



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 13th March 2014
the Greenwell Room, Wootton Hall, Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Health and Social Services, Northamptonshire County Council
Professor Will Pope,	(WP),	Chairman, Healthwatch
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)	Assistant Cabinet Member,
Substitute		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
Cllr Catherine Boardman	(CB)	Cabinet member for Children and Learning, Northamptonshire County Council
Palvinder Kudhail,	(PK)	Assistant Director Early Help and Prevention
substitute		
Dr Raf Poggi	(RP)	GP Representative, Nene Clinical Commissioning Group

In Attendance as observers:

Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Cllr Brendan Glyname	(BG)	Northamptonshire County Council
Tansi Harper	(TH)	Northamptonshire Probation Service
Fiona Wise	(FW)	Chief Executive, Kettering General Hospital
Art Conaghan	(AC)	Political Assistant, Northamptonshire County Council
Keira McMillan	(KM)	Chair, Daventry Health & Wellbeing
Moira Ingham	(MI)	University of Northampton
Janet Doran	(JD)	Assistant Director Transformation and Wellbeing, Northamptonshire County Council
Pat McCarthy	(PMc)	Head of Joint Commissioning, Nene Commissioning
Wendy Hoult	(WH)	Divisional Manager Long Term Services, Olympus Care Services

Teresa Dobson (TD) Management Board and Advisory Council Member, Healthwatch

Minute Taker:

Cheryl Bird (CB) PA, Northamptonshire County Council

Apologies:

Ben Gowland (BG) Chief Executive, Nene Commissioning
Adam Simmonds (AS) Northamptonshire Police and Crime Commissioner
Alex Hopkins, (AH), Director of Customers, Communities and Learning, Northamptonshire County Council
Cllr. Jim Harker (JH), Leader of the Council, Northamptonshire County Council
Dr Peter Wilczynski (PW) GP Representative, Chair, Corby Clinical Commissioning Group
Carole Dehghani (CD) Chief Commissioning Officer, Corby Clinical Commissioning Group

A1. Declaration of interest

RB formally requested if any member of the board has any declaration of interest. DS and DSe advised their GP practices are part of a GP Alliance within Northampton looking at alternative ways to the population's health.

A2. Introductions

RB opened the Health and Wellbeing Board meeting and welcomed PK, Assistant Director of Early Help & Prevention as a substitute for AH.

A3. Minutes of the last meetings held on the 12th December 2013 and the 12th February 2014

The minutes from the previous meetings of the 12th December 2013 and 12th February 2014 were agreed as an accurate record.

B1. Impact of the Care Bill on general practice

B1.1 DC gave the Board an update on the impact assessments of the Care Bill. Although there is not currently any specific information available concerning primary care, ten impact assessments have been completed and the impact on general practice will be picked up through the CQC process. DSe commented currently it would be premature to fully assess the impact of the Care Bill on general practice and asked if this could be an agenda item for discussion at the next Board meeting. RB agreed. CK noted one aspect of the care bill is about is prevention and wellbeing within the community which will have an impact on general practice and community hubs in the future.

Action:DC/DSe

B1.2 RB asked CB to circulate to the Board the Counties and Care Bill document.

Action:CB

B2. Assurance

B2.1 DC gave the Board an overview on the assurance process within the new NHS system. NHS England as a commissioner of services for primary care has an assurance role in two specific areas, CCG Commissioning System assurance and NHS England assurance and there are three main elements:

- Delivery of outcomes with the most effective use of resources for the population
- Capability, to ensure organisations have the skills, knowledge and the right behaviours for the new systems
- What support can NHS England provide to commissioners and what support will NHS England need from commissioners for services to improve

B2.2 There will be an annual review on between NHS England and each CCG and commencing in the summer, and currently quarterly reviews have been taking place with CCGs around capability and delivery. NHS England assurance will formally commence in April 2014, work is currently been completed on the framework for services but the assurance process will be broadly in the same areas as CCG authorisation and governance processes.

B2.3 There are two main regulators for Acute Trusts:

- The NHS Trust Development Authority (DTA) which provides leadership and support to hospitals which are not foundation trusts,
- MONITOR which governance assurance for foundation trusts.

DC noted all partners have a responsibility within the new system to ensure that the acutes are running effectively and are achieving goals from the strategy set by the Health and Wellbeing Board. NHS England has a role in system leadership as commissioners of services from the CCGs, but in terms of governance for the acutes this sits with the TDA and MONITOR.

B2.4 NP proposed to complete some research around the Social Value Act, on how this Act is currently being used, to scope opportunities and how best this Act to improve services and bring the findings to the next Board meeting for discussion. RB agreed, DK, WP, CK and DSe agreed to be part of the working group.

Action:NP/DK/WP/CK/DSe

B2.5 DSe confirmed the Healthier Northamptonshire Programme Board is where the vision is created for this county regarding the acutes, primary care, community hospitals and social care. AA noted Health and Wellbeing Boards are responsible for the promotion of integration and co-ordination of commissioning services for health and social care and to ensure a clear needs assessment profile for the county is produced.

B2.6 WP highlighted the issue of the inappropriate use of the 999 and A&E services, and poor communications around the NHS 111 service. WP asked what assurance NHS England can give that primary care is addressing these issues, to allow the population to receive better care, and also de-stress the system. DC answered changes are being driven forward by the Urgent Care Working Groups and the Urgent Care Board and added in the south of county there is a clear issue around increased activity coming into NGH. In order to address this, the focus will be on which acutes ambulances deliver patients to and to trace movements of patients three days prior to being admitted A&E to ascertain whether a patient could have received a different intervention. RP commented this is about flow planning and prevention to help people to stay at home and be treated within the community. PB noted Healthier Northamptonshire, in conjunction with DTA are completing a diagnostics on supply and demand which will identify any additional resource needed. RB proposed for urgent care to be discussed at the next meeting, around what is being

delivered and capacity planning. CK asked for capacity planning to include the whole health system. DSe agreed to lead on this.

Action:DSe

B3, Children & young People's Partnership Report

B3.1 PK gave the Board a brief update on the Children and Young People's Partnership report on behalf of the Children's and Young People's Partnership Board. There are four priority areas in the Children's and Young People's plan and delivery groups have been established to support these priorities, with a pooled budget in place to commission a number of initiatives mainly focusing on early intervention work. PK has been tasked with ensuring the Board and its sub groups are aligned and working together to ensure they are functional.

B3.2 RB raised a concern about the increasing number of children who are obese and the negative impact this creates on their lives. AA advised one of the key challenges is to link breastfeeding to ensure the mother has help before and after birth and to ensure resources spent on medical and antenatal care is aligned to breastfeeding. MEND has been reviewed and the whole of the wellbeing services are in the process of being recommissioned to ensure there is alignment of services by supporting the child through physical and mental health. CM noted there is a national issue is the amount of sugar and salt in added in food and need to encourage young people to participate in activities. PB commented the issue is to encourage families to implement sugar and salt reduction within their eating habits.

B3.3 PK advised the Improvement Board is concerned with the current CAMHS provision as there are issues where some referrals are submitted then rejected and appear to get lost within the system. At the Improvement Board meeting in April the CAMHS provision will be discussed and PK will bring an update from this at the next Board meeting.

Action:PK

DS noted that 50% of adults with a mental disorder can be diagnosed by the age of 14, and 75% by the age of 24, so prevention and early intervention needs to be a high priority. As children's vulnerability can also come from the parents there needs to be an opportunity to link up with parenting groups and parenting courses.

C1. Healthier Northamptonshire Programme Board Strategic Partner Update

C1.1 CG introduced herself as the Interim Programme Director for Healthier Northamptonshire and gave an update on Healthier Northamptonshire Programme (HNP). All partners have signed up to the Healthier Northamptonshire Strategy and currently priority list is being reviewed. Priorities are being clustered into project areas with interconnections in place between projects; key personnel for each area are being identified to ensure key deliverables for each project are met. A governance performance reporting structure is in the process of being designed and this will be completed for the Healthier Northamptonshire Programme Board meeting held on the 1st April.

C1.2 PB advised as the HNP moves from design into implementation mode, serious discussions with partners will be taking place about how this will be resourced. Urgent care is a priority for the HNP with work ongoing to improve the urgent models and processes within the county. DC noted that HNP will be receiving additional support from the central team for delivery of existing schemes in place. RB asked would it be appropriate for the Chair and vice chairs of this Board to formally meet representatives from the central team to get an understanding on their views. DC will, discuss with Jane Halpin (JH) to ascertain what the local opportunities are and how to influence these opportunities and feedback to RB.

Action:DC

CG to liaise with RB regarding the opportunity to meet with the central team.

Action:CG

C1.3 CG proposed at the next meeting to bring an update report setting out the bigger picture/vision for HNP moving to a more integrated community based model of care to include the BCF, crisis service, community hubs and multi agency teams working together to prevent admissions to the acutes. RB agreed.

Action: CG

C2. Nene Clinical Commissioning Group and Corby Clinical Commissioning Group Strategic Partner Update

C2.1 DSe gave the Board a brief overview of the Northamptonshire CCGs two year operating plan. This is used to show how both Nene and Corby CCGs strategy is aligned and embedded in Healthier Northamptonshire Strategy and aligned to the Health & Wellbeing Board's strategic objectives. The workstreams for the next two years are around four areas:

- Delivering integrated health & social care,
- Managing urgent care,
- Commissioning pathway based care
- Supporting self care and self management.

DSe added the key priorities around transforming general practice will underpin the four areas highlighted above and there is a need to get the flow moving through the system, with more care in the community otherwise the acutes will continue to be in distress.

C2.2 DSe discussed the health and wellbeing priorities:

- **Increasing rates of breastfeeding** - there will be clear contracts, targets and specifications by introducing a maternity pathway based tariff and to ensure there will be correct data recording and information dissemination.
- **Reducing childhood obesity levels** – to re-commission community services for children and young people to include single point of access, MECC and increasing low level counselling. With collaborative working between social services, NHS services and using the Public Health and Wellbeing Strategy.
- **Tackling alcohol and drug related issues to protect communities and improve lives** – young person's drug and alcohol service to be part of the re-commissioning offer. To focus on tobacco control and reducing prevalence of smoking by working with the public health directorate by using their substance misuse strategy.
- **Improving prevention, treatment and care in the community for frail and elderly people** - Development of integrated community teams and hubs, reconfiguration of the community bed base, development of a full scale crisis response and discharge service. RP confirmed during the winter period the process discharge to assess was used for CHC patients with complex needs; it is intended to expand this process at least 70% of patients awaiting a CHC assessment.

C3. Districts and Boroughs Strategic Partner Update

C3.1 CM gave the Board an update on behalf of the Districts and Boroughs. There has been a significant success has been achieved regarding joint working with the BCF proposals for Disabled Fund Grant's, with the potential to invest to improve services and outcomes. CM is awaiting the outcome of the research being conducted by the University of Northampton in housing issues, to aid in the development of a housing health and wellbeing strategy at a district level. PB advised BIPI has completed some work on housing stock and population growth and to ensure this feeds into the work the university are conducting.

C3.2 CM noted that there still remains an issue for communication between this board and the local health & Wellbeing Foras, and thanked AA for communications links put for NCC and asked all partners if they could improve their communication links with the local foras.

C4. NHS England Strategic Partner Update

DC gave the Board an update on behalf of NHS England. A five year plan is in the process of being developed the BCF and Primary Care Strategy, how this fits together and what it mean for Healthier Northamptonshire. DC asked for this to be discussed at the next Board meeting. RB agreed

Action:DC

C5 Police Commissioner Strategic Partner Update

C5.1 TH gave the Board a brief update on the changes to probation highlighted in the paper submitted by AS. AS has been working with Cambridgeshire, Hertfordshire and Bedfordshire to ensure the forthcoming changes around probation in developing the key strategic plans, supporting the changes and meeting with private bidders on behalf of all the integrated partners for the service.

C5.2 PB highlighted there is an issue about how the work of the Inter Personal Violence (IPV) team is funded and asked RB as Chair if he could liaise with partners to ensure the IPV team are suitably funded. RB agreed to continue to campaign for better outcomes for people who are subject to IPV whilst using the resources that available from within the county effective use of resources.

Action:RB

C6. University of Northampton Strategic Partner Update

NP gave the Board an update on behalf of the University of Northampton. NP proposed to host a workshop around housing and health and Wellbeing to include key stakeholders. Junior paramedics show currently being aired on BBC, following students studying Paramedics course at UoN.

C7. Northamptonshire County Council Strategic Partner Update

C7.1 AA gave the Board an update on behalf of Northamptonshire County Council. AA confirmed that NCC planning process is dependent on the relationship and partnership with other commissioners and the role of HNP and the Care Bill has a major impact on the NCC planning and public services generally.

C7.2 AA noted one of the development sessions held on the 15th October is being hosted by the voluntary and social enterprise sector and will be discussing how they feel services can be offered differently.

C7.3 AA confirmed a Board Support Officer will be appointed to the Board secretariat to ensure that we have adequate support for the Board and to develop communication links with partners.

C8. Healthwatch Strategic Partner Update

C8.1 WP gave the Board an update on behalf of Healthwatch and flagged three issues from the report. Healthwatch are hosting a workshop in May on Mental Health which DS is leading on, WP asked all present to help with contributions and networking for the event.

C8.2 Healthwatch is working with NHS England and St Andrew's Healthcare, as 99% of patients within St Andrew's are not residents from the county, looking at the resource implementations of this and to reviewing at the pathways for patients into St Andrews.

D1. Better Care Fund Update

D1.1 PMc gave the Board an update on the Better Care Fund submission. Work is continuing on the following areas before the final submission on the 4th April 2014.

- **Benefits realisation** – there is now clarity regarding the metrics in four of the indicators. But there have been specific challenges around the delayed transfer of care indicator, with a change in methodology to measure and are still awaiting for the national metric for patient and user experience. Work is continuing on the performance of financial benefits in relation to the 14/15 S256 schemes. Discussions are ongoing for 15/16, as the BCF is an enabler for the Healthier Northamptonshire Strategy whether to measure the whole system benefits or benefits attributed directly to the BCF.
- **Public engagement** – two events are being hosted by Healthwatch, the first event has provided some valuable feedback which is available on the Healthwatch website and the next event is on the 31st March being held at the Kettering Conference Centre.
- **Provider engagement** – The BCF report and first part of the BCF plan has been circulated to providers to share with their governing bodies. Specific discussion have taken place around the S256 funding for 14/15 with both Urgent Care Working Groups, and considerable support was shown for areas these funds will be applied to. The Chief Executives Group agreed for plans to have robust metrics and information around current schemes in to be place and a commitment to move money between the schemes or for schemes to started or ended to ensure outcomes are achieved. FW confirmed providers are in agreement with the amended submission.
- **Risk and contingency arrangements** – HNP and CCGs have included in their operating plans contingency arrangements in case schemes fail to deliver the identified objective benefits.
- **Timelines** – there is a meeting later today to gain greater clarity around timelines around Joint Commissioning Unit, integration and to set the process of how to move integration beyond the minimum set out in the BCF submission.

D1.2 AJ noted currently awaiting feedback from the regional and national assurance process but there is unlikely to be any significant new information other than already given by this Board. AJ confirmed the amended submission will be made on the 4th April, and moving forward services will be adapted or amended to fit the integrated model in 2015. AJ asked for the Board to approve the movement of funds between schemes if schemes are not working as they should. The Board approved all the recommendations contained in the paper.

D1.3 RB proposed to invite Brandon Lewis, the minister responsible for signing the BCF proposals to the next Board meeting. The board agreed.

Action:RB

E1 Joint Strategic Needs Assessment

AA gave the Board a brief update on the Joint Strategic Needs Assessment. At the last Board meeting the JSNA was discussed and the process for competing the remaining chapters is ongoing, AA asked the Board to note the process and agree to the continued to support the delivery of the JSNA. The Board agreed.

E2. Assurance of Local Authority based Health Protection in Northamptonshire

AA advised one of the statutory duties of this Board is to have a Health Protection committee as one of its sub groups. Health Protection can be any event that will have impact on a large portion of the population; an outbreak of a communicable disease, a large environmental health incident or a public scare. It is important that the commissioning, delivery and assurance process for health protection is shared amongst partner organisations. Public Health England is responsible for acutely responding to any health protection incident, but the local authority public health service is responsible for assuring that delivery mechanisms are in place and able to support Public Health England. AA confirmed the Health Protection Committee is established and a work plan is compiled for this year to include proactive preparation, including testing phases on various scenarios.

E3. Autism Self Assessment

E3.1 CK gave the Board a brief on the Autism Self Assessment. In August 2013, all the Directors of Adult Social Services were asked for assurances and for a second evaluation to be completed around the autism strategy. This to ensure people with autism have access to main stream services, to make services more available and accessible. There are five key areas for action:

- Increasing awareness and understanding
- Developing clear and consistent pathway
- Improving access for adults with autism
- Helping adults with autism into work
- Enabling local partners to develop relevant services.

E3.2 The self evaluation process aim is to reflect on all partners and how as a community have met or plan to meet the Autism Act 2009, the first evaluation was submitted in October 2013. One of the key things regarding this process is to ensure the Health and Wellbeing Board is made aware and oversees delivery of any agreed actions. The self evaluation for the county have some areas where more work is needed to gain assurances:

- Data collection and recording of diagnosis needs improvement
- There are no multi agency training plans in place
- To have clear housing and accommodation plans
- To address the issue of currently no engagement with the criminal justice system.

CK circulated to Board members three areas to be reviewed and asked for feedback, CK asked all present if this can be done as a matter of urgency.

Action:All

E3.3 CK advised that Peterborough have set up a multi agency autism board and CK will be visiting to see how this is set up and working. This Board has agreed housing and IT support in place and people with autism accessing personal budgets.

E3.4 CK as for the following recommendations to be considered by the Board:

- Autism becomes part of the HNP,
- Complete an action plan and gain agreement from all partners asap to address the areas highlighted red
- This Board receive regular updates on the action plan and identify key people to take this forward across partner agencies.

DSe commented this work may be better aligned to the Health and Wellbeing Foras rather than HNP to enable HNP to focus on its five key areas.

E3.5 RB summarised the discussion there is a need to increase the awareness of our responsibility for autism, outcomes are not being achieved as they should and to have plans

in place to address this. RB asked CK to bring an update of progress of this to the next Board meeting.

Action:CK

F1. Any other business/announcements

RB asked Board members to consider taking up the weight loss challenge.

F2. Take home messages

RB gave the Board the take home messages from today's meeting.

- RB asked the Board to consider how we might be able to use the Social Value Act in the services providing benefit the community as a whole.
- At the next Board meeting an update will be given on the work surrounding urgent care to enable providers to have a change of outcomes and for a capacity plan to be discussed.
- With the assistance of NP a housing strategy can be further developed and information from BIPI will be fed into this.
- RB will invite Brandon Lewis to the next Board meeting to see the work the Board is involved in.

F3. Dates of next meetings

The next Board meeting will take place on the 5th June 2014, in Room 15, County Hall, Northampton.

Signed.....

Dated.....