



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 12th December at
the Boardroom, Francis Crick House, Moulton Park, Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Health and Social Services, Northamptonshire County Council
Ben Gowland	(BG)	Chief Executive, Nene Commissioning
Professor Will Pope,	(WP),	Chairman, Healthwatch
Adam Simmonds	(AS)	Northamptonshire Police and Crime Commissioner
Alex Hopkins,	(AH),	Director of Customers, Communities and Learning, Northamptonshire County Council
Andrew Jepps,	(AJ)	Assistant Director, Health Partnerships and Strategy, Adult Social Care Services and Public Health and Wellbeing
David Kennedy	(DK)	Chief Executive, Northampton Borough Council
Dr Akeem Ali	(AA)	Director of Public Health and Wellbeing
Cllr Suresh Patel,	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Substitute		
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Dr Miten Ruparelia	(MR)	GP Representative, Corby Clinical Commissioning Group
Dr David Smart	(DS)	GP Representative, Nene Commissioning
Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Cllr. Jim Harker	(JH),	Leader of the Council, 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
Dr Peter Wilczynski	(PW)	GP Representative, Chair, Corby Clinical Commissioning Group
Beverley Flowers	(BF)	Director of Commissioning, NHS England, Local Area Team
Carole Dehghani	(CD)	Chief Commissioning Officer,

In Attendance as observers:

Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Cllr Brendan Glynane	(BG)	Northamptonshire County Council
Tansi Harper	(TH)	Northamptonshire Probation Service
Jessica Bowden	(JB)	Cambridgeshire and Peterborough Clinical Commissioning Group
Sheena Hobbs	(SH)	Communication and Engagement Lead, Greater East Midlands NHS
Libby Scott	(LS)	Member of the Public

Minute Taker:

Cheryl Bird (CB) PA, Northamptonshire County Council

Apologies:

Dominic Cox (DC) Director of Operations and Delivery, NHS England, Local Area Team

Cllr Catherine Boardman (CB) Cabinet member for Children and Learning, Northamptonshire County Council

A1. Declaration of interest

RB formally requested if any member of the board has any declaration of interest. DSe and MR advised their GP practices are involved in the winter funding for the GP and A&E scheme.

A2. Introductions

RB opened the Health and Wellbeing Board meeting and welcomed PW, PB and BF to the Board.

A3. Minutes of the last meeting held on the 5th September 2013

The minutes from the previous meeting of the 5th September 2013 were agreed as an accurate record.

B1. Integrated Transformation Fund

B1.1 AJ gave the Board an update on the Integration Transformation Fund (ITF). The intention of ITF is to bring together health and social care and to move from treatment to prevention, with personalised models of care. BG noted that this fund is from existing money, but delivered in a different way and it is essential that services are sustainable and continues to allow investment.

B1.2 One of the nine Healthier Northamptonshire workstreams is Health and Social Care Integration and this model with the exception of Oundle and Wansford will be aligned with Healthier Northamptonshire programme. CD noted as part of the submission there is a need to evidence engagement with the public and patients groups.

B1.3 The districts and boroughs will see a considerable impact due to the changes in the Disabled Facilities Grant, and although they are not represented at the Healthier Northamptonshire Programme Board they have been represented at the ITF workshops which have taken place.

B1.4 A task group has been established to complete the ITF template for 2015/2016 which needs to be submitted to central government before the 15th February 2014. Before this submission the ITF application must be agreed by the CCGs, local authority and have final sign off by the Health & Wellbeing Board. CD asked commissioner and providers to present this ITF application through their boards to ensure there is complete sign off from all partners. AA will write to the main providers to inform them of the process the Health & Wellbeing Board are taking to ensure there is complete sign off for the ITF submission by all partners.

Action:AA

B1.5 An Extraordinary Health & Wellbeing Board meeting will be arranged before the 15th February for approval of the ITF submission and circulated to the Board.

Post meeting note: This meeting has been arranged for the 12th February at 9.30 am in the Sunley Management Centre, University of Northampton.

B2. Care Bill

B2.1 CK gave the Board a brief overview of the Care Bill. This bill promotes the integration agenda, to help people prevent or postpone the need for care and give people more control over their care. It establishes a new legal framework, putting wellbeing of individuals at the centre and refers to a cap on future care charges people will have to pay. There are also changes around the eligibility criteria and on how carers are supported, so services local authority offers will need to be radically changed, and be designed in the most cost effective way.

B2.2 The SOVA board will become statutory from the 1st April 2014 and within the next two years Adult Social Care will have responsibility for social care in prisons. A planning day with Onley Prison was held in November which discussed extended support pathways for inmates once they return into the community.

B2.3 RB asked as self funders will be allowed access to assessments and services how will partners signpost this cohort to services. DS commented his GP practice are piloting a carer pack which could be adapted to include information for self funders and expanded to other GP practices across the county. PB noted NCC is currently running Project Alpha which is developing a market place for health and social care provision, and this could be shared with partners to enable signposting patients and carers to services. BF and DC will present a paper at the Board meeting in March to show the impact of the care bill on general practice and the proposals to deal with this.

Action:BF/DC

B2.4 NP advised the University of Northampton launched a centre for Health & Wellbeing on the 5th November, and this unit is currently looking at ratio between housing and health and wellbeing. RB asked at the Board meeting in March can a joint a paper be brought to the next meeting to discuss self funders, carers, housing and what is hoped to be achieved over the next two years.

Action: AA/DK/CM/NP/CK

B2.5 CK advised a project group is being set up to deal with the implication and implementation of the Care Bill, which will have a nominated lead person from NCC. CK asked if a similar lead person can be identified from health to sit on this group. CK to arrange for the Care Bill paper to be circulated to all members of the council and districts.

Action: CK

B3, C1, C2 Commissioning intentions, Healthier Northamptonshire and Corby CCG and Nene CCG update.

B3, C1, C2.1 BG advised agenda items B3, C1 and C2 are combined into one presentation. The first phase of Healthier Northamptonshire is coming to the end, which is to develop a Healthier Northamptonshire Strategy. How a health system can be built that works with social care to focus more on prevention, and to encourage and work with individuals to manage their own health. The strategy is organised around five sections:

- Current status
- Why things need to change,

- Planning framework, within the current financial constraints need to ensure more care is given outside the acutes hospitals within the community, to deliver care at the right time, right level, and right place.
- Engagement with the patients, public and partners
- How can the acutes deliver care differently in the future.
- Making it happen, to ensure partnership between providers and service users, and how can this be implemented.

B3, C1, C2.2 There are nine workstreams within the strategy, which contain specific initiatives, the key ones are:

- Risk stratification – what risk do individuals have and how we identify these earlier rather than waiting for the risk to present.
- Personalised care planning, health and social care around the individual needs.
- Model of health and social care integration which is vital for the delivery of care in the current financial situation.
- Acute specialisation – how do we achieve better outcomes with limited resources.
- Expansion of step up/step down - How do we deliver better outcomes closer to home and how do we support urgent care demand management.
- Transformation of general practice, to offer a wider range of primary care services. to make practices going forward larger fit for purpose organisations able to absorb services currently based within the acutes.

B3, C1, C2.3 Pathways in care are being developed in MSK, dermatology, ophthalmology, cardiovascular disease, these models will be tested and then used to organise personalised care for patients.

B3, C1, C2.4 January to March 2014 will focus on engagement with public and partners across the county and to ensure implementation of the strategy is successful. From April 2014 the first phase of implementation will begin, with phase 2 being implemented from April 2016.

B3, C1, C2.5 The commissioning intentions for the upcoming year for Nene Commissioning and Corby Clinical Commissioning are linked to the nine workstreams contained within the Healthier Northamptonshire Programme. CD noted commissioning is taking place in a changing aging population in a difficult financial climate, with a need to ensure patients have a positive experience in a safe and high quality environment.

B3, C1, C2.6 PB advised on the 18th December there will be a Healthier Northamptonshire Programme Board meeting which will discuss the “One Plan”, and in January a workshop will be held for Board members and partners to attend.

B3, C1, C2.7 JB noted to form the Peterborough and Cambridgeshire CCG commissioning intentions their strategic priorities from last year were used. These are around the frail and elderly, health inequalities in particular heart disease, and end of life care. Over the next coming year the main focus is a major procurement regarding older peoples care, to be in an integrated fashion, which will be outcome based on patient and carers experience. There will also be a focus on children’s commissioning particular around mental health, planned services for children and adolescents and community care.

C3. District and Boroughs Strategic Partner Update

C3.1 CM highlighted there are potential risks for people who currently have access to the Disabled Facilities Grants (DFG) when it transfers over to the ITF. CM asked for the district and boroughs and the voluntary sector to each host a Health & Wellbeing Board Development session next year. The Board agreed. The dates for the development sessions next year will be re-arranged and circulated to the Board.

Action: CB

C3.2 DK advised feedback from the local health forums is that foras feel there needs to be more engagement between this Board and the local forums. AA agreed for the foras to continue to use District and Boroughs Partner Update report to bring feedback to this Board, but if there are any formal issues the foras wish to raise they can do this via AA, AJ or CB.

C4. NHS England Strategic Partner Update

C4.1 BF confirmed NHS England has completed their commissioning intentions, and will circulate a summary paper to Board members.

Action: BF

BF added pharmacies will continue to offer flu vaccination to the public for the rest of the winter season, in addition to GP practices with the intention to increase the vaccination of hard to reach groups. Pharmacies supply uptake information on a monthly basis to NHS England and notify a GP practice within 5 days of one of their patients have been vaccinated. BF noted the uptake of the flu vaccine and the importance of being vaccinated is part of an ongoing winter weekly campaign, there are two more slots one before Christmas and one after new year.

C4.2 The Local Area Team now have one central point for complaints management with the intention to reduce duplication, and annually this data will be analysed and broken down into Health & Wellbeing Board areas and themes with the aim of improving quality and services. BF noted that NHS England usually only receive complaints where GP practices or dental practices are unable to resolve or patients choose to come direct to us.

C4.3 There is a national transformation of Primary Care support services and stakeholder engagement events will take place after Christmas with partners represented at this Board. AA asked for the next meeting in March can assurance for acute, primary care and community services be on the agenda for discussion.

C5. Police Commissioner

C5.1 On the 24th September AS launched Victims Voice, and there were 79 recommendations resulting from this, also in October 2014, a new Victim and Witness Service will be launched.

C5.2 AS is chair of the local Criminal Justice Board (CJB) and AS intends to raise the CJB's profile by engaging with more high level strategic issues. AS asked this Board to consider nominees within the Health community who could sit on the CJB. PB and AA will inform AS of a representative. AS also asked WP if a representative Healthwatch would be available to sit on the CJB. WP to discuss with AA.

Action: PB/AA/WP

C5.3 The Ministry of Justice have agreed for Northamptonshire to undertake a pilot on the use of sobriety bracelets for offenders who have a link with violence and alcohol.

C5.4 An application has been submitted for the county to become a Local Alcohol Action Area, this is a multiagency approach to reduce alcohol based crime and disorder, reducing alcohol health harms whilst promoting a vibrant night time economy.

C5.5 The Police, Crime and Justice Institute has been launched in conjunction with the University of Northampton, with the aim to have research and evidence at the heart of policing.

C5.6 AS commented violent crime is a public health issue and there will be a Violent Crime Summit held on the 21st January, with a wide range of partners invited. AA also noted there has been a 14.6% reduction in violent crime this year, and AS and AA are to meet to discuss how to take a generation out of crime.

Action: AA/AS

C5.7 A Neighbourhood Return Scheme is operational to help return missing persons home safely, and allows people to register friends or relatives who they feel may go missing in the future. DSe asked if this group could be involved in one of the Development sessions to discuss their work.

C6. University of Northampton Strategic Partner Update

NP advised the head of Early Childhood at UNICEF presented some research completed by the University in New York recently and asked for early childhood development to be in the 15 millennium development goals. NP added the University is National Leader of Paramedic training and the BBC is filming a documentary about paramedic students which will be televised in the New Year.

C7 Northamptonshire County Council

C7.1 AA gave the Board an update on behalf of NCC. The key issue for the council is the budget plan for 2014/2015, PB advised the council plan is centred around wellbeing, and it is embedded within the Council and PB asked all partners around the table to do the same.

C7.2 AA added one of the key priorities for the council is that every child is safe and growing up well and work is ongoing with the child improvement programme.

C8. Healthwatch

C8.1 WP advised the five year Healthwatch Strategy has been approved by the Healthwatch Board, which ensures priorities are aligned around Healthier Northamptonshire Programme, the Health & Wellbeing Strategy and outcomes required by the Health & Wellbeing Board. WP asked this Board to approve the strategy. The Board approved.

C8.2 RN highlighted two risks which are facing Healthwatch, how to ensure meaningful public engagement occurs and also as the profile of Healthwatch increases, there is a capacity issue with how to continue to be proactive around key strategic priorities whilst reacting to concerns raised by the public about the quality of care and services.

D1. Wellbeing

D1.1 AJ asked the Board to approve the proposed definition of wellbeing and the proposed outcome measures for wellbeing which are the Annual population survey, questions from the South Warwickshire Edinburgh Mental Wellbeing Scale and a social trust questionnaire. Also for a Task and Finish Group to oversee the implementation of the population survey sample using these measures and to map the risk factors and protective factors. The Board agreed the definition, its importance of a key strategic goal for the Board and the outcomes measure.

D1.2 AJ asked the Board to note the importance of wellbeing becoming a key strategic goal for the health and social care system, to make the definition of wellbeing a key strategic goal and a defining feature of health and social care in moving from treatment to prevention. For this concept to be at the heart of Healthier Northamptonshire, to have a clear pathway identified on how we work to support people to self care. Work is ongoing with colleagues from the CCGs to see how public health spend on lifestyle and wellbeing can be aligned

with CCG investment in mental wellbeing and how these proposals can be an active foundation for a whole integrated model.

D2 Public Health Contracting Plans

D2.1 AA advised the correct approach is to continue to spend money on meaningful activities that will have a long term impact on residents within the county. There are a number of contracts which have been inherited and will continue to be managed until it is safe to exit and transit into the new ways of working and new approaches.

D2.2 The budget allocation will begin to build an Adults Lifestyle and Wellbeing service, a Childrens Lifestyle and Wellbeing Service, and ensuring the mandated national services such as sexual health and drug and alcohol services are managed appropriately. Also to look specifically at creating ways of innovative ways of working with communities using a wide range of partners to develop behaviour change, personal care and personal choices.

D2.3 The NCC cabinet reviewed the budget paper last week and approved the approach. AA asked the Board to approve the process highlighted in this paper and to delegate management of the public health contracts and budgets to the Director of Public Health and Wellbeing. DS confirmed this approach will fit in with mental health commissioning which is going out to tender in April 2015. The Board agreed all the recommendations.

E1. Joint Strategic Needs Assessment

E1.1 AA advised the Joint Strategic Needs Assessment (JSNA) process has been reviewed, to include refreshed data sets, refreshed summary report, to ensure it can address inequalities and variation across the county. Nine priority chapters have been chosen by reviewing the biggest spend, what is causing the most disability and premature death within the systems. From these nine chapters the JSNA can help commissioners build on their commissioning intentions and concentrate on areas that need to be addressed. Another chapter has been commissioned in Childrens services and this will be completed in January.

E1.2 AA noted these recommendations are needed to have a co-ordinated approach to the way wellbeing and lifestyle services are delivered:

- The need to look at variation and difference in people's experiences across the county to have a clear inequalities strategy across the county.
- Look at implementing self care in a formalised way with the public service and accepting that if there are variations within the system that outcomes are consistent across the county.
- Stop things that are of no value to us.

AA advised the plan is to take this paper to each of the CCG Operating Boards and for workshops sessions to be hosted. This item will be discussed at the next Board meeting in March.

E2. Urgent Care System

E2.1 MR gave the group a brief update on the urgent care system in Northamptonshire. There is a clear need to modernise the A&E departments within the county, the number attendances have risen and revised pathways need to link into the modernise process. Some patients continue to attend these A&E departments who could receive treatment at other facilities and the question is how do we re-direct these patients to the appropriate service for them. MR noted the Corby Urgent Care Centre is a good example of this. and how this can be linked to other programmes and urgent community help.

E2.2 The proposed funding for urgent care is 90% staff resources, but rather than using nurses and doctors, bringing in other healthcare professionals who would be able to deal with some of the A&E patients in a more cost efficient way.

E3 Autism self Assessment

E3.1 CK advised in August NCC were asked to conduct a self assessment around the 'Fulfilling and rewarding lives', the autism strategy. The purpose is to see where NCC are at, assess the progress and what work needs to continue going forward and to bring this assessment for discussion to the Health & Wellbeing Board.

E3.2 The self assessment has been submitted to central government, but there is a need to address a number of red and amber areas:

- No specific commissioning plan or marketing strategy on autism,
- Lack of clarity around access and support for people with autism either into employment or into housing.
- No multiagency comms plan in place which is a requirement.

CK noted the DoH is conducting a review at the end of March 2014 to assess how local authorities and partners are progressing. DSe asked for this to be discussed at the extraordinary Board meeting on the 12th February. CK to send Board members an email regarding the report, and recommendations for discussion at the extraordinary Board meeting.

Action: CK

E4 Learning Disability Assessment

CK advised currently NCC are in the process of quality assurance and legal reporting around the disability self assessment framework, and at the Board meeting in March a Joint Health and Social Care Learning Disability self assessment framework will be presented. PW asked for this to involve all stakeholders and for more emphasis to be on continuous development and improvement.

F1. Any other business/announcements

PB recommended spare copies of papers will not be available at future meetings to try and make these meetings as paperless as possible. The Board agreed.

F2. Take home messages

AA advised the take home message from today's meeting is the need to get the integration of services, with partners working collectively and to have wellbeing as the key point for the county.

F3. Dates of next meetings

There will be an Extraordinary Board meeting to be held on the 12th February 2013, 9.30 am, in Sunley Management Centre, University of Northampton. .

Signed.....

Dated.....