



## Northamptonshire Health & Wellbeing Board

### Minutes of the Health and Wellbeing Board Meeting held at 9.30 am on Thursday 13<sup>th</sup> September 2018 East Northamptonshire Council

#### Present:

Professor Nick Petford Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Cecile Irving-Swift Vice Chair	(CIS)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Cllr Chris Millar – Vice Chair	(CM)	Leader, Daventry District Council
James Andronov Substitute	(JA)	Assistant Chief Constable, Northamptonshire Police
Anna Earnshaw	(AE)	Executive Director, Adults, Communities and Wellbeing, Northamptonshire County Council
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Jonathan Ireland	(JI)	Chair, LMC
Dr David N Jones	(DJ)	Chair, Healthwatch
Roz Lindridge	(RL)	Locality Director Central, NHS England
Walter McCulloch	(WM)	Director for Childrens Services, Northamptonshire County Council
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Cllr Sandra Naden-Horley	(SNH)	Cabinet Member for Adult Social Services, Northamptonshire County Council
David Oliver	(DO)	Chief Executive, East Northants Council
Stuart Rees	(SR)	Acting Chief Accountable Officer, NHS Nene and Corby Clinical Commissioning Groups
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation
Dr Jo Watt	(JW)	Chair, NHS Corby Clinical Commissioning Group
Lucy Wightman	(LW)	Director of Public Health, Northamptonshire County Council

#### In Attendance as observers:

Lyn Buckingham	(LB)	Co-founder Save Corby Urgent Care Action Group
Neil Hemmings	(NH)	Member of the public
Nicci Marzec	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
Stephen Marks	(SM)	Senior Public Health Practitioner, Northamptonshire County Council
Tansi Harper	(TH)	Chair, Collaborative Stakeholder Forum
Janice Whyte	(JWh)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Sarah Ward	(SW)	Journalist, Northamptonshire Telegraph
Ben Wilczynski	(BW)	Information Governance and Business Intelligence Manager, Corby Urgent Care Centre

Caron Williams (CW)

**Minute Taker:**

Cheryl Bird (CB) Northamptonshire County Council

**Apologies:**

Alan Burns	(AB)	Chair, Kettering General Hospital
Nick Adderley	(NA)	Chief Constable, Northamptonshire Police
Dawn Cummins	(DC)	Chief Executive, Voluntary Impact Northamptonshire
Paul Farenden	(PF)	Chair, Northampton General Hospital Trust
Cllr Matthew Golby	(MG)	Leader, Northamptonshire County Council
Theresa Grant	(TG)	Chief Executive, Northamptonshire County Council
Cllr Victoria Perry	(VP)	Cabinet Member for Childrens Services, Northamptonshire County Council
Simon Weldon	(SW)	Chief Executive, Kettering General Hospital

**1. Declarations of Interest**

DJ advised he is a non voting member of NHS Nene Clinical Commissioning Group Board.

**2. Notification of requests by members of the public to address the meeting**

Three members of the public registered to speak. The following questions were raised concerning the extract below from the NHS Corby and NHS Nene Clinical Commissioning Groups Operational Plan Refresh 2018/2019:

*'NHS Corby's population has grown considerably and issues have been identified with access to primary care for the changing profile of Corby's population. As a result, when the Corby Urgent Care Centre approached its contractual end date, the CCG undertook extensive public engagement and a piece of work with the East Midlands Clinical Network. This has led to a new service requirement being identified, specifically Same Day Access and GP extended access. NHS Corby will procure the new service in 2018/19.'*

- Will this item be either removed or reworded in order that it reflects the position that currently exists in relation to the service provided at the Corby Urgent Care Centre, particularly in light of the outcome of the Judicial Review Hearing on 23<sup>rd</sup> July 2018 at which HHJ Jarman ruled the decision of 30 January 2018 is quashed? That was a decision by the Governing Body of the Clinical Commissioning Groups to change the services to a same day access and minor injuries unit by appointment only, thereby removing the current Type 3 A&E Department that is currently sited and operated in Corby.
- What reassurance does the Health and Wellbeing Board (HWBB) have that any future plans to remove this Secondary Care Service (i.e. the Type 3 A&E Department) will include an alternative feasible, viable and local solution for the people of Corby to have access to exactly the same levels of care that they currently enjoy?
- What reassurance does the HWBB have that money allocated for Secondary Care Service will not be diverted into Primary Care as was the intention under the proposal agreed on 30 January 2018?
- What reassurance does the HWBB have that the data the CCG previously used erroneously will be correctly interpreted and that all approvals, advice, scrutiny etc. is done with the correct understanding of the meaning of this data? This was specifically addressed by HHJ Jarman at the Judicial Review Hearing on 23 July and His Honour found in Lakeside+'s favour on this point. It was with interpretation that was factually incorrect that the East Midlands Clinical Senate gave its approval.

- As things currently stand, there is a service that is being delivered and that is being provided under a contract due to expire on 31 March 2019. What reassurance do you have from the CCCG that the service will remain the same unless and until there is consultation about a change or cessation in relation to the Type 3 A&E Department?
- If it is no longer to be in situ the legal responsibility sits with the Commissioners to ensure that this healthcare need on the part of its population is considered and managed in a lawful manner. What reassurance does the Health and Wellbeing Board have that the CCCG will acknowledge that any future change to service here will be from a Type 4 A&E Department?
- Are the Corby CCG presenting the above as the current 2018/19 operational plan, if so where are the results of the consultation with Corby service users regarding the confirmation of the above service?
- How could a CCG be empowered to proceed to implement such a service change in breach of its statutory provisions without any senior NHS intervention to ensure compliance?
- Why did it become necessary for campaigners to go to the High Court to enforce consultative processes that are well-understood in most parts of the NHS in England?
- How did the Health Overview & Scrutiny Committee in Corby fail to insist on its rights to be properly consulted?
- How did the CCG come to spend a large sum of money defending its actions and relying upon highly suspect legal advice, which is privileged – and therefore normally beyond public scrutiny?

DJ and JW have issued a joint statement regarding the judicial review and will continue to have discussions about the outcome of judicial review and consultation processes that will need to take place. SR to provide the information from NHS Corby CCG to the HWB in order for the HWB Secretariat to formulate a response to the speakers. The HWBB Executive Committee will approve the response before being circulated to the public speakers.

**Action:SR**

### **3. Minutes of Previous Meeting 12<sup>th</sup> July 2018**

- DJ confirmed the Healthwatch review of children's experiences of accessing dental services is a modest exercise and once the results have been finalised DJ will circulate to the Board.
- JW asked for the following amendment to be made to paragraph C4:  
JW gave the Board an update on the Resetting Care in Corby process. The extensive engagement programme with the population of Corby has been completed, with 65,000 people reached online and 2,450 engaged face to face. Full reports on this engagement activity are available on NHS Corby CCG's website at [www.corbyccg.nhs.uk/previous-engagement](http://www.corbyccg.nhs.uk/previous-engagement). A further update will be brought to the next HWBB meeting.

The rest of the minutes were agreed as an accurate record.

### **4. Action Log**

**4.1** NP advised there are two outstanding actions from the meeting held on the 12<sup>th</sup> July.

- Lucy Wightman to arrange for a sub group to be set up including Sonia Swart, Simon Weldon, Angela Hillery, Anna Earnshaw, James Andronov and NCC Commissioners to discuss the implications of any proposals to reduce the services NCC currently provide.
- Andrew Quincey to arrange for a briefing to be made available for Chief Finance Officers in health so they are fully aware of the potential financial impact.

**4.2** AH raised concerns that the meeting has not taken place to discuss the potential impact of the NCC proposals. CM will discuss with MG on behalf of the Board outlining the urgency for a meeting to be held between health partners, TG and Commissioners to discuss the implications of budget cuts.

**Action:CM**

**Post meeting note:** A meeting took place on the 21<sup>st</sup> September between NCC, Health and Northamptonshire Police.

## **5. Board Members Update**

- NP introduced Walter McCulloch (WMC) who has replaced Lesley Hagger (LH) as Director for Children's Services. NP thanked LH for her work completed on behalf of the Health and Wellbeing Board (HWBB) and Childrens Services within the county.
- SM confirmed Nick Adderley has been appointed as the new Chief Constable for Northamptonshire Police. SM asked for thanks to Simon Edens be recorded for his work on behalf of Northamptonshire and for his 37 years' service within the police force.
- SM has formally objected to the two unitary proposal for Northamptonshire, on the basis that having two unitaries instead of one will lead to extra pressure on policing and community safety, and will not be an effective way of using resources.
- NP noted University of Northampton are hosting an open day on the 13<sup>th</sup> September at its new Waterside Campus, with approximately 300 guests expected.
- AH advised NHFT has achieved a CQC rating of outstanding which is a land mark position as a collective for the county. AH added a conference will be held on the 4<sup>th</sup> October to celebrate the launch of the new Specialist Perinatal Mental Health Service in the county. NP formally congratulated NHFT on the CQC rating.

## **6 Revised Terms of Reference Progress Report**

**6.1** NP advised at the previous HWBB meeting it was agreed there would be a review of the processes, membership and frequency of meetings for the Board, with the aim to try and reduce duplication and for this Board to become a driver for system transformation.

**6.2** The recent CQC System Review Report highlighted this Board had overall responsibility for ensuring that health, social care and wider wellbeing services were effective and met the needs of people living in Northamptonshire. But the challenge and oversight functions of Board, particularly holding the health and social care system to account was not being used effectively and the role of this Board as a forum for system leadership was not being fully met. A recommendation from the CQC report was the challenge and oversight functions of the HWBB and Scrutiny Management Committee should be strengthened.

**6.3** The statutory duties of the HWBB are:

- Responsibility and oversight for production of a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS) and Pharmaceutical Needs Assessment (PNA)
- Review of Clinical Commissioning Group Commissioning Plans
- Oversight of the BCF, iBCF and Disabled Facilities Grants (DFG)
- To champion and promote collaborative working to more integration for health and social care services.

**6.4** The role of this Board is to promote and champion integrated working between partners across the county. HWBB's are a section 102 committee, as such a sub set of NCC and must abide by NCC Code of Conduct. HWBB's must consist of the following statutory members:

- Elected member for the governing local authority
- Director of Adult Social Services
- Director of Childrens Services
- Director of Public Health
- Healthwatch representative
- Representative from Clinical Commissioning Groups

There are currently 29 Board members, some members rarely attend with others sending representatives.

**6.5** NP asked the Board to consider are there too many Board members, how can we reduce duplication and add value to county moving forward. To be able to refresh this Board a consultation must take place, and the following must be completed as part of the legal process:

- Discuss and agree the proposed changes at this Board, final draft of ToR to be approved at the HWBB 15<sup>th</sup> November meeting
- The proposed changes to the ToR must be presented as a discussion paper to NCC Full Council, in March 2019
- The revised ToR brought back to the HWBB for approval

The timeline for completing this would mean the revised HWBB would not be operational until July 2019 meeting.

**6.6** The Board discussed the proposed revised HWBB and the following comments were noted:

- The proposal to have two unitaries in place in Northamptonshire in 2020 has been submitted to central government, it would be more beneficial to wait until the unitaries are established before making changes. Although it is statutory duty for each unitary to have a HWBB there would be a good rationale to maintain one Board for the county, working across both unitaries.
- During this consultation period there is a good opportunity to move joint partnership working forward, and the MPs for Northamptonshire have offered their support.
- The local government reform taking place in this county enables a real opportunity to establish and focus on the key things this Board should be delivering on for the county and this is a unique opportunity to use the proposed timescale to undertake a complete review of partnership structures and governance to transform public services within the county, which the HWBB can lead on.
- Due to the criticisms of the HWBB contained within the CQC System Review Report, this review of HWBB is timely, to look how this Board is currently utilised, to be clear about the purpose of this Board, to ensure the HWBB is fulfilling its statutory functions of holding health and social care partners within the county to account.
- Healthwatch are supportive of this review and of maintaining a countywide model including health and police partners. A structural review would help to underpin integrated working.
- There is a need to clarify what the purpose of this Board is, and the membership required to deliver and be able to hold partners to account. This Board will continue as business as usual whilst the review is underway.
- There would be a risk to health services, policing and fire and rescue services if the proposal for two unitaries goes ahead, there is a need to try and mitigate these risks as financial issues will move from NCC to other partners.
- It is beneficial to have a wide variety of partners from across the county sitting at the Board as it gives a good opportunity to have a clear view of the landscape. In November 2016 the Home Secretary and Health Secretary wrote to the Chairs of HWBB's, Chief Constables and Police Crime Commissioners encouraging greater partnership working and to have better collaborative working relationships between, health social care and police to deliver better outcomes for the public
- Having greater alignment between the HWBB and the Northamptonshire Health Care Partnership (NHCP) will help to achieve improved integration of health and social care services within the county.
- There is a need to urgently engage with elected members to discuss arrangements for having countywide HWBB covering both unitaries, as they will ultimately be making the decisions on this and possibility becoming elected members for the new unitaries.

**6.7** CM will write to the NCC Commissioners to ask for special dispensation to have the revised HWBB ToR paper to be heard at Full Council before the 19<sup>th</sup> March due to the criticisms highlighted in the CQC report.

**Action:CM**

The Board agreed to a consultation taking place to review the revised ToR and Board membership of the HWBB and noted the formal process and timelines.

## **7. NCC Financial Position**

**7.1** CIS gave the Board a brief overview of the work currently ongoing to stabilise NCC's current financial position. The Commissioners, MG and TG are currently attending a meeting in London regarding NCC's stabilisation plan, this is a two year plan and will be published in October. This plan is needed to stabilise NCC's finances until the creation of the unitaries in 2020 and once published, a briefing will be circulated to Board members. AH raised concerns that health colleagues were not included in compilation of the plan, even though a request was sent to MG asking for health and police partners to be engaged in the formulation of the plan. CM will make enquiries about a meeting taking place with a Northamptonshire MPs regarding the plan and feedback to health colleagues.

**Action:CM**

**7.2** The Board discussed that latest update and the following comments were noted:

- The wellbeing of the population must be paramount and there is a need to be mindful of the unintended negative impact this plan will have on other organisations and the most vulnerable in society.
- This HWBB along with the NHCP Board need to have an overview of the proposals and implications of these proposals on partners and the population of the county.
- NCC cannot operate in isolation when deciding on financial cuts, the districts and boroughs have met with NCC with respect to creating the local government reform submission but not to discuss the impact of NCC budget cuts for the county's residents.
- Health and other partners across the county are happy to support NCC in trying to mitigate the risks to the most vulnerable, but as of yet NCC have been unwilling to engage in this area.
- Elected members need to engage with partners delivering services across the county, as partners will be able to help elected members understand the consequences of actions and may be able to help offer alternative avenues for budget cuts.
- The Board recognises the difficult decisions NCC are having to make, but partners can collectively support and work as a community whilst recognising the NCC's duties under the section 114 notice.
- There is a statutory responsibility to ensure consultation and engagement takes place when making changes to services. DJ will raise the situation in Northamptonshire at a forthcoming meeting with the Chair of Healthwatch England in London.

**Action:DJ**

## **8. CQC Report, Winter Pressures and BCF/iBCF update**

**8.1** AE gave the Board an overview of the CQC System Review report and an update on the BCF and iBCF. The CQC carried out a system review from 21<sup>st</sup> – 25<sup>th</sup> May and a report was published on the 12<sup>th</sup> July. The review report made clear recognition of the current pressures the health and social care system is facing, although did not reflect the discussions which took place at the summit on the 11<sup>th</sup> July, including how inspirational some of the re-ablement programs are and acknowledging the joint leadership work being completed across the county. The report contained recommendations to improve the experience of older people accessing health and social services within the county, where partnership working will be key to understanding the provisions needed, that the workforce understand the vision and for more joint commissioning to be undertaken. Using the data and evidence from Newton Europe's research and findings from the CQC review, an action plan has been produced and submitted on the 31<sup>st</sup> August which will be monitored by the Department of Health and Social Care. At a recent meeting of the Health and Social Care Scrutiny Committee, the committee were critical of achievements to date and lack of partnership working. The committee will formally invite NP as Chair of the HWBB to attend the next meeting to discuss the action plan as well as the progress for the integration health and social care services.

**8.2** Work is ongoing around winter pressures and Carnell Farrar are developing a system Demand and Capacity Plan, ascertaining where gaps are and identifying systems that need

to be in place to keep patient flow moving through hospitals and social care services. The demand and capacity tool being developed will be available to GP surgeries, community hospitals and social care services. AE confirmed the Demand Capacity Plan is starting to collate data and intelligence using metrics from A&E data on how people are being discharged from hospitals. These dashboards are presented to the A&E Board and AE will circulate these and information on the direction of travel to Board members.

**Action:AE**

RL advised due to the leadership changes within NHS Nene and Corby CCGs, NHS England has recently had discussions to ensure services are in place and will continue to be delivered during the winter. There will be further winter planning and assurances in place within health and social care as plans are further developed. The main focus for this winter is to tackle stranded patients in hospitals aligned with primary care and the promotion of preventative messages such as flu vaccine.

**8.3** At a previous meeting of the HWBB a BCF two year plan was approved for 2017-2019. A review of the schemes contained within the plan has taken place for 2018-2019, ensuring all existing investment is aligned to key areas of system focus to ensure delivery on the winter plan, improve flow and outcomes to the intermediate care service. All schemes contained within the BCF plan are now aligned to the following four priorities:

- Crisis Prevention and Intervention
- Community Case Management
- Discharge and Intermediate Care Community Intervention
- Integrated Care Enabler Scheme

There are four key performance indicators:

- Reducing non elective admissions to hospital, this is currently on target to remain within the 17/18 levels.
- Reducing delayed transfers of care (DToC) from hospital, this target was reset, and are currently running below the reset target.
- Reducing the rates of permanent admission to residential care, this target is challenging due to the number of patients stranded in hospital waiting for discharge.
- Reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services – this is on target for this to reach 81%.

NP advised it is a statutory duty of this Board to hold the performance of the BCF to account, but this Board is not receiving sufficient information and assurances that these four performance indicators are being measured correctly and are on track. NP asked for RAG rating be added to the delivery of schemes contained within the BCF, to enable a more detailed discussion. AE agreed.

**Action:AE**

**8.4** The Board discussed work around winter pressures and BCF and the following comments were noted:

- DFG is a missed opportunity to help with reducing hospital admissions and avoid lengthy hospital stays, finances within the system could be liberated to use DFG more as a preventative measure. DO will bring an update on DFG to the next meeting.

**Action:DO**

- It would be beneficial as a collective to focus on the schemes RAG rated amber or red.
- Measures are needed to capture the work load capacity within general practice, as GPs are usually the first point of contact. There is a need to assess the system as a whole, with work on how to support capacity within general practice to reduce the pressures on secondary care services.
- It needs to be clear where governance of data and scrutiny has taken place, to be clear where the performance is being monitored and where assurance is being obtained.
- More work is needed around prevention in particular mental health, which can be completed collectively.
- The performance indicators for BCF involve multiple partners undertaking multiple tasks and the metrics presented at the A&E Board will provide assurances needed.

## **9. Northamptonshire Health and Care Partnership (NHCP)**

**9.1** AH gave the Board a brief update from the NHCP. Using workshops held over the past few months, four key transformational priorities for the system have been agreed:

- Primary, community and social care – locality models of care and how can we strengthen these moving forward
- Unified acute model – SW and SS are looking at ways of improving collaborative working between NGH and KGH to strengthen quality and sustainability.
- Strategic commissioning (place based/integrated) – to improve outcomes for the population
- Urgent and emergency care – to have a sustainable pathway

There is a need to think about an integrated care system, also about the vision using the key transformational priorities, to develop a unified model and look at enablers for strategic commissioning and implementation. Looking at a process for project management consolidation, currently NHCP has a small delivery support unit, the CCGs have a clinical commissioning support unit and a project management office all working in silo. The intermediate care business case was compiled collaboratively with partners which has been approved, by the NHS Nene CCG Governing body.

**9.2** The NHCP is benchmarked against other STP's across the country using a set of metrics, as these metrics will only demonstrate where performance is increasing, the NHCP is considering using different forms of dashboard reporting to show other measurements. A Collaborative Stakeholder Forum (CSF) is in place, consisting of key stakeholders interested in working with the NHCP to improve services and outcomes for the county. A CSF Framework is in place and has an evidence based approach on six principles of engagement, more public engagement events are scheduled to take place later in the year.

**9.3** A development day was held on the 4<sup>th</sup> September, bringing partners and stakeholders together, to focus on what we are trying to achieve, to help build relationships and promote collaborative problem solving to the issues facing the county. The four priority areas were reviewed and a mission statement 'Empowering positive futures. Choose Well, Stay Well, Live Well' was chosen.

The topics discussed at the development day were:

- Urgent and emergency care
- Workforce
- Social prescribing
- Finance Update
- Estates
- Local Digital Roadmap/ IM&T
- Statement of purpose
- Shared Risk Register- the NHCP and HWBB will look at having a shared risk register, work has started on this and it will be discussed at a later Board meeting.

**9.4** AH added there is a need to reflect and think about an integrated care system and what this means, the governance arrangements, how the components of an integrated care system link together to provide seamless pathways. AH has reviewed integrated care system pilots across the country and it would be useful for this Board to review characteristics from these pilots how this can be progressed.

## **10. Performance Dashboard Reporting against the Health and Wellbeing Strategy**

LW confirmed the Health and Wellbeing Strategy (HWS) has four key priorities:

- Every child gets the best start
- Taking responsibility and making informed choices
- Promoting independence and quality of life for older adults
- Creating an environment for all people to flourish

At a previous meeting the HWBB requested the development of a dashboard in order to demonstrate how the partners across the county are delivering against the priorities outlined in the HWS. This will consist of 8 indicators against each priority which will be collated from routinely available data, Fingertips Public Health profiles and in year measures. LW asked All to liaise with her regarding the metrics and how the data will be collated.

**Action:ALL**

## **11. NHS Nene and Corby CCG's Operating Plan 2018-2019 Refresh**

**11.1** CWi gave the Board a brief overview of the NHS Nene and Corby CCG's Operating Plan 2018-2019 refresh. There is a statutory requirement for all CCGs to provide an Operating Plan and a refresh for each planning cycle, this current refresh has taken into account the NHS's planning guidance for 2018/2019. There has been delay in publishing the plan due to discussions being held regarding finances and collaborative working. Several HWBB Development sessions have been held to debate issues in the county such as end of life care and intermediate care. This operational plan is aligned with the strategic aims, principles and objectives of the JSNA and HWS, and one component is to start a strategic commissioning debate for the county. CWi confirmed the contract for the operation of the Corby Urgent Care Centre will cease on the 31<sup>st</sup> March 2019, and following the recent judicial review work is ongoing to complete a redesign of this service.

**11.2** LW highlighted public health, adult social care and children services all undertake strategic commissioning asked that more collaborative commissioning is considered to enable cross system support. CWi confirmed the next round of planning will begin from the 31<sup>st</sup> March, and the NHCP development day will feed into the commissioning intentions and strategic commissioning. The next planning round will provide a real opportunity to deliver resources collectively to reduce harm, save lives and could act as a stimulus for partners to align with this operating plan to use resources in a more effective way in a strong a regulated framework.

## **12. Mapping of Strategic Board meeting**

**12.1** SM gave an update on the mapping of Northamptonshire Strategic Board meetings structure. All Board members were asked to submit to SM information about the strategic board meetings they attend. SM asked All to review the mapping document and feedback any additional structures that may be missing.

**Action:All**

NM added this mapping exercise has evidenced meetings are taking place across different parts of the system within the county dealing with the same topics. Through this mapping there is an opportunity to identify any duplication taking place, enabling work programmes be better aligned in order to use resources more effectively in the right areas. There could be an opportunity for a small sub group to be set up with the relevant expertise to put some rationalisation into the system. NM to contact Stephen Marks to help with further development of the Strategic Mapping.

**Action:NM**

**12.2** The Board discussed this mapping exercise and the following comments were noted:

- The local Health and Wellbeing Forums need to be included.
- MAPPA needs to be included and this mapping needs to be included in the local government restructuring process taking place within the county.
- The voluntary and third sector need to be included.
- There is only one box representing the population feeding into the delivery and groups, but there are other avenues where the population provide feedback into the system such as the NHCP CSF.
- Need to include parish councils, as the county moves into the two unitaries the parishes will be able to provide vital information to help with community safety and policing.
- LW supports the recommendation for the Community Safety Board to be re-instated.

### **13. Healthwatch Annual Report**

**13.1** DJ gave the Board an overview of the Northamptonshire Healthwatch Annual Report. This report recognises that Healthwatch is just one of the avenues where people can feed into the system. DJ emphasised the importance on consultation during the changes to healthcare services within the county and Healthwatch will have a role to play to ensure proper consultation/engagement is undertaken. Northamptonshire Healthwatch has a £200k budget, has been awarded research and volunteer accreditation, and Healthwatch is always looking to explore more ways where Healthwatch can be useful in consultations.

**13.2** Young Healthwatch are beneficial in helping to bridge the gap between the young and old and have received an Investing in Children Award. SM confirmed the OPCC is looking to create Young Persons Commission and will liaise with DJ to help facilitate this in conjunction with Healthwatch.

**Action:SM/DJ**

### **14. Social Impact Bond**

LW confirmed this county has been successful in receiving an offer of £3.5 million social impact bond to aid with the implementation of social prescribing across the county. LW is making final arrangements regarding financing and risk. LW will bring an update at the next meeting.

**Action:LW**

### **15. Take Home Messages**

NP gave the Board Take Home Messages from today's meeting.

- The tone from this meeting is positive and NP welcomed the constructive challenge and dynamic dialogue.
- The ToR and Board membership will be reviewed in parallel in dealing with statutory duties.
- NP thanked CM for his efforts in trying to progress the urgency of meetings between NCC and partners to discuss the implications of NCC plans to stabilise their finances and to escalate the approval timelines for implementation of the revised HWBB ToR.
- Need to explore the use of data around performance and assessments to predict where future services needs may be, to enable interventions be made sooner. At the next meeting SR will discuss the benefits and options of using Helix to integrate and present data in a more smart interactive way.

**Action:SR**

### **16. Date of next meeting**

The date of the next meeting will be at 9.30 am on the 15<sup>th</sup> November, Innovation Centre, University of Northampton, Green Street, NN1 1SY.