaccination during the summer months as demand reduces.

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

- There may be some reluctance amongst the population to have any further COVID19 vaccine boosters due to feeling unwell after receiving the vaccine or already having caught COVID19.
- As part of the transition project, local vaccination teams are using data to target areas of low vaccine uptake, by identifying champions in communities to increase uptake. There are 18 areas in West Northamptonshire which have low vaccine uptake.

The Director of Public Health discussed the Health Protection Plan and following was noted:

- This plan is an annual report reviewing the previous year and setting priorities for future years.
- The system response to COVID19 is not reported in this plan as this is covered by the Directors of Public Health Annual Report.
- As part of the transition project, Public Health Northamptonshire is trying to build on the health protection function moving forwards, as well as being prepared if there was a surge in COVID19 cases.
- There are 9 strategic priorities moving forwards:
 - Immunisation
 - Screening
 - Infection Prevention Control
 - Tuberculosis
 - Blood borne virus
 - Outbreak management
 - Environmental health
 - Training and Campaigns
 - Addressing health inequalities
- The Plan has been signed off by the Health Protection Committee and will be refreshed at the end of March 2023.

The Chief Executive of the ICB confirmed responsibility for vaccination programmes will transfer from NHS England to local ICB's from the 1st July 2022. There are also ongoing financial implications during 2022/2023 with COVID19 costs for acutes and providers which will continue until the end of June.

RESOLVED that the Board:

- a) Notes the local situation and vaccination updates**
- b) Notes Northamptonshire Joint Health Protection Plan 2022 – 2024**
- c) Agreed for COVID19 updates to be given at Board meetings if there is an escalation in cases or change in regulations.**

21/22 Better Care Fund End of Year Performance

The Assistant Director for Adult Social Services presented the Better Care Fund End of Year Report 2021/2022 and highlighted the following:

- The BCF End of Year Performance Template 2021/2022 was submitted to NHS England on the 31st May 2022, subject to approval from this Board.
- The national metric for avoidable admissions is not available, but there have been ongoing reductions in Northamptonshire, which relates to the work being undertaken by the iCAN programme.
- The percentage target for those in hospital post 14 days and 21 days was achieved in quarters 1 and 2, but slightly higher from October 2021. This was caused by COVID19 hospital admissions increasing and challenges with the provision of onward care.
- The percentage target of people discharged to their normal place of residence is not on track although the monthly average has been at 95% against the target of 95.6%. Quarter 4 performance has seen a decrease to 94% as there has been a reliance on bedded solutions to overcome pathway blockages and reduce hospital pressure.
- Still at home 91 days are hospital discharge, over this winter people have been discharged home with support with higher acuity needs, this results in a greater likelihood of re-admission and requiring additional support and services. Currently this is at 62% and the baseline target is 79%.
- There is significant work being undertaken with the iCAN programme particularly around pathway one reablement at home and bedded re-hab to support improvement in autumn and winter this year.
- The 2022/2023 BCF plan will be developed locally and is currently with leads from across the system, this will then transfer across to the ICB from 1st July. There is a working group chaired by David Watts who meet fortnightly, providing a real opportunity through the PLACE development programme to do things differently in relation to the collaboratives under the guise of the ICS.
- BCF guidance for 2022/2023 is expected from NHS England in July.
- The BCF 2022/2023 plan will come to the next Board meeting in September.

Following questions the Director for Adult Social Services added:

- Less complex cases are being stuck in hospital, which means we must take a less risk adverse approach with some people.
- Adult Social Services work with self funders the same way as other elderly people. With the introduction of a care pathway which can appropriate care on behalf of self funders, more support will be given to self funders, which we envisage will provide a better service for people. But this will have implications in resource and capacity within adult social services.

RESOLVED that the Board:

- a) Approved the performance template for the Better Care Fund schemes (2021/22).**
- b) Noted the proposed timelines for the Better Care Fund plan for 2022/23**

22/22 Disabled Facilities Grant

The Private Sector Housing Manager presented the Disabled Facilities Grant (DFG) Annual Report 2021/2022 and highlighted the following:

- The DFG Annual Report 2020/2021 showed a significant underspend due to the impact of COVID19 on the DFG service and construction trades.
- The grant from central government for DFG's is £2.5 million and £1 million was brought forward from 2021/2022, with £3.4 million committed spend on supporting residents to remain safe in their home. The carry forward from 2021/2022 to 2022/2023 is £120k.
- The impact of COVID on the service has continued during 2021/2022. Additional occupational therapy services have been put in place to support residents to get the assessments that they need. The construction trade is behind on the recovery plan due to the impact of their supply chains caused by COVID19.
- During 2021/2022 214 mandatory grants were approved. In April 2021, West Northants Council brought in a discretionary policy with a further 42 additional grants approved under this policy.
- The DFG service have worked with community occupational therapy teams and hospital occupational therapy teams within Northampton and Kettering General Hospitals, as well as presenting our DFG policies out to peripheral hospitals who support residents on the borders of south Northamptonshire.
- Five hospital discharge grants have been approved this year, designed to get people home safely in a sustainable manner.
- 19 palliative care grants have been approved with the local hospices, designed to get people home as part of their end-of-life plan.

Following questions from the Board, the Private Sector Housing Manager added the following:

- During 2021/2022 no grants were refused, but some applications were not continued through to completion.
- The DFG applications for hospital discharge and palliative care are fast tracked, supported by the occupational health teams at the acute hospitals and hospices.
- Trades costs are increasing, due to the inflation rises. Although the DFG service have an approved contract list and can obtain best value, this is resulting in prices for DFGs increasing.
- The DFGs covers from birth to end of life.
- The spend of £3.5 million during 2021/2022 included a high number of latent cases due to the COVID19 pandemic. The DFG applications are now back to 2018/19 figures.
- The DFG spend is monitored monthly and if it is looking like an overspend the Director of Adult Social Services is informed and a request for additional funding made.

The Chief Executive of Northamptonshire Childrens Trust confirmed the use of DFG's prevents children going into the care system.

The Director for Adult Social Services advised in future annual reports will include more granular detail, to be able to fully assess the impact of DFGs, as well as different types of indicators around timeliness of activities. Also included will be information on the work with Northampton Partnership Homes, Grand Union and Future to ensure that properties are not just about accessibility but how we can collectively support people in their own homes. There is an aspiration to have an adapted property register, with these three social housing

providers listing properties with significant adaptations.

RESOLVED that:

- a) The Board noted the report.**
- b) The detailed spend for individual grants will be circulated to the Board.**
- c) Granular data and more detail on how DFGs are used for children and young people and this impact of this is to be presented in future DFG Annual Reports. and will be added in the annual report for 2022.2023.**

23/22 Health Inequalities Plan

The Director of Public Health presented the final Health Inequalities plan and highlighted the following:

- The final Health Inequalities Plan is still a work in progress.
- There was a Health Inequalities Plan workshop held in April with approximately 80 attendees. Feedback from this workshop was the passion for this topic, to ensure communities are not left behind. The challenge that came out of the workshop was communities wanted to know what we are going to do.
- There will be a Health Inequalities Delivery Group to address how this plan can be embedded into the Integrated Care Strategy and Outcomes Framework.
- Public Transport is a problem for rural areas in the county, making it difficult for lower paid families who are unable to get into employment.
- Another workshop is organised for the 21st July at Moulton Community Centre to discuss the action plan.
- The Health Inequalities Plan is also about addressing inequity as well as inequalities, there is challenge when delivering a service to understand who is accessing the service and why.

The Board discussed the Health Inequalities Plan and following was noted:

- The ICB have a task and finish group looking at the impact of health inequalities.
- The financial implications of not tackling health inequalities need to be formally recorded.
- West Northants Council are looking at how public transport can get out to rural and disconnected communities and is part of the anti poverty strategy.

RESOLVED that:

- a) The Board endorsed the Health Inequalities Plan**
- b) Colleagues to email expressions of interest to be on the Health Inequalities Oversight Group.**

24/22 Director Public Health Annual Report 2020/2022

The Director of Public Health presented the Directors of Public Health Annual Report 2020/2022 and noted that the report describes the journey through the COVID19 pandemic, highlighting all the work by partners, voluntary sector and communities to address the pandemic. The positives from the report are collaborative working assets and communities, how to harness this moving forward.

The Designate Chair of the ICB asked if future reports could contain comparisons with our statistical partners in wealth. Also the higher the risk the fewer people are affected and this needs to be taken into consideration.

RESOLVED that: the Board endorsed the Director of Public Health Annual Report 2020-2022.

25/22 Integrated Care System

The Designate Chair of the ICB gave an update on development of the ICB and the following was highlighted:

- There are now four nonexecutive directors appointed, two from inside the local health and care system and 2 from outside.
- There have been two shadow ICB meetings taken place, one more shadow meeting is scheduled before the ICB becomes a statutory body on the 1st July 2022.
- The Outcomes Framework is looking to identify what are the key issues to agree for the core function.
- The ICB constitution has been approved by NHS England.
- NHS Northamptonshire Clinical Commissioning Group will cease to exist on the 1st July when the ICB becomes operational.
- The Designate Chair of the ICB thanked partners and NHS Northamptonshire CCG for the collaborative working that has taken place to prepare for the transition to an ICB and Integrated Care Partnership.

The Director for Adult social Services gave a presentation on development of the Integrated Care Partnership (ICP) and PLACE in West Northants and highlighted the following:

- The West Northants and North Northants Health and Wellbeing Boards can feed into ICP which will enable us to deliver different types of service and interventions in the context of PLACE.
- The first shadow ICP meeting took place on the 31st May including members from the both Health and Wellbeing Boards and the ICB.
- This Integrated Care Strategy will be the strategy which pulls the North and West HWBBs strategies as well as the ICB Five Year Plan into a single point which allows us to reflect on how we can improve lives and outcomes for children, young people and their families. Sitting behind this needs to be a Resource strategy and mobilisation strategy.
- Although this will be an inclusive approach, there are time constraints for development of the strategy, so it is likely to be a high level strategy highlighting what we already know about the system.
- The Outcomes Framework will be developed in parallel with the Integrated Care Strategy, this will focus around the 'Live your best life' 10 domains. This will be constructed as a high level Outcomes Framework which will then drill down into specific key performance indicators.
- North Northamptonshire will also be adopting the 'Live your best life' 10 domains to provide the level of consistency required across the county. Each PLACE will differ slightly but have a consistent approach to system wide core outcomes.
- The role of the Health and Wellbeing Boards will orient around the work programme and one of its first functions will be to oversee the development of PLACE. A report showing the construct of PLACE including Terms of Reference (ToR) for this Board is being presented to West Northants Cabinet on the 14th June, then Full Council on the 30th June. West Northants Full Council will follow governance procedures in nominating its representative for the ICB. Cabinet will be asked to agree the geography of the local area partnerships (LAPs) for the West.
- The ToR for this Board will be reviewed on a 6 six monthly basis, as the role, function and membership of the Board may have to change as PLACE develops.
- In West Northants there will be 9 Local Area Partnerships (LAPs), each with a population range of between 30-55k, attributed to two Health Wellbeing Forums, Northampton and Daventry and South Northants. Within the LAPs we have tried to align geographical

rural areas with a level of commonality, there will be complexities around the context of GP Practices, Primary Care Networks, school admission areas which all needs to be worked though.

- Public Health Northamptonshire analyst team will support development of local area profiles to aid work of local area partnerships.
- A LAP will oversee and understand the local area profile, as well as a local asset map, this will provide the ability to see the gaps in resources in a particular area. Need to consider wider determinants of health alongside traditional health and social care services, to have shared aspirations.
- Activity across the 9 LAPs, and 2 Health and Wellbeing Forums will report into this Board, which has the overall responsibility in the West for taking forward the delivery of 'Live your best life' 10 domains. This will also link in with the activity of the ICB and the work taken place within the North of the county.
- Currently organisations have their individual communication and engagement policies, there is an expectation to have one across the system, which allows us to capitalise on the good practice and level of engagement for PLACE.

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

- From the 1st July NHS England will be represented at this Board by the representatives from the ICB.
- The aim is for the ICP to meet twice a year, with main work being completed by the two HWBBs and ICB.
- There is a need to develop engagement with organisations to support them having the right representatives attend meetings to take forward the purpose and scope of each meeting and avoid duplication. If membership is not right, then that affects the different layers of PLACE, and it is paramount to define what does PLACE leadership look like at different levels of place.
- There is a lack of capital investment to look at the planning needs for new developments.
- There are 5 Integrated Care Systems across the East Midlands who come together to discuss how to commission specialist services at a larger regional level.
- LAP is an opportunity for elected members to be a part of the bigger picture and be local champions in communicating and spreading the word of the work taking place
- Working from the bottom-up approach in local area will be beneficial and get better results for the local population and staff.

RESOLVED that:

- a) The Board noted the update and progress toward the Northamptonshire ICS and supported its planned implementation as described within the report.**
- b) The Board approved the Terms of Reference for the Health and Wellbeing Board for the ICS from the 1st July 2022 which will be put forward for approval at West Northamptonshire's full council meeting on the 30th June 2022**
- c) The Board noted the chairing arrangements for the ICP.**
- d) The Board approved the proposed governance structure for the ICP (West Place) which were approved at the Shadow ICP meeting on the 31st May 2022**
- e) The Board noted the proposed LAP's for the West Place as part of the ICP following consultation with stakeholders**
- f) At the next meeting included in the ICS update will be joint work with the 5 Integrated Care Systems across the East Midlands.**

26/22 Prevention Concordat

The Chair of Northamptonshire MIND gave a presentation on the Prevention Concordat and highlighted the following:

- Members of the Mental Health and Learning Disability Collaborative have a desire to make an application for the Prevention Concordat, which will be a whole system commitment. Work on the Prevention Concordat is linked the Population Health and Prevention Pillar within this collaborative.
- Good mental health improves people's lives, increases their life chances and impacts positively on families and communities
- Mental health does not only impact on the individual, but also those around them.
- Prevention of, and recovery from, mental ill health relies on people having hope, control, choice and opportunity in their lives
- Pre-Covid, mental health problems were responsible for over a fifth of the burden of disease in England
- COVID-19 pandemic has worsened mental health and wellbeing in the general population. Increased mental distress from cumulative pandemic waves (UK Household Longitudinal Study) adults reporting a clinically significant level of psychological distress increased (20.8% in 2019 up to 29.5% in April 2020 and 24.5% in March 2021)
- 1 in 6 children have at least one mental health disorder. Around half of all mental health problems start before 14
- 1 in 6 adults experience a common mental health disorder. More common in women, people living in deprived areas, as well as people in poor physical health, living alone, and/or not employed. People with Severe Mental Illness (SMI) die on average 15 to 20 years earlier than the general population, mostly from preventable physical illnesses.
- The National Prevention Concordat for Better Mental Health is focused on promoting positive mental health and prevention to improve mental health and wellbeing, and addressing health inequalities:
 - Shared commitment to improve mental health and wellbeing
 - Partnership working and coproduction at all levels
 - Evidence based planning and commissioning
- The advantages of a prevention concordat are
 - Framework for local coordinated planning and actions
 - Shared commitment across the system to improve mental health and wellbeing for all and help with identifying funding and other resources to support this.
 - Identifies the areas and priorities local partners and communities agree to collectively support, through enhancing existing approaches and initiatives and developing new ones.
 - Recognition that good mental health and wellbeing for all, builds on existing partnership work and will help further develop joint working with a focus on:
 - ❖ People, places (councils, 'neighbourhoods', communities) and partnerships to support wellbeing, self-help, and self-care
 - ❖ Better integration to provide joined-up community-based services that are responsive to individual needs
 - ❖ Collaboration to sustain high quality specialist services and ensure good access and outcomes for everyone
- Prevention Concordat for Better Mental Health is based on the Five Domain Framework for Local Action
 - Understanding local need and assets
 - Working together /partnership and alignment
 - Acting on prevention/promotion of mental health, and to reduce mental health inequalities
 - Defining success/measuring outcomes
 - Leadership and Direction

The group discussed Prevention Concordat and the following was noted:

- The Board needs to publicly support the Concordat application.
- This could be taken forward as part of the work by the LAPs.
- Primary Care Networks have a budget to appoint mental health practitioners, but recruitment is difficult.
- Need to consider a wider recruitment strategy within mental health, looking at alternative qualifications rather than nursing background.
- This commitment will be about prevention rather than treatment, to build resilience in the community.
- Need to consider how men and women access services differently.
- In terms of prevention we need to start young, neonatal health issues, support for children and families under the age of 5. To review evidence-based work of frequent callers to identify what causes potential mental health issues later in life.
- Looked after children and the most vulnerable in society.
- Frequent callers have a lot of personality disorders, which are already picked up by community mental health services such as the crisis cafes. There is a good working relationship with EMAS and the Integrated Mental Health Response Hub.
- NHFT provide 0-19 services at a county level and NHFT are seeing a burgeoning need to get support to help young people stop spiralling into crisis, there is a significant proportion of children requiring additional tier 3 and tier 4 mental health support.

Resolved that:

- a) The Board agreed to support the Prevention Concordat application**
- b) The Prevention Concordat report be circulated to the Board.**
- c) The Prevention Concordat be brought back to a future Board meeting for a more in-depth discussion.**

27/22 Northamptonshire Suicide Prevention Strategy

The Director of Public Health gave an update on the refresh of the Suicide Prevention Strategy and highlighted the following:

- As a system there is a requirement to have a local Suicide Prevention Strategy in place.
- In Northamptonshire there is a strong and well attended Suicide Prevention Partnership Board.
- The Chief Executive of Northamptonshire MIND has led the re-freshing of the Suicide Prevention Strategy.
- The work for this strategy falls within the Mental Health, Learning Disability and Autism Collaborative, under the Population Health and Prevention Pillar.
- Public Health Northamptonshire had a dedicated officer that concentrates solely on suicide prevention which is funded by health.
- There is a link from the Prevention and Population Health Pillar to the Children and Young People Collaborative, Healthy Minds, Healthy Brains group.
- The Suicide Prevention Strategy is an all-age strategy,
- There were 5224 deaths attributed to suicide in England and Wales in 2020, and the cost of each suicide is approximately £1.6 million.
- Those at a higher risk of suicide tend to be men, those with long term mental health problems and within the Eastern European communities.
- In Northamptonshire approximately 6 people commit suicide every year which is under the national average.
- Public Health Northamptonshire works with the coroner to look for trends in communities and method of suicide.
- West Northamptonshire 2018-2020 has a suicide rate of 8.3 per 100,000 population,

- There is a lag in Public Health Northamptonshire being able to report the data due to coroner needing to give a verdict of suicide but work with the Coroner's office occurs before the verdict is given.
- Some of the headline achievements since 2017 are:
 - Working in partnership – well attended with the right colleagues in attendance
 - Good at looking at data,
 - Good relationship with the coroner's office
 - Improved information sharing amongst partners and services
 - Improved online information for partners and service users of local services and support
- There is an ongoing audit of suicide cases, where the history of the person is reviewed to see if there was anything that could be done to prevent the suicide.
- Reducing the risk of suicide in key high-risk groups:
 - Training delivered to frontline staff working in secondary care, know how to refer and recognise warning signs.
 - Have secured funding of £180k for additional training and methods.
 - There is a challenge around self harm and the link between self harm and suicide, evidence indicates in 50% of cases there was evidence of self harm. Focus on understanding self harm data and bring in support to address this.
 - Specialist Perinatal Service delivered by NHFT
 - Regional Wave 3 programme funding for prevention of suicide in high-risk groups (middle-aged men), bereavement
 - support and improve secondary mental health services
- Priority areas in refreshed strategy:
 - Reduce the risk of suicide in key high-risk groups
 - Tailor approaches to improve mental health in specific groups
 - Reduce access to means of suicide
 - Provide better information and support to those bereaved or affected by suicide
 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - Support research, data collection and monitoring
 - Reducing rates of self-harm as a key indicator of suicide risk

Resolved that the Board:

- a) Endorsed the Northamptonshire Suicide Prevention Strategy 2022-2025 and Action Plan**
- b) Endorsed the recommendation that the Suicide Prevention Steering Group lead the implementation of strategy, working closely with local partners and communities**
- c) Endorsed the recommendation that the Mental Health Learning Disability Autism (adults), and Healthy Minds and Healthy Brains (children and young people) Collaboratives maintain strategic oversight of the implementation of strategy**
- d) Endorsed the recommendation that the Mental Health Learning Disability Autism Executive Board signs of strategy.**

28/22 Any Other Business

The Anti Poverty Strategy will come to next meeting.

The Chair advised this is the last meeting for Nick Petford and Jo Watt and thanked them for their service to the Board.

There being no further business the meeting closed at 1.33 pm.