Northamptonshire
Health & Wellbeing Board

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

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
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 Dehghani	(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
Cllr Suresh Patel Substitute	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Catherine Mitchell Substitute	(CMi)	Borderline Local Clinical Commissioning Group
Chief Inspector Dave Spencer - substitute	(DSp)	Northamptonshire Police
Angela Hillery	(AHi)	Chief Executive, Northamptonshire Healthcare Foundation Trust
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Tanis Harper Substitute	(TH)	Interim Chair, NHS Corby Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Cabinet member for Learning Skills and Education, Northamptonshire County Council

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
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Janet Doran	(JD)	Assistant Director Customers, Culture and Place Northamptonshire County Council

Art Conaghan	(AC)	Political Assistant, Northamptonshire County Council
Mark Ainge	(MA)	Head of Prevention and Community Protection – Police & Fire (E1058) Area Manager, Northamptonshire Fire and Rescue Services
Helen Boardman	(HB)	Director of Faith-Based & Community Initiatives, Office of Police and Crime Commissioner
John Berwick	(JB)	Special Advisor to the Health and Wellbeing Board

Minute Taker:

Cheryl Bird	(CB)	PA, Northamptonshire County Council

Apologies:

Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Cllr Jim Harker	(JH)	Leader, Northamptonshire County Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
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
Paul Farenden	(PF)	Chair, Northampton General Hospital
Dr Sonia Swart	(SS)	Chief Executive, 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

A2.1 RB confirmed that Adam Simmonds (AS) resigned from the Board at the previous meeting of the 17th September and AS recommended to the Board that SE become the representative from Northamptonshire Police. SE is unable to attend today's meeting but DSp is attending as SE's representative. RB also advised that Martin Lord resigned from the Board and JC is now the Board member from the voluntary sector and JC will inform the secretariat of her deputy.

Action:JC

A2.2 RB noted that JB has been helping NP with the process of reviewing the Health and Wellbeing Strategy and JB is currently funded through the LGA. The LGA have confirmed they would be happy to continue to fund JB to provide some extra work for this Board, the Board agreed.

A3. Minutes from the previous meeting of the 17th September 2015

A3.1 The minutes from the previous meeting of the 17th September 2015 were agreed as an accurate record.

A3.2 WP offered to liaise with TT to provide an update on the financial implications on Domiciliary Dental Care paper discussed at the previous meeting, and feedback to the Board. RB agreed.

Action:WP

B1. Health and Wellbeing Strategy Development

B1.1 NP gave the Board a brief overview of the work currently being completed on the refresh of the Health and Wellbeing Strategy (HWBS). A development session was held on the 12th November, which was well attended by partners across the county and a draft version of the strategy has been completed for the Board to review. NP asked for Board members to provide any feedback on the initial draft, and noted the draft strategy would be going out to public consultation from January to February 2016 for approximately one month, with a coordinated programme of events and local press releases. The feedback from this consultation will then be woven into the final HWBS which will be presented at the next board meeting on the 10th March for approval. NP added as the operational detail has been left out of the draft strategy, it would be advisable for an operational plan to be developed that would feed into the strategy.

B1.2 The Board discussed the draft HWBS and the following comments were made:

- RB advised there is a need to demonstrate collaborative working amongst partners and this can only happen by having the an overarching strategy for the county, which would drive the governance of this board, and create an opportunity to influence partners activity and how partners prioritise.
- CK asked for workforce to be included, as there is a need a skilled workforce in the county, and in particularly within domiciliary care there is a lack of skills and ability within the county.
- WP asked for a focus on mental health and wellbeing to be included. To keep people at work, for longer and with a better quality of life, and for those people who have had to leave work due to stress or mental health issues to get them back into employment quicker. WP agreed that a longer operational document is needed that would sit within the strategy, and for the strategy to become a one or two page summary.
- AA confirmed the HWBS is based on the needs of the county AA, and the evidence base for this will link into the JSNA.
- CD added the JSNA and HWBS needs to link in with the commissioning intentions from organisations across the county, and for this to succeed the engagement element is vital. CD added it is essential to highlight the workforce being able to work across the whole system rather than working individually.
- DSp would like to see more emphasis on an approach to empower individuals and communities to ensure the help of the population to enable sustained improvement and perhaps to look forward 15-20 years as behaviours and lifestyles can change. DSp urged caution around adding targets as the strategy should be measured on purpose not quantity.
- CMi although there is reference to care homes, there is little reference to housing partners and how housing can support the population, as this needs to be strengthened to enable greater independence.
- JC felt the community asset base, and the volunteer capacity is not mentioned and how this can be utilised.
- GF would like to see further workshops about the delivery mechanisms for the HWBS to ensure resources are available to deliver.
- TH added targets could be given to the health and wellbeing forums as there is where integrated partnership sits, and to ensure the voice of the population is heard.
- CM advised there is a need to include the growth agenda, as the increasing population is putting a strain on existing and future services. There is a need to look at how this will be managed in particular with the current financial situation faced within the public sector. There also needs to be an emphasis on empowering people to take responsibility for their own health and wellbeing rather than relying on services. CM added some of the wording contained in the document may need re-wording in particular the phase ‘good death’ as this may be upsetting for some members of the population.
- AHi felt this strategy should be forward looking 10-15 years, to consider the alignment of health and social care integration and place based plans, to be clear about the role of this Board in relation to the strategy and the expectations of other boards and organisations. AHi added next year NHFT are embarking on a learning network

programme with the Kings Fund linked to the Care Closer to Home scheme and AHi will provide feedback to the Board in 2016.

Action:AHi

- MG the challenge is how do we get this strategy embedded into individual partner strategies and emerging strategies.
- TD asked the HWBS including the vision statement needs to be made more user friendly before going out to public consultation and a glossary of terms to be included.
- JI commented confusion on where workloads and budgets sit will need to be addressed to ensure services will not be affected, and there is no mention of death in the health equalities section which needs to be added.
- AA noted now the framework has been clarified, but discussions are needed about what choices and priorities are to be made, to decide what is the role of the health and wellbeing board and where the operational and accountability is managed and by who. The JSNA, Public Health Outcomes Framework, NHS Outcomes Framework and Adult Social Care Outcomes Framework will be able to provide data to measure the strategy.
- HB asked if the strategy could include consideration of the relationship between faith, religion, spirituality and faith related cultural norms and the impact of this on health and wellbeing.
- DS advised the key is focusing on the population health not organisational health, with a need to combine resources to improve health and wellbeing.
- JW noted there is a need to simplify the process, establish where this will be governed, and for this board to have oversight of the governance process. JW will organise a meeting in early February for Board members to discuss the governance arrangements.

Action:JW

EB asked DSp if SE would be able to attend this meeting. DSp would take his request back to the SE.

Action:DSp

B1.3 The Board discussed how the consultation for the HWBS should be taken forward to enable the population to contribute to the final document.

- JC, there is a need to include areas which are missing from the communities, and face to face workshops are beneficial for consultation and engagement.
- WP advised that he will take this draft strategy to Healthwatch Advisory Board on the 21st January 2016, and offered support from Healthwatch with organising roadshows.
- CMi advised that the Peterborough Healthwatch has compiled an electronic questionnaire based on Peterborough's local strategy, the contact is Angela Burrows.
- DSp there should be continuous involvement with the public after the consultation has closed, and employees within the county need to be included in the consultation. A vast majority of the public are currently healthy and have no health issues, but this cohort needs to be consulted with to try and change unhealthy behaviours.
- CK advised the Learning Disability Partnership would be able to help with producing an easy read version of the strategy for the consultation. WP offered Healthwatch services to work with the LDPB for producing an easy read document.
- RB asked NP to contact those present who have offered help with the public consultation for the strategy. NP agreed.

Action :NP

B1.4 JB gave independent overview of the discussion that has taken place. There are 53 strategies from different partners across the county and there is now one strategy which enraptures all these and represents the county. The issue is how can the HWBS be ingrained within organisations so it becomes the default position, with clearly defined delivery mechanisms. Governance issues tend to arise once a strategy becomes operational, and there is a need to harness the energy to make the strategy succeed, to be sustainable and avoid duplication with good system governance in place.

C1 Update Report – Board Member Organisations

RB advised the update report from Board Member Organisations has been read by Board members and commented on two recommendations.
Item 2.4 Integrated role as the University as a facilitator to steer on the priorities for health and wellbeing to help in developing projects and provide research and evaluation for newly commissioned services. The Board agreed to this recommendation.
Item 3.12 The Health and Wellbeing Board to consider how it can co-analyse, co-create, co-produce and co-review community safety solutions with the Office of Faith Based Community Initiatives to help achieve the relevant health and wellbeing strategic priorities.

C2 Update Report – Health and Wellbeing Board Activity

C2.1 AJ gave the Board a brief overview of the Health and Wellbeing Board Activity Report. This report contains the Breastfeeding Needs Assessment which forms part of the JSNA, and is a target within the existing Health and Wellbeing Strategy. AJ asked the Board to support the recommendations contained within the needs assessment and for the Specialist Public Health Team and Clinical Commissioning Groups to produce a joint strategy and implementation plan to improve breastfeeding initiation and continuation rates across the County. JI commented breastfeeding support and engagement with mothers is midwife controlled and there is a fragmented system of midwife care across practices. The Board agreed to the recommendations.

C2.2 Health Protection Committee Annual Report. The key risks highlighted in this paper are antimicrobial resistance and uptake of influenza vaccination. AJ advised there is a challenge when people arrive in our communities to how quickly a HIV dianogsis can be completed. Some extra activities and engagement have been funded by Public Health to support the integrated sexual health service ran by NHFT, and work is ongoing with the voluntary and community sector to improve engagement opportunities around minority and ethnic groups. JC noted the community capacity can help with HIV prevention. JI asked how the gonorrhoea diagnosis rate is collated and presented. AJ will take this question to the Specialist Public Health Team to answer and forward to JI.

Action:AJ

C2.3 PB gave an update from the Healthy workplace Task and Finish Group, this group has been making great steps in the past year and is moving into an operational stage. One of the recommendations is that workplace health should be a key strand in the HWBS and the accompanying communications plan, to build on the locality health and wellbeing forums, and for health and wellbeing strands to be developed. PB thanked those who participated in the group, and offered to share the programme of work with partners across the county. The Board agreed to these recommendations.

D1 Better Care fund Performance Update – Refresh and Approval of the BCF for 2016/2017

D1.1 CK gave the group an update on the BCF. An easy to read report has been produced to show the progress of the BCF, there are four schemes currently within the BCF, and 42 sub schemes. These schemes will deliver different outcomes, in particular around reducing non-elective admissions and to move towards an integrated service with the Care Closer to Home scheme. Renegotiation meetings will begin in January 2016, for year 2016/2017, and this will include a review of the BCF over the past year to ascertain which schemes have worked and which schemes need to be de-commissioned. JB has agreed to help bring an independent person who would able to provide analysis on these schemes. CK confirmed that providers and the voluntary sector will also be included in the renegoation discussions. CK highlighted some of the work being completed under the schemes:

- There is seven day working with assessments for social care in each hospital and management duty room, but work is still needed regarding primary care.

- The NHS number is now being used in more the 86% of social care cases, and the intention is to get this to 90%.
- Work is still needed on shared assessments and shared information
- 58% of patients are ready for enablement 91 days after leaving hospital and this needs to be improved.
- Admissions to residential care has been reduced, but admissions due to falls is still high and work around this is currently being reviewed.
- Work is needed on improving the patient experience and Healthwatch will be involved in trying to improve this area.

D1.2 The Board discussed the BCF and the following comments were made:

- CD advised some of the interventions included in the BCF such as the collaborative care teams are working well and beginning to make a difference.
- JW added the whole health and social care economy need to shape a joint vision and view and to have a whole system base plan in place.
- CD, CK and JW will meet to discuss streamlining some of the governance processes.

Action:CD/CK/JW

- TT offered support from Wendy Holt a regional BCF advisor who would be able to assist with the planning process and will be able to advise on best practice around the country.
- GF recommended having less projects, but projects which will be able to deliver more impact.
- AHi advised schemes to reduce non-elective admissions are working and having an impact, but work is needed on analysing the data from localities to ascertain why some localities are struggling more than others. Primary care, community care and voluntary sector are all commissioned separately to deliver services that need to be delivered collectively and the challenge is how can these be aligned.
- TD noted some of the initiatives within the BCF should be integrated, to give maximise impact on reducing non-elective admissions.
- DSi asked as there is a 12% under performance with the plan, and a 6% increase non-elective admissions there is a need to look at whether expectations are being met, be clear about the consequences of expectations not being met and how to ensure there is value for money for our investments.
- JI added the number of planned admissions is increasing more than the non-elective admissions and this needs to be addressed and could be solved within the BCF.

D2 Winter Planning

D2.1 MS gave the Board an update on Winter Plans in place for 2016. There are action plans and resilience plans in place to mitigate and manage winter pressures, with a surge and escalation plan in place to ensure there is a coordinated response when periods of pressure are experienced. A review of the pressures faced in the previous winter has taken place, some demand and capacity modelling has been introduced, as well as schemes to reduce non-elective admissions, improve patient flow through hospitals and reduce the number of delayed transfer of care. Throughout the year the whole system is responding well to collaborative working with partners and the voluntary sector is being used more proactively. The flu vaccination uptake for the at risk cohort and front line staff is being monitored through the urgent care working groups and a range of initiatives to improve uptake are in place such as weekend flu vaccination clinics. A communication focus plan for the next twelve weeks has been developed collaboratively, to ensure there is partner alignment and the communication to the public is consistent and aligned with the key pressures within the system.

D2.2 CM gave an update from Borderline Local Commissioning Group. Peterborough does not experience the increase in patient numbers that Northamptonshire has, but if there is any increase, then borderline work with the Care Agencies to ensure patients are being discharged in a timely manner. .

D2.3 TT advised NHS England coordinate the opening hours for GP practices and pharmacies within the county, daily sitreps are received to address the daily pressures across the health economy, as well as six winterims which report the winter pressures across the country. NHS England is looking at Out of Hours and the 111 services to track the pressures and to obtain support from other areas of the health system.

D2.4 MA offered assistance from the Fire and Rescue Service, to work together towards the prevention agenda and demand management for winter pressures for 2016/2017. To try and identify hazards and provide education to vulnerable people, keeping them safe and well during the winter periods. MA added the Fire and Rescue currently work with EMAS and there are 14 fire stations who are trained with Defibrillators to support EMAS on emergency calls. There are also two combined police and fire units which have DFIBs and these work within rural areas providing crime surveys and home check surveys. DS commented it would be good to have a single response service and Northamptonshire Police are proposing to make an innovation bid to progress this idea. WP asked all to attend a workshop being hosted by Healthwatch on integration of services which will take place in January/February 2016.

E1 Clinical Commissioning Groups Commissioning Intentions

E1.1 JW gave the Board a brief overview of progress relating to the Commissioning Intentions for Nene and Corby CCG which will feed into the overarching Health and Wellbeing Strategy. The key points from the paper are

- The commissioning intentions will build on the strategies already in the system, the Healthier Northamptonshire plan, and be built into the Annual Operating Plan and five year plan.
- The final national guidance and funding allocation from central government for 2016/2017 is due and there will need to be a financial plan which is balanced and which meets the NHS and statutory requirements and feeds into the Operating Plan.
- Corby CCG will move towards full delegation in primary care in 2016, but Nene CCG wait a further year to ensure that correct systems and processes are in place.
- Commissioning intentions will be aligned with the aspirations of providers, and the timeline for setting commissioning intentions will be brought forward to ensure there are joint agreed commissioning plans for the 2017/2018.
- A key risk is population growth and plans are needed to address the growing population and how to make services sustainable.
- There is an ambition and commitment across health and social care to create a whole health system which brings together physical health, mental health and social care.

E1.2 CD advised the commissioning intentions must have a person centred approach, whilst facing the financial challenges across the whole health and social care system. CK added the commissioning intentions for social care will be aligned with health and a five year plan is currently in its planning stage. AA commented these commissioning intentions need to include prevention and parity of esteem and have resources assigned to try and prevent ill health. RB advised discussions are taking place with the Northamptonshire Enterprise Partnership and a formal invite will be made to them to join the Board.
JW summarised there is a need to optimise and utilise the whole health and social care system and for commissioning and providers to align their work intentions for today and the future.

F1. Any Other Business

F1.1 CM advised there has been a change in the delivery of services in Cambridgeshire. CM added discussions took place between United Care and the CCGs to try and prevent this contract being terminated, but notice was serviced on the 3rd December 2015. As United Care did not provide services directly to patients, there has been no interruption in services, and the CCGs have confirmed that all contracts will be paid. Borderline has convened a meeting with all partners involved to ensure there is sustainability and

continuity of services for all patients involved. CM will bring an update to the next meeting in March 2016.

Action:CM

RB advised that Radio Northampton have run an article about GP lists being closed. RB confirmed one complaint was made to Healthwatch about this issue in the summer. TT noted that within Northamptonshire there are no GP lists closed, and NHS England had two applications for closed lists from within the county, but these were declined. There are workload problems for GPs nationally and investments is been made nationally to get more sustainable solutions.

F2. Take Home Messages

NP gave the Take Home Messages from today's meeting.

- There has been positive feedback regarding the HWBS and the Better Care Fund.
- The new HWBS will dovetail in with all the individual strategies across the county.
- There will be a consultation phase for strategy

F3. Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 10th March at 9.30 am in Room 15, County Hall, Northampton.

Signed……..

Dated…….