



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 2nd June 2016
Room 15, County Hall, Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Finance, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Professor Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Carole Dehghani	(CD)	Chief Commissioning Officer, NHS Corby Clinical Commissioning Group
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Dr Jonathan Ireland	(JI)	Chair, LMC
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
John Wardell	(JW)	Chief Commissioning Officer, NHS Nene Clinical Commissioning Group
Dr Carolyn Kus	(CK)	Managing Director, Olympus Adult Social Care Services
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Dr Jo Watt	(JWt)	Chair, NHS Corby Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Cabinet Member for Childrens, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Catherine Mitchell Substitute	(CMi)	Local Chief Officer, Greater Peterborough Local Commissioning Group
Susan Hills Substitute	(SH)	Healthwatch

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Catherine O'Rouke	(CoR)	Deputy to Director for Integrated Commissioning, NHS Nene Clinical Commissioning Group
Cllr Bill Parker	(BP)	Cabinet Member Adult Social Care, Northamptonshire County Council
Dr Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council

Janet Doran	(JD)	Managing Director, First for Wellbeing
Anna Earnshaw	(AS)	Strategic Director for Adult Commissioning and Transformation, Northamptonshire County Council

Minute Taker:

Cheryl Bird	(CB)	PA, Northamptonshire County Council
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Apologies:

Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Paul Farenden	(PF)	Chair, Northampton General Hospital
Cllr Sylvia Hughes	(SH)	Public Health and Wellbeing, Northamptonshire County Council
Professor Will Pope,	(WP),	Chairman, Healthwatch
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group

A1. Declaration of interest

RB formally requested if any member of the board has any declaration of interest. None was declared.

A2. Chairman's Announcements

RB announced as a result HS becoming Leader of the Council, there have been a number of changes to portfolios.

- Cllr Bill Parker will replace Cllr Suresh Patel as Cabinet Member for Adults Social Care and be a deputy to the Board for HS
- SH will replace RB as the Cabinet Member for Public Health and Wellbeing, and Chair all future meetings
- RB will become the Cabinet Member for Finance and no longer be a member of the Board
- Tony Ciaburro, Corporate Director for Place Commissioning will be invited to become a permanent member of the Board.
- CM will become a Vice Chair to the Board.

A3. Minutes from the previous meetings of the 10th March and 21st April

The minutes from the previous meetings of the 10th March and 21st April were agreed as an accurate record.

B1. Governance Update

B1.1 JW gave the Board a brief overview of the proposed governance structure for the Northamptonshire Integrated Care Board (NICB). The joint arrangements for monitoring the BCF and S75 arrangements have been agreed with providers and commissioners, although a bigger piece of work is still to be completed around the Sustainable Delivery Plan. The first meeting was held on the 16th May and attended by all Chief Executives across the county, where the terms of reference and schedule of these meetings were agreed. AA will be the Chair of the NICB, Alison Kemp will be the vice chair and Chief Executives or nominated deputy are expected to be in attendance. The NICB would have an oversight role in relation to the changes that will need to take place within the BCF, along with the development of the programme for next year. Reporting arrangements will first be to the respective organisations, then to the Health and Wellbeing Board which has an oversight on delivery of the BCF. CMi asked for the governance structure diagram showing the responsibility for signing of the BCF to include Cambridgeshire and Peterborough Clinical Commissioning Groups, JW agreed.

B1.2 RB proposed to move the frequency of the Health and Wellbeing Board meetings to bi-monthly, to begin after the meeting on the 17th September. The Board agreed

B2. STP Programme

B2.1 JW gave the board a brief overview of the work being completed around the Sustainable Transformation Plan (STP). By the end of July sustainable governance arrangements need to be in place to focus on the delivery of the STP, with the aim to provide services for health and social care in a more integrated way. There are three gaps within the plan that need to be addressed going forward:

- How will we address the health and wellbeing gap,
- How will we drive the transformation to close the care and quality gap,
- How will we close the finance the efficiency gap

This plan must be population health focused, with the footprint as Northamptonshire. The main elements of transformational work taking place are:

- Hospital transformation, to have a acute function within the county which can be delivered in a sustainable and systematic way
- MCP transforming primary care, linking in with mental health services, community health health service and adult social care service
- Urgent care, working with primary care around improving same day access and working through the challenges of delivering domiciliary care and increased integrated care.
- Complex care and long term conditions, to have a sustainable plan that will have risk stratification approach to look at the 20% of the population which account for 80% of cost in the system.
- Prevention and wellbeing need to emphasis primary and secondary prevention, by using public engagement to articulate the prevention agenda and encourage patient participation.

AA is leading on how to articulate the health and quality challenges currently being faced and the issues to be addressed, which include mental health, children, maternity, and premature deaths.

B2.2 The plan is currently being modified/improved and reviewed on a weekly basis by the NICB and the final submission will be ready for submission by the end of June. A checkpoint session was held with NHS England and external bodies, the feedback from the session was positive in relation to governance and engagement. But more work is needed around the bridging analysis and hospital modernisation programme and a workshop is being held with providers to explore opportunities to address these areas. There will be a meeting with regulators two weeks before the submission and in July Simon Stevens and Jim Mackie, will visit the site to feedback on the submission.

B2.3 The Board discussed the plan and the following comments were made:

AH - there is a need to focus on implementation of the plan, to ensure it is not organisationally bound, and use the collective resources across the health and social care system.

JC – Voluntary Impact and Healthwatch are completing a piece of work assessing the work that communities and Patient VOICE are already completing, to encourage more engagement and for more processes and people to become integrated. There is also concern about the lack of services being offered to sufferers of low level mental health and there is a need to ensure mental health features strongly in the prevention agenda. Due to Voluntary Impact liaising with the Specialist Public Health Team regarding the public health indicators, discussions can be made about identifying the root causes behind health problems and what needs to be completed with regards to prevention to stop issues escalating into health problems. Without investment in the prevention budget, the pressure on acutes and social care services will not change.

Jl - there are currently considerable pressures across the country within general practice and JI asked all to read the GP Forward View report which highlights the pressures currently being faced. CB to circulate the link with the minutes.

Action:CB

JW - national guidance has been circulated about how funding for STP should be allocated and the two finance directors from the CCG are working through this to ensure all requirements across the system is met. The focus at this stage is to have a credible plan for STP footprint which is deliverable. JW will send the methodically framework for bridging the financial gap to the Board.

Action:JW

SE – as the main focus of the STP is health and social care, there could be a risk of losing the emphasis on issues that are closely related and causing poor outcomes such as housing and education.

JW - has regular meetings with other STP's to partake in shared learning as well as liaising with NHS England and networks across other systems. The national teams are also providing evidence of best practice.

NP - the University of Northampton (UoN) are the biggest provider of nurses and midwives within the county and the links with other universities across the region, and UoN are keen to be involved in workforce planning.

AH asked if a development session could be held on the MCP model as a topic, RB agreed.

PBI – there is a huge demand for non eligible social care within the community that need to be focused collectively.

DSi - there is a need to start to focus on delivery, the key indicators are currently in the wrong place as more demand is being seen in the acute sector, along with poor patient flow through the acutes, and a dashboard is needed so this Board can see in numerical terms how schemes are progressing.

JW - noted there is a need to focus on shared responsibility for delivery, more work is needed on what the metrics will be as a system, the NICB membership and planning process to be reviewed.

B2.4 SS advised there is a major workforce issue across the whole health and social care system. In the acutes there are serious staff shortages in some areas and a demoralised workforce who need a lot of support for the future with a need to create new roles to support the clinical workforce and these new roles will require training preferably within the county. SS has been asked to set a Workforce Advisory Board (WAB) which will be jointly chaired by a Provider CEO and Health Education England and will have members from social care, medical, public health and education to support this process. Several programmes of work have been agreed and a workforce strategy will be produced and will report through the STP process. CK noted that she is the national lead for ADAS, ADAS has recognised that the workforce are a priority and CK chairs the national workforce group and will bring feedback on this to future board meetings. CK and SS to discuss this further outside the meeting.

Action: CK/SS

BP commented the biggest staffing cost for NCC is agency workers, and asked if the board can work together through UoN to look at ways of reducing this cost. PBI added models like the Children's Social Work Academy set up across the county would be beneficial, with the possibility of combining academies. NP added the STP will be a part of the implementation of the health and wellbeing strategy and there is a need to ensure universities across the region are involved in tackling the workforce issues and workforce retention by offering training and research facilities. .

B2.5 CoR gave the Board a brief overview of the Transforming Care Plan, which has already been approved by NHS England. This plan is about collaborative working to achieve working pathways of care and achieving accountable for pathways of care. But significant work is needed over the next few months to describe the key deliverables and key milestones to be implemented as part of the three year delivery plan. There are four key objectives:

- To reduce the need for hospital beds,
- To keep people out of hospital through a range of flexible community services,
- Improve access to early intervention services,
- Working with individuals and families at an earlier opportunity.

The implementation plan will be locally monitored through the Learning Disability Transformation Board and there will also be regular reporting to NHS England over the progress of this plan and implementation. NHS England will fund £30k to help with the programme management delivery costs, but there will be no other new money coming into the project so existing resources will be used. The key risks are the decommissioning and recommissioning of services to ensure changes don't adversely impact on individuals and all changes to services will be subject to Equality impact Assessments. There will be a mini roads taking place across the county to raise awareness and the profile of the plan, whilst helping to engage with organisations and the public. CoR asked for this plan to be on individual organisations websites by July 2016 and for approval of the plan and for key partners commitment to deliver the plan. The Board agreed. AH added NHFT supports this plan, but was disappointed not to be receiving funds from the NHS England Transformation Fund due to Northamptonshire having a good community based services and not bed based services. TT noted this and would feedback. CM commented currently 125 children are attending special schools outside the county and a new school is being built in Daventry to address this and asked for this to be included within the report. JWt would like to see more joined up services to ensure patients do not fall through gaps and asked for the confusion over terminology and ensure all CCGS are noted in the paper are addressed before the paper is agreed. MG will send details of the proposal to build three special needs schools within the county to CoR to be included in the plan.

B2.6 CMi gave the Board an update on the Cambridgeshire and Peterborough STP. There are six workstreams in place across within the governance structure:

- Sustainable General Practice,
- Proactive Care and Prevention which includes dementia and this workstream will need investment to deliver longer term savings,
- Urgent and Emergency Care which includes Vanguard status
- Elective Care – picked four areas to work on cardiology ENT orthopaedics dermatology, Maternity and Neonatal at an early stage,
- Children and Young People.

Each workstream is chaired by a Chief Executive from a respective organisation and feeds into Health and Care Executive Board. There is also a Clinical Advisory Group which looks at the long and short term options and national best practice before the options go to Executive Board for sign of for implementation. CMi asked JW if the interdependencies from both STP plans can be checked for the impact on areas across the region. JW agreed.

C1 Update Report – Board Member Organisations

RB advised the Health and Wellbeing Foras across the county continue to meet on a regular basis and RB meets with the Chairs of the Foras on a regular basis.

F3. Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 15th September at 9.30 am in Sunley Management Centre.

Signed.....

Dated.....