



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 5th June 2014
the Room 15, County Hall, Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Health and Social Services, Northamptonshire County Council
Professor Will Pope, Dr Akeem Ali	(WP), (AA)	Chairman, Healthwatch Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Suresh Patel, Substitute	(SP)	Cabinet Member, Adult Social Care Northamptonshire County Council
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Dr David Smart	(DS)	GP Representative, Nene Commissioning
Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Dr Darin Seiger	(DSe)	GP Representative, Chair, Nene Commissioning
Professor Nick Petford	(NP)	Vice Chancellor and Chief Executive Officer, University of Northampton
Dominic Cox	(DC)	Director of Operations and Delivery, NHS England, Local Area Team
Dr Raf Poggi	(RP)	GP Representative, Nene Commissioning
Dr Peter Wilczynski	(PW)	GP Representative, Chair, Corby Clinical Commissioning Group
Carole Dehghani	(CD)	Chief Commissioning Officer, Corby Clinical Commissioning Group
Adam Simmonds	(AS)	Northamptonshire Police and Crime Commissioner
Cllr Matthew Golby Substitute	(MG)	Cabinet member for Learning Skills and Education Northamptonshire County Council
Norman Stronach Substitute	(NS)	Chief Executive, Corby Borough Council
Stuart Rees Substitute	(SR)	Chief Finance Officer, Nene Commissioning

In Attendance as observers:

Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Tansi Harper	(TH)	Northamptonshire Probation Service
Art Conaghan	(AC)	Political Assistant, Northamptonshire County Council
Moira Ingham	(MI)	University of Northampton
Janet Doran	(JD)	Assistant Director Customer, Culture and Communities, Northamptonshire County Council
Teresa Dobson	(TD)	Management Board and Advisory Council Member, Healthwatch

Andrew Jepps,	(AJ)	Assistant Director, Integrated Wellbeing Services, Northamptonshire County Council
Cathy Mitchell	(CM)	Local Chief Officer, Borderline & Peterborough LCG
Dale Squire	(DSq)	Programme Director, Healthier Northamptonshire
Michael Kaiser	(MK)	Programme Manager Urgent Care, Nene Commissioning

Minute Taker:

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

Ben Gowland	(BG)	Chief Executive, Nene Commissioning
Alex Hopkins,	(AH),	Director of Customers, Communities and Learning, Northamptonshire County Council
Cllr. Jim Harker	(JH),	Leader of the Council, Northamptonshire County Council
David Kennedy	(DK)	Chief Executive, Northampton Borough Council

A1. Declaration of interest

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

A2. Introductions

RB opened the Health and Wellbeing Board meeting and welcomed everyone.

A3. Minutes of the last meetings held on the 13th March

A3.1 The minutes from the previous meeting of the 13th March were agreed as an accurate record.

A3.2 RB confirmed he invited Brandon Lewis (BL), the minister responsible for BCF proposals to this meeting, but BL was unable to accept the invitation.

A3.3 At the previous meeting there was an action for Palvinder Kudhail (PK) to provide an update on the CAMHS provision. PK is unable to attend and has provided a written brief for the Board which has been circulated.

B1 Healthier Northamptonshire Board

B1.1 DSq introduced himself as the new Programme Director for Healthier Northamptonshire and is jointly appointed by the six partner organisations for health and social and care. DSq highlighted some key points from the report presented to the Board.

B1.2 An intensive support team review conducted by Mckinsies Deloitte is ongoing and is due to be completed by the end of June. The financial model from the Health and social care system has been updated, seven portfolios of transformative change been agreed, with initial scoping documents for six completed. DSq is liaising with senior responsible officers and project managers around these areas to clarify the aim of the projects, also to improve the business cases and plans to deliver these. DSq is also compiling a project

management team to help support and to ensure good progress reporting is completed in all areas.

B1.3 John Bolton has been appointed to conduct an appraisal on the best options for providing integrated health and social care services and a report of these outcomes will be available in August.

B1.4 Feedback on the Better Care Fund submission is still awaited and the national assurance process is being conducted by NHS England and the Local Government Association. DSq raises concerns that funding from government is not currently forthcoming regarding the integration of service models for health and social care services and this funding is crucial for proceeding with integrated health and social care services. RB raises concerns about the lack of progress being made with regards to the BCF, and not being able to access the funding to significantly change the way we deliver, health, social care and wellbeing services.

B1.5 DSq is in the process of organising an all Board meeting for July to discuss the recommendations from the support team and the alignment of partners five year strategic plans.

B1.6 DSq aims to improve the communications links by ensuring all key messages are circulated to partners and that emerging communication is aligned and disseminated appropriately. PB added there is a challenge to make a sustainable health economy with investment to improve services whilst dealing with the current financial constraints in place.

B1.7 RB raised concerns there are no representatives sitting on the Health and Wellbeing Board from the hospital trusts. RB proposed to have a review of this board, how it is constructed and to extend the board membership to include representatives from the hospital trusts, voluntary sector and to extend the executive group. PW asked for this to be debated at the all boards meeting scheduled for July. RB asked for a review committee to be set up to include the RB, AS, NP, AA, AJ, PW and CM and for the new Board structure to be in operation at the Board meeting in September.

Action: RB, AS, NP, AA, AJ, PW, CM

B2. Urgent Care

B2.1 MK gave the Board a brief overview of the Urgent Care paper submitted, which includes contingency plans and links into Healthier Northamptonshire. MK confirmed the performance of KGH and NGH has varied over the past few months, KGH has made significant improvement in performance and NGH is starting to improve.

B2.2 Attendances presenting at A&E are still high at both acutes, and there is a problem with delayed transfers and discharges. MK added there is a need to re-direct patients to primary care or self care via a pharmacist and to look at primary care streams to enable patients to get the right care from the right clinician. From recently held workshops a single urgent care plan has been created and is being finalised, this will be reviewed and then sent to the Urgent Care Board for sign off. The single urgent care plan will include measures to reduce attendance at the acutes and to have improved discharges by including discharge to assess and integrated discharge. DSe commented this urgent care plan aligns with the Health and Wellbeing Strategy priority around quality of life for vulnerable and elderly people and is also a priority for Healthier Northamptonshire.

B2.3 MK advised a single performance dashboard is being developed to show KPIs for health and social care which will be monitored.

B3 and C3 NHS England Update

B3, C3.1 DC gave the Board a brief on the issues concerning primary care commissioning. NHS England is responsible for commissioning primary care services, and there is a need for collaborative working with better integrated services to improve the quality of care. DC added CCGs through their planning arrangements are being asked to show their interest in delegated responsibility in terms of contractual management. DSe noted for Nene CCG it is about joint commissioning, without full delegated accountability. PW agreed this is the same for Corby CCG and added it is vital to ensure alignment of services commissioned by primary care and other organisations. DSe added workforce development and education is not co aligned and this needs to be taken into account with developing pathways.

B3, C3.2 DC advised with regards to public health there are practical steps underway with co-commissioning to improve the outcomes and reduce variation in treatment.

B3, C3.3 DC advised there is a major national push to increase the number of health visitors across the country and the challenge is to understand the different education and systems in each local area. There is also the transfer of commissioning for 0-5 services and the scoping work and engagement work has begun. AA added it would be good to have a clear transitional plan for the next 15 months setting out the transition and risks. DS commented it would be beneficial for health visitors to have good links with mental health and child protection issues to give a consistent approach.

B3, C3 .4 RB asked to meet with Jane Halpin (JH) and asked DC if he could coordinate it. DC agreed.

Action:DC

B4 Interpersonal Violence Pooled Budget

B4.1 PB advised at the Police and Crime Commissioner's Transformation Board an issue was raised about the funding for interpersonal violence. Children services and victim support services have been re-commissioned and a report is being compiled about the evidence on how to provide these services from 15/16 onwards and PB asked for all partners to commit to fund the results from the work.

B4.2 PB added last year with the re-organisation of health service and the probation service there was a deficit of £114k which NCC paid, the same deficit is expected this year and this needs to be resolved. SR noted that Nene and Corby are committed to this, but from the CCG perspective there are issues about where the funding lies. PW noted Corby CCG will check what has been laid out in their plans and how this can be supported. AS asked for the funding for this year to be resolved quickly and there is a need to set and agree funding for the next three years.

C1. Borderline Clinical Commissioning Group Strategic Partner Update

C1.1 RB advised that the Borderline and Peterborough LCG (BPLCG) have asked for this Board to nominate a person to be a contact for the local data of the Oundle and Wansford area. RB nominated AJ and the Board approved.

Action:AJ

C1.2 CM advised (BPLCG) are currently going through a large procurement of older people's services and there are a mixture of bidders from NHS and independent sector providers. Through the consultation BPLCG ran, concerns were raised about potentially awarding health services contracts to none NHS organisations, RB noted that he has not heard of any similar concerns raised in Northamptonshire.

C2. Districts and Boroughs Strategic Partner Update

C2.1 CM advised one of the key risks to ensure that district level is connected to county level and thanked RB for meeting with the chairs of the local foras. AJ confirmed a Health & Wellbeing Board Manager has been appointed to liaise between this Board and a range of partners to improve communication.

C2.2 CM added another key issue is the limited parking at Northampton General Hospital due to building works and the need to ensure there will adequate parking facilities to deal with the expected growth in population. PB answered a car parking strategy is being developed in conjunction with Northampton Borough Council. DSe added as plans are to move care closer to home within the community this would ease pressure on hospital parking.

C2.3 CM raised a concern about the lack of control over the setting up of takeaway restaurants within the county in particular with the challenge to reduce obesity. RB advised some authorities within the country have agreed a strategy whereby before takeaway applications are approved they have to meet a certain criteria. RB asked CM to liaise with AA regarding this.

Action:CM/AA

C2.4 CM advised East Northamptonshire District Council are leading the Disabled Grant Fund on behalf of the seven districts and boroughs within the county and Corby have introduced healthier lifestyles managers. CK advised the Care Act is clear about having an integrated housing approach in particular to the DFG, CM ad CK to have a discussion about this outside the meeting.

Action:CM/CK

C2.5 CM confirmed he is hosting the next Health and Wellbeing Development day on the 18th June and the topic will be how districts and boroughs can achieve the health and wellbeing agenda.

C5 Police Commissioner Strategic Partner Update

AS confirmed he hosted a successful Health and Wellbeing development day at Kettering Conference Centre on the 22nd May.

C6. University of Northampton Strategic Partner Update

NP advised at the last meeting he was tasked with looking at the opportunities arising from the Social Value Act. This will be the topic for the Health & Wellbeing Board Development Day hosted by the University on the 7th August and a full report will be presented at the next Board meeting in September. NP also confirmed that a discussion group on the impact of the environment on health and wellbeing is scheduled to meet in September looking in particular at the impact of housing.

C7. Northamptonshire County Council Strategic Partner Update

C7.1 AA highlighted the Director of Public Health Annual Report, which this year focuses on wellbeing which includes some of the key actions people can take to improve their wellbeing. RB confirmed this annual report will be presented to the full council meeting of the 19th June. RB asked all the partners at the Board to promote and circulate this report to their colleagues and within their organisations. All agreed.

Action:All

C7.2 AA confirmed that in September there will be the 20 million steps challenge to improve the level of physical activity around the county, involving major sporting organisations. AA will write to Board members regarding this.

Action:AA

C8. Healthwatch Strategic Partner Update

C8.1 WP advised that the first Healthwatch annual meeting will take place on the 30th June and invited all present to attend.

C8.2 WP added one of the early outcomes from the MSK report is 17% of people in the survey lost time of work because of their condition and delays were reported in receiving the first medical appointment to address the condition.

C8.3 WP discussed the performance of EMAS in Northamptonshire being the worst in the East Midlands region, and the population of Northamptonshire receiving the worst service. DSe noted both CCGs are actively addressing the situation with EMAS. WP will discuss this with RB outside the meeting.

Action:WP/RB

C8.4 Healthwatch is involved in the independent enquiry of four deaths at St Andrews in a low secure ward.

D1. Development of Community Wellbeing Services

D1.1 AJ advised the procurement process for Community Wellbeing Services has begun. The proposition is to bring together existing funding streams and re-designing services to make the resources go further to produce a better outcome. In the tender issues around prevention, advice, empowerment and wellbeing have been brought them together under a common theme of wellbeing and linked to the five themes of wellbeing included in the Public Health Annual Report. This specification will be revised and reviewed annually to ensure correct development of community hubs and running as efficiently as possible.

D1.2 PB asked to bring to the next meeting a presentation on emarket place which is initially offering access for wellbeing services within adult social care but is planned to expand to include other cohorts within the community. RB agreed.

Action:PB

D2. Health and Wellbeing Board Annual Report

AJ gave the Board a brief on the Health and Wellbeing Board Annual Report. RB asked for the Health & Wellbeing Board Strategy Group to meet to review the health & Wellbeing strategy and for this to be discussed at the board meeting in September with the new configuration about how we take this strategy forward.

E1 Summary of Children's JSNA.

E1.1 AA advised at a previous board meeting the process of developing the JSNA was discussed. A chapter has been completed which focuses on children bringing all the elements together to ensure they are supported. AA highlighted some of the key issues.

E1.2 Data linkage and planning for future services, there are still gaps in this area and there is a need to ensure that people have the right information at the right time to ensure the correct choices and outcomes are made. There are also wider issues that need addressing such as childhood poverty, educational attainment, homelessness. RN noted services for children and young people are one of Healthwatch's top priorities, and voiced

disappointment that the voices and experiences of children and young people are not included in this JSNA report and asked if they can be included rather than having just facts and data.

E2. Update on actions taken after the Winterbourne Review

E2.1 CK advised a report has been circulated to the Board giving an overview of the progress that has been made since the Winterbourne Review. A number of actions have been completed and work is ongoing on the outstanding actions to ensure they are completed. CK asked the Board to note the action to commission appropriate support and accommodation packages for those placed in inappropriate hospital placements will not be completed by the 1st June and asked if a paper could be brought to the next Board meeting to give an update and assurances on this. RB agreed.

Action:CK

E2.2 PB asked congratulated the team for all there hard work in progressing with these actions.

F1. Any other business/announcements

PW advised the Board of a pilot being funded by the Leadership Group to enable those individuals for those who are drunk and injured to be treated within the community by paramedics, police and other support staff in a 'booze tent'. CD noted there is a need to review the evidence base behind this to see if this would reduce A&E attendances. DS advised that we are developing a mental health liaison service to include linking with alcohol commissioners, and this could overlap with this pilot. The Board agreed to support this pilot.

F2. Take home messages

WP gave the take home messages from today's meeting.

- There are concerns about the agenda and the challenges we face, and there is a need to encourage and have Healthier Northamptonshire and Urgent Care deliver.
- Need to focus on improving ways of collaborative working and not just focus on financial allocation.
- Need to decide what we are going to do and in a constructive way decide how we are going to do it.
- The change in Board structure for implementation at the next Board meeting, and working to a new model.

F3. Dates of next meetings

The next Board meeting will take place on the 18th September 2014, Sunley Management Centre, Northampton.

Signed.....

Dated.....