



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 17th September 2015
Sunley Management Centre, University of Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Adam Simmonds - Vice Chair	(AS)	Northamptonshire Police and Crime Commissioner
Professor Nick Petford - Vice Chair	(NP)	Vice Chancellor, University of Northampton
Professor Will Pope,	(WP),	Chairman, Healthwatch
Professor Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Carole Deghani	(CD)	Chief Commissioning Officer, NHS Corby Clinical Commissioning Group
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Dr Jonathan Ireland	(JI)	Chair, LMC
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
John Wardell	(JW)	Chief Commissioning Officer, NHS Nene Clinical Commissioning Group
Dr Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
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
Cllr Suresh Patel - Substitute	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Dr Miten Ruperelia - Substitute	(MR)	Vice Chair, NHS Corby Clinical Commissioning Group
Catherine Mitchell - Substitute	(CMi)	Borderline Local Clinical Commissioning Group
Dr Raf Poggi	(RP)	Vice Chair, 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
Rosie Newbigging	(RN)	Chief Executive, Healthwatch

Teresa Dobson	(TD)	Vice Chair, Healthwatch Northamptonshire
Maura Noone	(MN)	Assistant Director Health Partnerships, Northamptonshire County Council
Cllr Sylvia Hughes	(SH)	Northamptonshire County Council
Jessica Maryn	(JM)	Deaf Hub
Mark Gregory	(MG)	Head of Commissioning Development, NHS Corby Clinical Commissioning Group
Marie Seaton	(MS)	Chair, Northamptonshire Safeguarding Adults Board
Keith Makin	(KM)	Chair, Northamptonshire Safeguarding Children's Board

Minute Taker:

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

Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Tanis Harper	(TH)	Interim Chair, NHS Corby Clinical Commissioning Group
Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Cllr Jim Harker	(JH)	Leader, Northamptonshire County Council
Paul Farenden	(PF)	Chair, Northampton General Hospital

A1. Declaration of interest

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

A2. Introductions

RB opened the Health and Wellbeing Board meeting and welcomed JW, the new Chief Commissioning Officer for NHS Nene Clinical Commissioning Group to the Board.

A3. Minutes from the previous meeting of the 11th June 2015

The minutes from the previous meeting of the 11th June 2015 were agreed as an accurate record.

B1. Safeguarding Annual Reports

B1.1 Northamptonshire Safeguarding Adults Boards

B1.1.1 MS gave the Board a brief overview of the Northamptonshire Safeguarding Adults Board (NSAB) Annual Report. There has been significant changes in Adults Safeguarding over the past year; the Board was placed on a statutory footing in April 2015, with the main focus on outcomes for individuals determined on wellbeing and prevention. There has been considerable amount of proactive work around how outcomes for individuals can be evidenced from their own experiences. A user and carers sub group has been established to deal with all the significant issues that have had a real impact and can bring improvements to services. NSAB have been conducting collaborative work with police and fire colleagues on having earlier interventions to prevent safeguarding issues, but there is a challenge in engaging with GPs and housing in relation to the work of the NSAB.

B1.1.2 MS commented governance arrangements have been reviewed and a framework is in place which will be reviewed in October to ensure the new arrangements continue to be fit for purpose. There is a business plan in place for next year, with priorities constantly

being reviewed to ensure they remain fit for purpose and meet the Care Act requirements. One of the main priorities for the coming year is the development of a Communications and Engagement Strategy which will engage with a wide range of organisations and communities to determine the priorities and ensure delivery.

B1.1.3 MS noted work is ongoing on how the NSAB and Northamptonshire Children's Safeguarding Board (NSCB) can collaborate more on common areas. With the financial constraints tightening, the plans is to have one core board of the key statutory partners who have a wide range of responsibilities for health and wellbeing prevention, and will actively engage with users, carers, voluntary sector and community sector. A joint workshop has been held with colleagues from the NSCB, discussing themes such as domestic violence, modern slavery, female genital mutilation, mental health issues, from which joint priorities have been agreed to take forward. MS added the future for safeguarding is about having more collaborative working and to have one prevention strategy for the whole county.

B1.2 Northamptonshire Safeguarding Children's Board

B1.2.1 KM gave the Board a brief overview of the Northamptonshire Safeguarding Childrens Board (NSCB) Annual Report. This annual report has been made more user friendly and is more outcome focused, to give and hear the voice of children and young people. The NSCB has reviewed its membership to ensure it is much better placed to react and make decisions. A new sub group has been set up to deal with child sex exploitation (CSE), by working with schools and young people on identifying risk and to resist inclusion into CSE.

B1.2.2 KM noted auditing is now being completed in a more thorough way and this year all schools have completed their section 11 returns. AH confirmed NHS England responds to section 11 returns on behalf of primary care within the county.

B1.2.3 KM added there is a big focus on recruiting more permanent staff in order to reduce the number of agency staff. Several training programmes are in place including within the University of Northampton which have proved successful in encouraging people into the profession and developing their skills set. It is an important factor for people receiving safeguarding services that there is consistency, and the audit activity has shown that there is a link between consistency of staffing and sustainability for service users. HS noted the first cohort of newly qualified social workers is approaching the end of their training and have achieved a high standard of training. But experienced social workers are also needed which currently agency staff provide, and it will take approximately two years to achieve a more stable workforce.

B1.2.3 KM commented engaging with service users is core, but there would need to be a set up which allows children and young people to be heard on their own terms. AH noted the numbers of looked after children have increased significantly this year, with an increasing number of unaccompanied asylum seeking children.

B1.2.4 KM asked to bring back an update on the annual report to the next meeting in December. RB agreed and asked for it to be included in the Strategic Partner Updates.

Action:KM

C1 Update Report – Board Member Organisations

C1.1 WP advised Northamptonshire Healthwatch has won the Healthwatch England Network Choice awards and thanked all the staff involved.

C1.2 NS discussed the Health and Wellbeing brochure produced for Corby. The brochure is a partnership between Corby Borough Council and NHS Corby Clinical Commissioning, driven by the Corby Health and Wellbeing Fora. RB acknowledged this is beneficial to the residents of Corby and other districts and boroughs within the county would benefit from the same initiative. NS added that the districts and boroughs within the county are in the process of signing a procurement concordat for the Disabled Facilities Grant.

C1.3 RP advised in the south of the county, the CCGs are in the process of designing commissioning intentions for the next two years, to ensure the needs of the patients are addressed by the most appropriate service. KGH and NHFT are collaborating on the co-ordination of services and to ensure the needs of service users are at the forefront of integrated care models. CD noted it is about how we work across all organisations to deliver new models and pathways of care that are appropriate to achieve good outcomes for patients. JW added there is a real opportunity to transform the health and social care landscape, discussions need to take place around the provider element to help deliver an integrated care package to residents of the county.

C2 Update Report – Health and Wellbeing Board Activity

C2.1 AJ briefed the Board about the Health and Wellbeing Board Activity report. The Mental Health Crisis Care Concordat Steering Group is meeting regularly and is chaired by Gordon King, and there is good engagement with partners across the county. This Board signed the Mental Health Crisis Concordat declaration last year and this has been followed up with an action plan.

C2.2 The Healthy Workplace Programme is being piloted across the county and is working well. PB added this programme is well supported across the county, with approximately 25000 staff are taking part in this initiative and there is the 20 million step challenge this weekend and PB encouraged all to take part. AA noted Northamptonshire Police are now actively involved and helping to expand this programme.

C2.3 AJ presented the Health and Wellbeing Annual Report to the Board for approval. NS advised the data between the Health and Wellbeing Board annual Report and the BCF report do not collate and this needs to be addressed. AJ will re-check the data.

Action:AJ

C2.4 WP commented on Domiciliary Dental Care within the county and asked if the Board and NHS England are happy with support the recommendations included in the paper. AA asked at the next Board meeting can there be more clarity on the recommendations proposed and whether there are any cost implications before agreement can be given.

D1 Better Care fund Performance Update

D1.1 MN gave the Board an update on the Better Care Fund. The BCF is now moving into the delivery phase and creates a pooled budget for Northamptonshire of £60 million, which is covered by S75 agreement. There are four main areas contained within the BCF:

- Community placed management,
- Crisis intervention and admission avoidance,
- Integrated care closer to home,
- Discharge into immediate care,

With a focus on reducing non elective admissions to hospitals, improving the experience of services users, improving the performance of Northamptonshire and to attain the efficiencies needed due to the financial constraints. There is also a joint approach for assessments and funding for integrated packages of care, with a multi disciplinary team to enable hospital discharges. A Falls Prevention Strategy is in place and work is being funded through the ambulance service and crisis response teams, to help reduce the number of injuries due to falls and there are issues with the primary care falls contract which is being resolved. But there is still a large number of hospital admissions due to falls within the county, so there is a need to consider other options on how commission falls services. Targets have been set to reduce non elective admissions by 3.5 % (1950 admissions), this is currently below target so the additional measures below are being put in place:

- A discharge to assess programme starting in September 2015,
- Crisis response team and care management teams to begin seven day working.
- Expansion of the intermediate care team

- Older persons mental health pathway has just been agreed.
- Targeting the top 50 repeat emergency re-admissions to see if these can be avoided.
- Look at Primary Care Practices that have the highest rate of hospital admissions to see if interventions can put in place to reduce admissions.
- Training carers to spot the early signs of infections so patients can be treated at home.

PB added good progress is being made and the situation is improving but it would be beneficial for providers if there was more joint commissioning, to commission for outcomes and for the lead to come from the commissioners. GF noted actions from the BCF and Healthier Northamptonshire schemes are not coming in quickly enough to have an impact and the proposed joint commissioning will only work if the actions happen quickly and are fully resourced. JI commented there needs to be better commissioning and General Practice needs to have clear pathways for patients, as some services can be difficult for GPs to access or communicate with. CM advised within Borderline an organisation called United Care have introduced One Call, where GPs can ring one number to access appropriate services for the patients. CK advised an overarching integrated commissioning document is being completed in conjunction with NCC, Nene and Corby CCGs, the providers will be included discussions. CK added there are high number of referrals to social care that are not admitted to into the acutes that need support as well.

D1.2 The governance of the BCF is overseen by the Health and Social Care Commissioning Executive Board which reports into the Health and Wellbeing Board, the Cabinet of Elected Members and the CCGs Board of Governors, this is to ensure there are safeguards in place and the principles of the Better Care Fund are adhered to. RB asked for the papers for the monthly BCF governance meeting to be circulated to the Board. MN agreed.

Action:MN

D1.3 RB noted this Board needs to understand the key factors the BCF is struggling with in order to help resolve the situation. RP added the health economy is under a lot of strain and the schemes within the BCF will encourage integration of services, but in order to achieve targets these schemes need to be embedded and reviewed within organisations working practices. CD asked for the health and social care organisations need to bring their recovery plans to this Board with a focus on prevention. TT advised the Health and Wellbeing Board can be useful in ensuring good winter resilience plans are in place across the organisations. MR advised an audit is being completed to ascertain the reasons why there was a sharp rise in non elective admissions last winter, and the results should be ready in the next month. JC advised it has been slow getting engagement with communities on the BCF and there needs to be a community pathway built into BCF that communities can take forward. AA also asked for a paper to be brought back to this next meeting, to highlight the progress from a commissioner and provider perspective. MN agreed.

Action:MN

D2 Delayed Transfers of Care

MG gave the Board an update on the Delayed Transfers of Care report. The issue of delayed transfers of care is an issue that affects both providers and commissioners and it is a national pressure. The interventions put in place has improved the situation within the county, with a reduction in the number of delayed transfer of care patients, a reduction in the lost bed days within both acutes, and an increased patient flow through the acute beds. Work is ongoing with Adult Social Care, to assess the capacity within domiciliary care and to lessen the demand in services upon patients being discharged. Meetings take place with the Corby Borough Housing team to address the needs patients that are due to be discharged, what is needed and how quickly, and this initiative can be replicated across the other districts within the county. RP added a sustainable solution needs to have community support so people can go back to the level of functionality to reduce the pressure on services. JC noted there is a Health and Wellbeing Board Development Session on the 22nd October with the theme of 'Social Prescribing' and asked all to attend.

E1 Governance of the Health and Wellbeing Board

E1.1 AA gave the Board an overview on the Governance arrangements for the Health and Wellbeing Board. Following the previous Board meeting, the Chair and Vice Chairs have met with all the Chief Executives of providers, commissioners, districts and boroughs, regulators, voluntary sector and healthwatch. The key issues arising from these meetings are:

- The Health and Wellbeing Board to focus on the outcomes trying to be achieved and drive forward improvements.
- The governance of risk sharing – there is a need to have a risk sharing arrangement that all organisations can mould to gain benefit.
- A formalised process on how the Board will make decisions and how they can be brought back to the board for clarity or challenge.

E1.2 Following these discussions AA proposed papers that come to this Board should be focused on the Board’s priorities, to achieve outcomes, and the papers be presented by the person who has the strategic responsibility to enable the Board to review or challenge. AA also proposed to ask the Local Government Association and NHS England to nominate a person who would be able to help with the review of the work of the Board, and to enable the Board to more forward focused. The board agreed.

E2 Health and Wellbeing Board Strategy Refresh

RB confirmed that NP has agreed to lead on the Health and Wellbeing Strategy refresh. NP noted it is vital to have an integrated health and wellbeing strategy/agenda and the university have the right resources to help progress this strategy. AA formally asked each partner present to ensure their organisation is represented in the Health and Wellbeing Strategy work NP is undertaking.

F1. Any Other Business

RB congratulated AA, NP and DS on completing the Northampton half marathon.

F2. Take Home Messages

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

- All organisations are committed to raising the profile of safeguarding, and having one core safeguarding board in the future will be of interest to the Health and Wellbeing Board.
- There needs to be more joint commissioning to help to resolve some of the current difficulties.
- There needs to be more integrated working on the winter plans from organisations,
- The papers from the Joint Health and Social Care Executive Board meeting will be shared with board members and the BCF update paper will come to the Board meeting in December.

F3. Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 17th December at 9.30 am in Francis Crick House, Moulton Park, Northampton.

Signed.....

Dated.....