



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 10th March 2016
Room 15, County Hall, Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Professor Will Pope,	(WP),	Chairman, Healthwatch
Professor Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Chris Millar	(CM)	Leader, Daventry District 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)	Director for Adult Care Services, Northamptonshire County Council
Cllr Suresh Patel Substitute	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Angela Hillery	(AHi)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Tansi Harper Substitute	(TH)	Interim Chair, NHS Corby Clinical Commissioning Group
Cllr Heather Smith	(HS)	Deputy Leader, Northamptonshire County Council
Matthew Smith Substitute	(MS)	Assistant Director of Improving Outcomes, Cambridgeshire and Peterborough CCG
David Noble Substitute	(DN)	Chair of Audit Committee, Northampton General Hospital

In Attendance as observers:

Andrew Jepps,	(AJ)	Assistant Director, Integrated Wellbeing Services, Northamptonshire County Council
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Mark Ainge	(MA)	Head of Prevention and Community Protection – Police & Fire (E1058) Area Manager, Northamptonshire Fire and Rescue Services
Professor Carol Phillips	(CP)	Deputy Dean of the School of Health/Director of

Cllr Sylvia Hughes (SH) Institute of Health and Wellbeing
Northamptonshire County Council

Minute Taker:

Cheryl Bird (CB) PA, Northamptonshire County Council

Apologies:

Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Cllr Jim Harker	(JH)	Leader, Northamptonshire County Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
Alex Hopkins,	(AH),	Director of Children's, Families and Education, Northamptonshire County Council
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Dr Jo Watt	(JW)	Chair, NHS Corby 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. Minutes from the previous meeting of the 17th December 2015

A2.1 One amendment is to be made to the minutes from the previous meeting of the 17th December 2015, A2 to read 'AS recommended to the Board that SE, Chief Constable of Northamptonshire Police will become the representative for Northamptonshire Police Force'. The rest of the minutes were agreed as an accurate record.

A2.2 RB welcomed SE and noted that once the new Police and Crime Commissioner is elected, discussions will take place to have a Board member to represent Police commissioning.

B1. Health and Wellbeing Strategy Development

B1.1 RB thanked the University of Northampton for their work in compiling the new Health and Wellbeing Strategy. NP advised there has been positive feedback from the Health and Wellbeing Strategy consultation, and there are four themes:

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

Following the consultation and feedback from stakeholders these four themes have been refined, and each theme has four components:

- Where are we now
- Where do we want to be
- How will we get there
- What outcomes do we want to achieve

All these four components are linked and cross referenced to other strategic documents written by partners from across the county and national strategies.

B1.2 NP asked the Board to choose which vision statement is best suited for this strategy. The Board agreed to choose statement 2 'Improve the health and wellbeing of all people in Northamptonshire, and reduce health inequalities, by enabling people to help

themselves'. PB asked if physical and mental health can be referenced in the vision statement.

B1.3 The Board discussed the draft Health and Wellbeing Strategy and the following comments were made:

- CK asked can the role in safeguarding be included in the document, as it is a key element that sits within wellbeing and for priority 3 to reference the transforming care and partnership which links in with Learning disabilities.
- AH noted this Board has a role to play in helping the population to improve their health and wellbeing, and this strategy is a vision to 2020. There also needs to be a translation aligned with the STP about how and when the strategy can be delivered so all can collectively sign up to this.
- PB commented we all need to agree that there may be certain items within the strategy which might be at detriment to individual organisations but will be to the overall benefit of the county. It would be beneficial to have a public statement and signing of the strategy by all partners.
- AA commented this strategy is about helping people to help themselves and helping people who can't help themselves, with a personal needs approach, giving people the voice and choices with the resources available. There is a need to go beyond the STP to consistently support the population of the county to achieve the best wellbeing outcomes. Individual organisations will be able to ensure the resources they use align with the outcomes in the strategy, and organisations that have accountability and responsibility for the strategy and to make the strategy real for the county.
- WP noted there is a need to capture within the document the vision around mental health and parity of esteem, and to enable organisations to help people.
- SE noted law enforcement and to protect people from harm should be mentioned as this has a major role in living in safe communities, and ensuring safe access to leisure facilities and green spaces. Also more emphasis is needed on the ability to jointly deliver services.
- DS asked for more clarification in priority 1, 'children gain weight during primary education' and to make the document easier to read by including more graphics.
- JW welcomed that the footprint and STP for Northamptonshire were referenced in the strategy, and commented the system will need to come together to deliver the overarching aim in improving the health and wellbeing for the county.
- CD would like to build on the access to leisure, links to community safety partnerships and to support work around STP and the footprint for the county.
- GF advised this Health and Wellbeing Strategy is a framework which will umbrella all the strategies in the county, the issue is around delivery and still lacks clarity around how the priorities can be achieved and a timeline.
- RB noted the operationalisation of the strategy is key and how can the strategic role of this Board be utilised to operationalise the strategy within localities.
- CM confirmed the districts and boroughs are fully involved in the forming of the health and wellbeing strategy.

B1.4 RB confirmed there a public signing of the Health and Wellbeing Strategy on the 21st April 2016 before the health and wellbeing board development session.

B2. Governance Update

B2.1 JW gave the Board a brief update on the interim governance arrangements in place. The footprint for Northamptonshire has been submitted, and JW will be the lead for this and the Sustainability and Transformation Plan (STP). There is a need to have workable Board around the STP programme, to ensure it has the right representation and recognising that each organisation will have a role to play in disseminating, discussing and servicing issues across their organisations which will brought back into the STP board. More detailed conversations will be needed to ensure there is joint accountability for the delivery of this plan and to establish what the framework and governance arrangements will be.

B2.2 There are two transformational pieces of work that need to be completed, the first work programme is concerning hospital modernisation, and some additional resource will need to be identified to accelerate this over the next six weeks. The second work programme is around the development of the multi provider hospital strategy and this will also be taken forward at an accelerated rate.

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

- AH noted the STP gives collective responsibility and a sustainable plan for the county, but there is a need to understand the responsibility to plan access to transformation funds, and this can only be completed through the STP plan.
- DS added the three GP federations will be key enablers to system transformation.
- CK advised there needs clarity around how elected members will be involved in some of the governance and decision making; CK will meet with JW to discuss further.

Action:CK/JW

- CM advised there needs to be a wider mechanism in place to enable input from the Health and wellbeing foras to be fed through.
- RB asked CM to ensure the Chief Executives of Districts and Boroughs support the localities, to make the locality level decisions align and work. CM agreed.

Action:CM.

- JI commented it would be beneficial to have an improvement of the wellbeing of the population as an outcome, but this would be difficult to measure but could be a stimulus for change. NP added this could be completed building up an evidence base, which could also be used to monitor outcomes for Health and Wellbeing Strategy.
- JC noted in the voluntary sector there is a big problem with the lack of evidence for the county when trying to secure funding for projects and this would be helpful for community results.

B2.3 The board agreed to the proposals put forward by JW, and RB asked for JW to look at the way the elected members are involved and feedback to the next meeting. JW will bring a proposal to the next meeting to include engagement and use of technology.

Action:JW

C1 Update Report – Board Member Organisations

C1.1 CM attended a LGA conference, where it was discussed that local authorities in growth areas should ensure the NHS are engaged with planners to ensure services are in place for the new growth. But NHS England are not responding to or attending meetings with local planners which is needed to take advantage of growth agenda monies that could be available from developers. CM will provide TT further information on this so TT will follow up the non attendance and feedback to CM. RB asked for PL to be copied into the information for PL to circulate to members of the Board. TT agreed.

Action:TT/CM

RB asked if CM could be the point of contact for planning with the districts and boroughs, CM agreed and NS, CD and JW will be copied into any correspondence. CM agreed.

C1.2 Under item 9.6 AA agreed to look into a public health representative for each of the health and wellbeing foras to ensure wider discussion and distribution of health and wellbeing services. AA asked for any specific items the health and wellbeing foras have which need public health involvement to be forwarded to the public health team who would deal with this. .

C1.3 Under item 3.1, SE explained Northamptonshire Police has changed the approach to crime reporting to should more accurate data recording which is why there shows a 52.90% increase in violence, SE anticipates the figures will level out over the coming year.

C2 Update Report – Health and Wellbeing Board Activity

C2.1 AJ gave the Board a brief update on the Mental Health Crisis Care Concordat. The action plan has been drafted for a year and is constantly updated, the key improvements has been the reduction in the use of police cells as a place of safety for those in crisis, strengthening the learning from the recovery side of the intervention and how to reduce the likelihood of a crisis being needed again and making the experience of an intervention the best it can be for those going through a crisis. AH added this is a good opportunity to have a mental health emphasis included in the STP and the national resources being put towards mental health and how this will be used in the county. CK added through the Care Act, NCC have a social responsibility for prisons, and a large number of prisoners are leaving prison with mental health issues and CK asked for this to be addressed in the mental health crisis care concordat. AJ agreed to discuss this with the mental health leads for prisons.

Action:AJ

C2.2 AJ asked the Board to approve the recommendations that this work will continue for another year and be included in the Health and Wellbeing Strategy, refine areas where further progress is needed. AA asked for the recommendations included in this paper by looked at in the context of the CCGs Commissioning Plans and the STP for the county before the Board agrees.

D1 Contraceptive Needs Assessment Update

D1.1 AA gave the Board a brief update on the Contraceptive Needs Assessment paper. This needs assessment has been completed as an addition to the Sexual Health Needs Assessment on what is driving the high levels of teenage pregnancy currently seen in certain areas of county and how teenage pregnancies can be prevented. One key message that came from the assessment was that access to contraceptive services in Northamptonshire compares favourably nationally and 95% contraceptive care/support is given in primary care. There is a trend in the decline of teenage pregnancy, however there are some areas in the county that are above the national average and this paper has shown that there are significant areas in the county where efforts need to be focused to reduce teenage pregnancies and prevent the spread of STDs.

D1.2 HS would like to see some analysis completed the number of teenage pregnancies in looked after children, HS asked if Public Health could target this cohort to see what more could be done and will raise this at the Corporate Parenting Board next week.

Action:HS

AA agreed there is a need to look at the support given to looked after children once they do become pregnant and give the districts council an opportunity to be involved in this work. AA will discuss with the Children's directorate and feedback to HS.

Action:AA

D1.3 JI questioned the failure rates for contraception and JI added in previous year's research has shown that where teenage pregnancy rates were higher more contraceptive advice and services had been given and sometimes more information can be damaging. AA figures used in the documents all have the caveat 'if used correctly'; AA will discuss this further with JI outside the meeting.

Action:AA

D1.4 DS noted this document provides a countywide view and can be used for operationalising the Health and Wellbeing Strategy. DS asked if further analysis from a geographical and locality level be completed, as this would enable locality fora to help with addressing the issues presented. AA agreed to look into this.

Action:AA

E1 Clinical Commissioning Groups Commissioning Intentions

JW gave the Board a brief on the Clinical Commissioning Group Commissioning Intentions papers. The operational plans contractual arrangements with the three providers are being finalised for 16/17. The operating plans will articulate how stabilisation of the acute, community and mental health system are being supported, with obligations to meet statutory requirements, and ensure services are in place when backlogs in the system occur. The strategic priorities are around:

- Primary Care Transformation
- Long Term Conditions/Managing Patients with Complex Needs
- Integrated Care/Health and Social Care
- Urgent Care

There will be a big focus on prevention and improved health and wellbeing which the voluntary sector will have a role in delivering this. The challenge will be around agreeing the contractual levels and bridging the financial gap currently faced by the CCG. CD added the CCGs from April 2016 will be fully delegated for primary care commissioning, and highlighted the importance of decommissioning services which don't provide any improved outcome for patients, in order to commission services that focus on and improve patient outcomes. DN added the pace of change is very important as there is an urgency to reform quickly and to decommission services which do not improve outcomes.

JC noted there is a need to address the issues behind ill health, such as poor housing, and we need to be able to address this. AH advised it would be beneficial for the NCP model to be discussed in more detail at a later Board meeting, as this will show how the voluntary sector can support the pressures in primary care and secondary and community care. RB agreed.

F1. Any Other Business

SH gave the Board a brief on the Chief Medical Officers (CMO) Alcohol Guideline Consultation. A medical committee has been formed to examine evidence relating to the health harms of alcohol consumption from which proposed revised guidelines on the amount of alcohol has been announced. These revised guidelines reduce the safe level of drinking for men to the same level as women and for individuals to assess their own risks before consuming alcohol, which will have important implications on alcohol consumption and screening in primary care. The deadline for the feedback on this consultation is the 1st April and CB will co-ordinate the response on behalf of the Board. RB asked all to complete the consultation document and feedback to CB who will co-ordinate a response on behalf of the Board.

Action:CB/ALL

F2. Take Home Messages

RB gave the Take Home Messages from today's meeting.

- The draft Health and Wellbeing Strategy has been agreed and there will be a public signing on the 21st April, NP will finalise the strategy with the comments made earlier and circulate to the Board.
- A discussion will take place on the STP and BCF on the 21st April 2016.

F3. Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 2nd June at 9.30 am in Room 15, County Hall, Northampton.

Signed.....

Dated.....