



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 12th March 2015
Council Chamber, East Northamptonshire Council**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Professor Will Pope,	(WP),	Chairman, Healthwatch
Dr Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Suresh Patel,	(SP)	Cabinet Member, Adult Social Care Northamptonshire County Council
Substitute		
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Dr Darin Seiger	(DS)	GP Representative, Chair, Nene Commissioning
Carole Dehghani	(CD)	Chief Commissioning Officer, Corby Clinical Commissioning Group
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Alex Hopkins,	(AH),	Director of Children's, Families and Education, Northamptonshire County Council
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Cllr Heather Smith	(HS)	Deputy Leader, Northamptonshire County Council
Dr Miten Ruparelia	(MR)	Vice Chair, Corby Clinical Commissioning Group
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Substitute		
Dr Peter Medcalf	(PM)	GP, LMC
Substitute		
Professor Nick Petford	(NP)	Vice Chancellor and Chief Executive Officer, University of Northampton
Sarah Theaker	ST)	Head of Operations and Delivery, NHS England
Substitute		Local Area Team
Jane Carr	(JC)	Chief Executive, Voluntary Impact
Substitute		Northamptonshire

In Attendance as observers:

Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Andrew Jepps,	(AJ)	Assistant Director, Integrated Wellbeing Services, Northamptonshire County Council
Cllr Sylvia Hughes	(SH)	County Councillor, Northamptonshire County Council
John Nightingale	(JN)	Director, Countywide Forum
Eamonn Kelly	(EK)	Chair, Healthier Northamptonshire Steering Group
Pat McCarthy	(PMc)	Head of Joint Commissioning, Nene Clinical Commissioning Group

Becca Winwood	(BW)	Lead Commissioner, Troubled Families, Early Help & Prevention, Northamptonshire County Council
Angus Maitland	(AM)	Programme Director, Healthier Northamptonshire
Tansi Harper	(TH)	Chair, Corby Clinical Commissioning Group

Minute Taker:

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

Cllr. Jim Harker	(JH),	Leader of the Council, Northamptonshire County Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
Adam Simmonds	(AS)	Northamptonshire Police and Crime Commissioner
Ben Gowland	(BG)	Chief Executive, Nene Commissioning
Dr Jonathan Ireland	(JI)	Chair, LMC
Martin Lord	(ML)	Chair, Voluntary Impact Northamptonshire
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team

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 welcomed everyone.

A3. Minutes of the last meetings held on the 18th December 2014

The minutes from the previous meeting of the 18th December were agreed as an accurate record.

A4. Review Terms of Reference

A4.1 AJ gave the Board an update on the revised Terms of Reference (ToR). Following discussions with DS, some amendments have been made to the ToR previously submitted. RB confirmed Board members need to decide as and when a review is needed, and RB also confirmed The Health and Adult Social Services Scrutiny Committee are observers of this Board.

A4.2 RB asked NP, CK and NS to discuss outside the meeting, bringing a joint paper to the next Health and Wellbeing Board meeting relating to a Housing Strategy for the County. NS agreed.

Action:NP/CK/NS

CK confirmed a draft accommodation strategy is in the process of being finalised and once finalised CK will share with NP and NS.

Action:CK

A5. Mental Health Concordat

A5.1 AJ gave the Board an update on the Mental Health Concordat. Three mental health concordat workshops have been held and were attended by partners from across the County. AJ highlighted some key points from the final draft action plan:

- A strong message is included within the actions for the focus to be on the service user and where appropriate the carer when in the process of solving a crisis.
- To ensure there is clarity around the pathway with professionals and for service users, carers and members of the public,
- Ensure a contact number to call is available 24/7 and for the response to be quick and efficient,
- To listen effectively and to recognise that some service users in crisis may describe their symptoms in a way that could be mis-leading, and to ensure there is understanding around the details and speed of the response,
- For partners to learn from a crisis to reduce the risk of a future crisis or to mitigate the circumstances and to improve the quality of the experience.

A5.2 AJ confirmed the Health and Wellbeing Board Secretariat will add final comments from partners and submit this plan by the end of March. CK asked if the Deprivation of Liberty can be considered when submitting the final plan to ensure the deprivation of Liberty Safeguards are adhered to. AA thanked AJ for his work on this, and asked all to help AJ finalise the process and submit the plan.

B1. Update on effective patient, service user, carer public engagement

B1.1 AJ advised at the last meeting, RN was asked to complete a report on how the principals of patient, service user, carer public engagement are embedded within partner organisations. Board Members agreed for representatives from their organisations to make contact with RN to share their work to enable RN to complete the report, but responses from partners has been scarce. AJ has asked Board members if they could encourage their representatives to make contact with RN. RB noted this report is to encourage integrated working and to help stop the duplication, to streamline and make engagement services more efficient.

B1.2 AH advised children's services already have partnership working around engagement and use tools like Viewpoint and will ask for this to be shared with RN.

Action:AH

JC asked if partners could consider engaging with Voluntary Impact Northamptonshire as their network of large groups that could be utilised more effectively. AA noted there is a need to think about what structural support is needed and how much is currently being spent on engagement and how can it be made more efficient.

B1.3 WP offered to co-ordinate a meeting with partners engagement leads to discuss this. RB agreed.

Action:WP

B2. BCF Update

B2.1 RB advised at the last Board meeting an agreement could not be reached for the final BCF submission and approval was delegated to the Chair and Vice Chairs to approve the final BCF plan.

B2.2 PMc confirmed there was a complete re-submission of the plan on the 9th January, and the plan has now been fully approved without conditions. The value of the pooled budget is £59.8 million which is 36% above the minimum requirement set for Northamptonshire. Included in the BCF plan is a provision for protection of Adult Social Care services for £5.4 million, it also includes £1.5 million funding towards the implementation of the Care Act. Governance arrangements for BCF will include the Health and Wellbeing Board and the Health and Social Care Commissioning Executive, which replaces the Joint Commissioning Board.

B2.3 PMc noted the major risks around the BCF, there is a related risk to the 3.5% reduction in non-elective surgery and the subsequent impact from this for the acutes. But

the Integrated Care Closer to Home scheme will help acutes to deliver this target and support the acutes on the delayed transfer of care cases. SS confirmed that the acutes are fully involved with the BCF although there are concerns about the impact this will have on them. The acutes will discuss the impact and performance monitoring at the Urgent Care Board meetings.

B2.4 CK confirmed that the Health and Social Care Executive Group meet weekly to oversee risks, to take action where deemed necessary and this will continue for the next six months. PMc confirmed to ensure performance is monitored against targets a detailed performance dashboard is being completed, which will be taken to the Closer to Home Programme Board and the Health & Social Care Executive Group. Once a month elected members will be asked to attend the Health & Social Care Executive Group to discuss performance issues. RB asked for the Vice chairs to be invited to this meeting. CK agreed.

Action:CK

AA proposed for a quarterly review of the BCF to take place at the Health and Wellbeing Board meetings, to give added assurance and allow time to complete any remedial work that may be required. The Board agreed.

B2.5 JC asked if a strategy on how to engage with the third sector to help deliver the outcomes needed could be discussed at a future Board meeting. RB agreed.

C1. Healthier Northamptonshire Strategic Partner Update

C1.1 EK gave the Board an update from the Healthier Northamptonshire Implementation Steering Group. This steering group was formed from work around Challenge Financial Economies and partner organisations are in the process of completing their financial plans for 15/16. There has been huge pressure on services and front line staff this winter, and work completed around prevention and early intervention needs to be at the heart of transforming services. EK discussed some of the proposed schemes:

- The Care Closer to Home scheme is to be mobilised this month, this programme to will deal with the increasing needs of older people in the health and social care system.
- Clinical collaboration, the trusts have developed a memorandum of understanding and aim to have a detailed plan available by the 1st April, but there will be no financial saving in 2015/2016.
- Collaborative resource management will deal with the back office functions.
- The development of vanguard sites across the country has been announced by the Secretary of State and Northamptonshire has been identified as one of these sites. ST added with vanguard process there will be expert support but no financial resource attached. The aim is to explore models included in the five year forward view and the barriers around implementing them without changing legislation, with the intention to develop a more integrated system.

C1.2 EK noted a group of GP practices in the North of the county called Lakeside initiative has been created and there is a need to think about how to engage with them and how this initiative will fit into the Healthier Northamptonshire framework.

C1.3 EK commented the rapid cycle programme improvement is key to making large scale transformation happen, one of the requirements is to give front line staff time to make this happen and become involved. DS added that as both CCGs now have joint commissioning arrangements with NHS England from the 1st April 2015, this will help with the transformation of services. ST agreed and added with the introduction of joint commissioning it will allow more freedom around using resources and the development of local incentive schemes to have the flexibility to re-shape how primary care is delivered. SS noted added front line clinical staff and commissioners need be included in discussions and for GPs to work alongside consultants in an acute setting and for joint leadership training programmes. EK confirmed the leadership group have decided to participate in a leadership programme to help them deal with the transformation. DS commented it would be helpful for risk logs to come to this Board to try and unblock some of the key risk issues.

C1.4 EK suggested asking Helen Bevan to host a development session to equip the system in 5/10 years time and to invite the Lakeside initiative to participate. RB asked AA to arrange the Health and Wellbeing Board Secretariat to liaise with EK about this session.

Action:AA/CB/Peter Lynch/EK

C2. Corby and Nene CCG Strategic Partner Update

C2.1 AA confirmed the commissioning intentions of both CCGs are fundamental to how the health and social care system works within the health landscape, as well as for business integration. AA commented it would be useful to have a discussion about what is the impact of these plans, how does it relate to the system change and strategy for the county. AA agreed for the Health and Wellbeing Board Secretariat to arrange an extra development session before the 11th June meeting to discuss this.

Action:Peter Lynch/CB

C2.2 CD added CCG plans have been triangulated with Better Care Fund, Healthier Northamptonshire work streams and the Health and Wellbeing Strategy.

C3 Districts and Boroughs Strategic Partner Update

C3.1 CM confirmed the countywide bid for refuge provision has been successful; £434K for two years support. This money will be used to fill gaps, to increase staffing support and Out Of Hours service, to deliver refuges in South Northants and Northampton boroughs, and to increase collaborative working.

C3.2 CM highlighted there is an issue with S106 development funding, as health services do not seem to be engaged in discussing the provision for future demand due to the predicted population growth over the next few years. ST agreed take this issue back to the primary care commissioning team within NHS England for a response.

Action:ST

AH highlighted another key area for S106 is school provision, so AH offered the help of his directorate if there are any issues around school provision.

C3.3 The report shows that all the districts and boroughs are fully engaged with the health agenda and the countywide Environmental Health Officers are developing a health food project with food outlets to provide more healthy food options.

C7 University of Northampton Strategic Partner Update Report

C7.1 NP gave the Board an update on behalf of the University of Northampton. A new strategy is in the process of being completed, which will be approved by the governing body in April.

C7.2 NP highlighted the change maker challenge, to help make Northamptonshire the leading county in the country for health and wellbeing and to lead the integration agenda. TH commented it would be good to see how this transforms into developing a workforce.

C8 Healthwatch Strategic Partner Update

DS raised a concern around the patient perspective concerning the four reported deaths in St Andrews Hospital. WP answered a response has been received from NHS England and this is still a work in progress and once the work is completed WP will be bring a report to the board.

D1. Health and Wellbeing Strategy Update

D1.1 AJ gave the Board a brief update on the Health and Wellbeing Strategy. The Health and Wellbeing Board Strategy was agreed in 2014 and is due to run until 2016. AJ made several proposals to the Board:

- The strategy is reviewed and to ensure there is a proper engagement process for this.
- There is a need to summarise where we are with the current strategy.
- To have more consistency and to see how the work of this board can be connected to work partners are completing to avoid duplication.
- To think about how do we get a common set of key data that is produced at similar times?

D1.2 AJ gave an update on the current priorities set within the strategy:

- A target has been set around breastfeeding and it likely the target will be achieved by the end of 2016.
- Children's obesity is measured in year 6, but due to the lag time with the indicators, it is not possible to monitor whether we are on target. The specialist public health team have been asked to identify a set of proxy set of indicators and targets to overcome this.
- Alcohol related incidents is well below the targets set, discussions have been ongoing with the OPCC office to ascertain whether these targets are correct, a suggestion has been made to use a metric of hospital attendance due to alcohol related misuse.
- As the measures for permanent admission into care homes, emergency admission into hospital are crucial to the BCF plan, there is a need to ensure the new measures set in the BCF and CCG operating plans are incorporated into the strategy.

D1.3 AA advised there is a need to think about the timeline do we want to work to, to consider the changing role of NHS England and the wider role of the voluntary and third sector, and what processes do we want to use that are already in existence. AH noted it would be beneficial to have comparison data for neighbouring counties as well as nationally and to look at what the issues are locally. NP commented there is a need to think about what can cease to make the strategy work as well as considering what could be done differently.

D1.4 RB asked NP to be the lead work on the Health and Wellbeing Strategy and lead the strategic group to enable a strategy to be developed that all committed to achieving. NP agreed.

Action:NP

E1 Health and Wellbeing Board Self Assessment

AJ gave the Board an update of the Health and Wellbeing Board Self Assessment discussed at the previous meeting. There have been five responses and AJ confirmed the deadline for responses has been extended until the end of March 2015. The responses will be collated into a report for the Chair and Vice Chairs, for feedback at the next Board meeting. RB asked AJ to re-circulate the self assessment to Board members again and remind them to complete.

Action:AJ

E2. Troubled families programme

E2.1 BW gave the Board a brief on the Troubled Families Programme. This is a three year programme started in 2012, with the health and wellbeing of the parent being as important as the health and wellbeing of the child. This programme takes a whole family approach and ensures engagement with services involved in adults and children. The programme is targeted at families with multiple and complex needs, where children were experiencing problems at school or an adult was out of work or a young person is involved in crime.

E2.2 Troubled families is a payment by result scheme, there is an upfront fee for attaching a family to the programme and if families make significant and sustained progress a further payment will be awarded. The improved outcomes which trigger a payment are improved school attendance, parent back in work or a reduction in criminal activity. Northamptonshire has made significant progress this year and claimed for 91% of families (1100) turned

around which has brought £1.12 million funding into the county and been re-invested into a variety of childrens services. A multi systemic family approach has achieved significant progress, with 95% of families completing the programme, 100% of children remaining at home instead of being placed in care, 62% of children demonstrating improved schooling and 46% reduction in parenting problems. All closed families have a follow up assessment at six months, twelve months and eighteen months to see if the changes made in their lives has been sustained, if not they are made a referral for additional support.

E2.3 BW added the programme for the next five years will see targets tripled, to turn around 4200 families. As problems do always revolve around school, work and crime, the criteria will be widened to include domestic violence and abuse, families with health and mental health problems, and children who need help. The Troubled Families team now have discretion around what the definition of significant progress measures means for each family, but they will need to be robust and auditors need to accept as sustained progress. BW noted once the criteria risk profiling will become more sophisticated to help the most vulnerable families first. After intensive interventions it can be a struggle to get a family back into universal services, so over the next five years these gaps will be addressed and schools will be able to tap into more services for help.

E2.4 AH commented with the framework in place for phase two and the increased risk profiling it will allow us to reach families with earlier, and help those families with pre school children.

E3. Childrens Needs Assessment,

E3.1 AA gave the Board a brief of Childrens Needs Assessment. AA reminded the Board one of the requirements of this Board is to oversee a Joint Strategic Needs Assessment (JSNA) for the county which outlines the key issues, areas for concern and can be beneficial when commissioning services within the county.

E3.2 AA added if you encourage healthy behaviours at a young age they will be ingrained throughout childrens lives and highlighted some of the key points:

- There will be a predicted 20% increase in the number children within the county, adding pressure to schools and health care facilities,
- A higher than national average number of young people need help from care services which could suggest that either the screening process or the initial referrals are not working effectively. The troubled families programme will help identify young people in need of help earlier.
- There is an issue of young people taking illegal drugs and the impact this has on their mental health and increased attendance at acutes seeking medical help.
- This assessment is more than documenting the service provision within the county; it must be about ensuring children grow up in suitable environments.
- Pregnant women who smoke is still an issue and there is an urgent need to have discussions about how we work with communities and the midwifery service to help support these women to stop smoking.
- Although there is a reduction in crime rates within the county, crime rates are higher within ethnic minority groups and there is a need to develop specific interventions around this area.
- There has been a rise in the number of child sex exploitation incidents reported and there is a need to consider how we address this and how vulnerability with children can be measured.
- To improve life chances for young people, to bring together indicators, improve the number young people leaving school with qualifications, and to help young people who are in carer roles, or have mental health issues.

E4. Demography Needs Assessment

AA asked the Board to review the document.

E5. Pharmaceutical Needs Assessment

E5.1 AA advised this board as part of its statutory duties it is expected to oversee a Pharmaceutical Needs Assessment (PNA) for the county which has to be delivered by April 2015.

E5.2 AA confirmed a formal consultation process took place between December 2014 to February 2015, AA highlighted some of the key points from the summary:

- There are enough pharmacy outlets within the county and they generally provide services the population of the county need. But due to the predicted growth within the county it is not clear currently how many additional pharmacy outlets may be needed and this PNA will need to be reviewed in the future.
- Some pharmacies could be used more effectively to give health and wellbeing advice,
- A number of GP practices are also dispensing practices and not all of these are using electronic prescribing which could help with information sharing easier.

E5.3 AA commented there are some issues with processes which NHS England and LMC need to resolve, and asked partners to think about how pharmacy outlets can develop from just dispensing medication. PM agreed it would be beneficial to expand pharmacies to ease the pressure in general practice. DS noted to there is a need to actively promote pharmacies and the range of services they offer to ensure they can be optimised fully. ST advised NHS England are currently putting plans in place to have pharmacies as a first level of health care to ease the pressure on GPs and A&E departments.

F1. Any other business/announcements

RB announced SP has accepted the weight loss challenge for the Board this year and over the next twelve months will be weighed at Board meetings and has agreed to share his progress with the Board. TH advised Corby are promoting the Health pledge, asking the public to make a pledge to improve their lifestyle and asked if all Board members could support SP and make their own health pledge.

F2. Take home messages

RB presented to the Board the take home messages from today’s meeting:

- RB asked all to visit the Northampton Analysis website to get a better understanding of the depth of data available.
- Healthier Northamptonshire governing bodies schemes will start to become operational and RB reminded all to ensure front line staff are fully engaged.
- Northamptonshire has become a health vanguard site and an update will be given at the next Board meeting.
- The BCF has been signed off and formalised, and the vice chairs will be invited to attend the Health and Social Care Commissioning Executive on a monthly basis.
- Partners will look at the current activity for engagement and liaise Healthwatch to identify a common process for the county.

F3. Dates of next meetings

The next Board meeting will take place on the 11th June, Council Chamber, Kettering Borough Council.

Signed.....

Dated.....