



## Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting  
held at 9.30 am on Thursday 11th June 2015  
Council Chamber, Kettering Borough Council**

**Present:**

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Dr Darin Seiger - Vice Chair	(DS)	GP Representative, Chair, NHS Nene Commissioning Group
Professor Nick Petford - Vice Chair	(NP)	Vice Chancellor and Chief Executive Officer, University of Northampton
Adam Simmonds - Vice Chair	(AS)	Northamptonshire Police and Crime Commissioner
Professor Will Pope,	(WP),	Chairman, Healthwatch
Dr 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, Corby Clinical Commissioning Group
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Martin Lord	(ML)	Chair, Voluntary Impact Northamptonshire
Dr Jonathan Ireland	(JI)	Chair, LMC
Tanis Harper	(TH)	Interim Chair, Corby Clinical Commissioning Group
Paul Farenden	(PF)	Chair, Northampton General Hospital
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Cllr Jim Harker	(JH)	Leader, Northamptonshire County Council
Cllr Matthew Golby	(MG)	Cabinet Member for Learning Skills and Education, Northamptonshire County Council
Substitute Maura Noone	(MN)	Assistant Director Health Partnerships, Northamptonshire County Council
Substitute Palvinder Kudhail	(PK)	Assistant Director, Early Help and Prevention, Northamptonshire County Council
Stuart Rees	(SR)	Interim Accountable Officer, NHS Nene Clinical Commissioning Group

**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
Angela Hillery	(AHi)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Paul Blantern	(PBI)	Chief Executive, Northamptonshire County Commissioning

Cllr Suresh Patel	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Dr Peter Wilczynski	(PW)	GP, Lakeside Surgeries

#### **Minute Taker:**

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

Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Alex Hopkins,	(AH),	Director of Children's, Families and Education, Northamptonshire County Council
Cllr Heather Smith	(HS)	Deputy Leader, Northamptonshire County Council
Norman Stronach	(NS)	Chief Executive, Corby Borough Council

#### **A1. Declaration of interest**

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

#### **A2. Introductions**

RB opened the Health and Wellbeing Board meeting and introduced TT as the representative from NHS England and GH as the representative from Cambridgeshire and Peterborough Clinical Commissioning Group.

#### **A3. Minutes from the previous meeting of the 12<sup>th</sup> March 2015**

The minutes from the previous meeting of the 12<sup>th</sup> March 2015 were agreed as an accurate record.

#### **B1. Update on Effective Patient, Service User, Care, Public Engagement**

**B1.1** RN advised at the December 2014 Board meeting, the Board agreed to a set of four principles regarding meaningful engagement for delivering impact to service users. These went out to consultation with the Healthier Northamptonshire patients and engagement workstreams. Board members were asked to let RN have the principles of meaningful engagement used by their individual organisations. RN presented a paper which highlights three or four bullet points from each organisation on what they are currently delivering on meaningful engagement. RN commented there have been some additional updates from partners since the paper was published and RN will circulate the amended paper to the Board members.

**B1.2** RB is planning is to host a workshop on how to collaborate, share and avoid duplication around engagement by health and social care partners. The Board agreed to support the workshop. RB asked Board members to ensure representatives from their individual organisations attend the Health and Wellbeing Board development sessions hosted throughout the year.

## **B2. NHS New Models of Care**

**B2.1** CD gave the Board a brief update on the NHS England's Five Year Forward View. The development of this document was led by Simon Stephens, Chief Executive of NHS England, and been endorsed by all the relevant regulators. The key messages are about understanding the need of the population and implementing the most appropriate care model. This will be achieved through:

- Implementing new models care,
- Clinical Commissioning Groups to become power houses of transformation
- Better experiences for patients with clearer and better navigation through the systems
- Strong focus on prevention,
- Admission to the acutes being a last resort,
- Patients being discharged from acutes to home rather than community beds.

These new care models will be about:

- Cooperation, strong relationships meaningful engagement,
- Listening to feedback from local communities
- How the system can think differently to be able to deliver differently.
- Delivering care collectively to the county.

CD confirmed there is now a move towards developing and implementing services, ensuring prevention is included in all pathways, engaging with patients and members of the public with the main focus being around care pathways and self management. To enable the population to obtain information around their own health and how to they keep themselves healthy and the voluntary sector and pharmacies will play a vital role in this.

**B2.2** PW gave the Board a brief overview of the five models of care which were part of the Northamptonshire Vanguard submission. A major concern is that 10% of patients, have long term chronic conditions, often frail and elderly and are in the last two to three years of their life. This cohort often have unnecessary and inappropriate hospital admissions, costing on average £6000 per year, and the quantity and quality of life does not improve with these admissions. The submission made was for general practice to take control of these patients care, in order to do this there needs to be an effective stratification system, and effective management of the last years of their life, with the intention to reduce inappropriate hospital admissions. In order for this to be successful, patients would need to utilise the skill sets of other health care professionals in order to provide the most appropriate level of care and treatment, to move to a community based level of care which would provide more proactive, timely effective care allowing patients to be managed outside a hospital setting. PW added that small independent General Practices will struggle to deliver these models of care, merged or larger practices will be more ideally placed. PW confirmed there is no new money in the system for this Vanguard submission it is about making the best use of resources to become more efficient, and it is a complex process which will need time to deliver and the aim is to have this Vanguard to go live by 1<sup>st</sup> April 2016. PF raised concerns as these pathways of care are desperately needed now and a major concern is the transition period into the Vanguard.

**B2.3** TT confirmed NHS England are looking at the wider terms of health, around improving general practice, addressing workforce issues and constraints that are currently in place.

## **C1 Healthier Northamptonshire Strategic Partner Update**

**C1.1** SR gave the Board an update on the Healthier Northamptonshire Programme. Healthier Northamptonshire has been going through a process of re-focusing over the previous two months, to identify where the gaps are and where to re-commission services to close these gaps. Work is ongoing on how Healthier Northamptonshire can work with the CIC and leadership across the whole health economy to enable improvements in performance. The current barriers within the system are being reviewed such as the urgent care issue, how it can be dealt with in the short term and how to do deal with the system deficit. SR added the main task is to map out the whole health economy, enabling people to understand how and where decisions are made, the governance that surrounds it, and how some of the decisions can be streamlined.

**C1.2** TT advised there was a recent meeting with the regulators TDA and MONITOR around how NHS England can manage contracts, help with some of the issues being faced in primary care and to push the primary care agenda forward. TT added there is a need for the Healthier Northamptonshire workstreams to move forward and for there some tangible results to be seen.

**C1.3** AA advised the challenge for this Board is to take an overall view on the challenges across the whole health economy and to support the processes in place to address these. PBI commented there will be problems with the transition and there is a need to have a clear vision on how services can be provided for self help and self funders, to ensure there will be domiciliary care services in place to undertake the Care Closer to Home workstream. JI asked if the GP led organisations who are involved in this work can be recorded, SR agreed and added the new GP federations will be invited to join the Healthier Northamptonshire Programme. TH added the overall plan for Healthier Northamptonshire to be articulated to the local communities, to ensure their focus is addressing and building the local integrated ways of working.

**C1.4** CM advised the districts and boroughs would like to have more involvement in the Healthier Northamptonshire agenda and BCF and asked if a meeting can be arranged between representatives from the districts and boroughs, BCF and Healthier Northamptonshire teams to discuss these issues. SR agreed.

**Action:SR**

**C1.5** GH advised in Peterborough the authority for BCF is delegated down to the Joint Commissioning Board, to look at how the monies are being spent at a more operational level. There is also a Transformation Board which has representatives from the providers and acutes at a local level where delivery problems are discussed and resolved. Both these boards feed into the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board.

### **C3. District and Boroughs Councils Strategic Partner Update**

**C3.1** CM updated the group on some key messages from the Districts and Boroughs. CM and RB jointly hosted a Health and Wellbeing Board Development Session on the 4<sup>th</sup> June regarding 'Healthy Food' and to encourage healthy high streets and how the planning system may be able to help with this. CM will circulate the blog from this event to Board members.

**Action:CM**

**C3.2** CM added more housing is being planned for the elderly in Daventry, but there is a real challenge to get carer roles filled within South Northants, which is particularly crucial with the predicted increase in the elderly population. CD confirmed CD and AHi would like to become involved with the discussions around housing and how it can feed into the Care Closer to Home scheme. CD and AHi to meet with representatives from the districts and boroughs.

**Action:CD/AHi/CM**

**C3.3** CM asked if the DFG grant funding could be increased it will be beneficial in reducing the need and costs on health services which would be beneficial to the county in the long term.

### **C6. University of Northampton Strategic Partner Update**

**C6.1** NP gave the Board a brief update on behalf of the University of Northampton (UoN). Their governing body has approved the UoN Strategic Plan, and this involves working closely with key partners in the county around educational outcomes. There is a link into work UoN are completing around year 6 obesity and the work currently being conducted by

the districts and boroughs, NP added UoN have a reserve of people who would be able to help with conducting research around this. NP will discuss with CM outside the meeting.

**Action:NP**

**C6.2** JH gave the Board a brief about 'Race to the Top', which is a scheme to improve academic achievement in schools within Northamptonshire, where an important part is to achieve physical improvement. There are interventions into failing schools and NCC have set aside £1million of funding, to enable schools to bid for funding for extra curriculum activities to improve academic achievement and aspirations of young people.

## **C7. Northamptonshire County Council Strategic Partner Update**

**C7.1** PBI discussed some key items from the Northamptonshire County County Partner update report. The Next Generation Programme Model will be a transformation of the way NCC will operate and is currently being formatted in consultation with partners across the county.

**C7.2** PBI added we are currently in active consultation and hosting roadshows regarding the CIC enterprise and CIC will make a profound difference in helping the Healthier Northamptonshire programme to achieve its goals. PBI confirmed that Simon Denny from UoN is ensuring that evaluation mechanisms are in place for the Wellbeing CIC, by measuring input, output and outcomes. The Breeze-e market place is operational and will enable the population to obtain information on how to access wellbeing goods and services.

**C7.3** Women's cycle tour is coming to the county, and PBI asked all present to get involved and promote this through their organisations as much as possible.

**C7.4** PBI thanked health colleagues and Northamptonshire Police for the help and support they have given for the Children's Improvement Programme.

## **C8. Healthwatch Strategic Partner Update**

WP confirmed the reports on Future of Health and Social Care Services conference, and the Young People is Conference is now available online. The GP Survey report is also available online and has been discussed in the House of Commons. The Healthwatch AGM is to be held on the 18<sup>th</sup> June and WP invited all to attend.

## **C9. Locality Health and Wellbeing Foras Strategic Partner Update**

RB confirmed he has regular meetings with the Chairs of the Local Health and Wellbeing Foras, and the confirmed the seven Foras are currently operating at different paces. RB is organising through the Health and Wellbeing Board secretariat for various issues to be debated across the localities where a specific interest has been highlighted, also the secretariat is organising to have a regular newsletter which will be circulated across the localities.

## **D1 Healthy Employer Programme Task and Finish Group Progress Report**

PB advised at the previous Board meeting in December it was agreed to set up a Healthy Employer Task and Finish Group, there has currently been three meetings and is making good progress. One of the first tasks undertaken by the group was to encourage partners around the table to sign up to a healthy workplace pledge and establish a programme within their individual organisations to encourage employees to become more active and adopt a healthier lifestyle. There are currently 20000 people in organisations across the county signed up to this and work is ongoing with UoN to evaluate this programme, to see if employees who adopt a healthier lifestyle have an increase in productivity and reduced sickness absences, with the intention to circulate this evidence to larger companies within the county. PB advised there needs to be more engagement with schools which is currently proving difficult, MG confirmed his portfolio covers skills and education and he will try and advocate this through the schools and will liaise with PB on the progress.

**Action:MG**

PB added it would be beneficial if Northamptonshire Police could also be involved, although Northamptonshire Police already has a fitness programme. AS will raise this with the Northamptonshire Police to try and encourage a representative from them to attend group.

**Action:AS**

## **D2. Local Quality Premium Indicators**

**D2.1** GH advised the Quality Premium is a reward to Clinical Commissioning Groups who can show an improvement in health outcomes and a reduction in health inequality. For Cambridgeshire and Peterborough CCG this is worth approximately £5million, the indicators are determined nationally, with the exception of two which are chosen by the local CCG. GH recommended prevalence of breastfeeding 6-8 weeks and for stroke patients to be admitted to a stroke unit within four hours, as Cambridgeshire and Peterborough's two local indicators. The Board agreed. CD confirmed Corby and Nene CCGs quality outcomes focus on urgent care, mental health, reduced A&E attendances, and reducing falls. AA asked for a paper to be brought to the next Board meeting on quality outcomes for the county, what is aligned, actions required, what we want to achieve and how this Board can help. RB agreed.

**D2.2** GH advised within Peterborough the provision for stroke patients had been an area of concern for some time. RB asked if a paper can be brought to the next meeting around the provision for stroke patients within the county.

## **F1. Any Other Business**

RB reported that SP is still participating in the weight loss challenge and has now recorded a weight loss of 5kg.

## **F2. Take Home Messages**

RB summarised the main points of the meeting:

- Vanguard, a three to five year programme, operational by 1<sup>st</sup> April 2016.
- Vision of where this Board would want to be?
- It is important that the GP survey is now available to view online and asked all to review
- Healthy workplace is a good initiative and asked all to encourage their workforce to be more active and adopt a healthier lifestyle which will save the NHS money in the long term.

Signed.....

Dated.....