



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 18th September 2014
the Sunley Management Centre, Univeristy of Northampton**

Present:

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Health and Social Services, Northamptonshire County Council
Professor Will Pope, Dr Akeem Ali	(WP), (AA)	Chairman, Healthwatch Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Suresh Patel, Substitute	(SP)	Cabinet Member, Adult Social Care Northamptonshire County Council
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Dr Darin Seiger	(DS)	GP Representative, Chair, Nene Commissioning
Dominic Cox	(DC)	Director of Operations and Delivery, NHS England, Local Area Team
Dr Raf Poggi	(RP)	GP Representative, Nene Commissioning
Dr Peter Wilczynski	(PW)	GP Representative, Chair, Corby Clinical Commissioning Group
Carole Dehghani	(CD)	Chief Commissioning Officer, Corby Clinical Commissioning Group
Adam Simmonds	(AS)	Northamptonshire Police and Crime Commissioner
Ben Gowland	(BG)	Chief Executive, Nene Commissioning
Alex Hopkins,	(AH),	Director of Customers, Communities and Learning, Northamptonshire County Council
David Kennedy	(DK)	Chief Executive, Northampton Borough Council
Moira Ingham	(MI)	University of Northampton
Dr Jonathan Ireland	(JI)	Chair, LMC
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Paul Farenden	(PF)	Chair, Northampton General Hospital
Jane Carr, Substitute	(JC)	Chief Executive, Voluntary Impact Northamptonshire

In Attendance as observers:

Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Art Conaghan	(AC)	Political Assistant, Northamptonshire County Council
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Andrew Jepps,	(AJ)	Assistant Director, Integrated Wellbeing Services, Northamptonshire County Council
Peter Lynch	(PL)	Health & Wellbeing Board Business Manager, Northamptonshire County Council
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Richard McKendrick	(RM)	Chief Operating Officer, Northamptonshire Healthcare Foundation Trust

Richard Smith	(RS)	Northamptonshire Healthcare Foundation Trust
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Cllr Sylvia Hughes	(SH)	County Councillor, Northamptonshire County Council
John Nightingale	(JN)	Director, Countywide Forum
Marliyn Hodges	(MH)	Healthwatch
Kate Hoult	(KH)	Healthwatch
Esther Stimpson	(ES)	Northamptonshire Breastfeeding Alliance
Wendy Hoult	(WH)	Olympus Care Services
Lance Cannon	(LC)	Northamptonshire County Council
Keith Makin	(KM)	Chair, LSCBN

Minute Taker:

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

Cllr. Jim Harker	(JH),	Leader of the Council, Northamptonshire County Council
Professor Nick Petford	(NP)	Vice Chancellor and Chief Executive Officer, University of Northampton
Martin Lord	(ML)	Chair, Voluntary Impact Northamptonshire
Kycle Cliff	(KC)	Interim Local Chief Officer, Borderline & Peterborough Local Commissioning Groups

A1. Declaration of interest

RB formally requested if any member of the board has any declaration of interest. JI declared he is a partner at Moulton Surgery.

A2. Introductions

RB opened the Health and Wellbeing Board meeting and welcomed everyone.

A3. Minutes of the last meetings held on the 13th March

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

A4. Proposed revision to membership and support structure for Health & Wellbeing Board

A4.1 RB confirmed at the last Board meeting it was agreed to have a review of the current membership structure for this Board. RB proposed the following for the Board's new structure.

- Listed below will become main Board members:
 - JI representing Local Medical Council (LMC)
 - PF representing Northampton General Hospital (NGH), substitute Dr Sonia Swart
 - GF representing Kettering General Hospital (KGH), substitute DSi
 - PB representing Northamptonshire Healthcare Foundation Trust, substitute AH
 - ML representing Voluntary Impact Northamptonshire, substitute JC
- Listed below would become special advisors to the Board, to attend where necessary:
 - Dr David Smart, GP, Nene Clinical Commissioning Group (DSm)
 - Dr Raf Poggi, GP, Vice Chair, Nene Clinical Commissioning Group (RP)
 - KM, Chair, LSCBN
 - Marie Seaton, Chair, SOVA

A4.2 The board agreed the proposed structure. RB welcomed the new members and added the new structure will be presented to full council for endorsement.

A5 Update on Autism Self Assessment

A5.1 CK gave the Board an update on the Autism.

- Work is progressing in creating an autism strategy for the county; discussions are taking place with the district and boroughs to enable housing and accommodation to be part of the strategy.
- Engagement with partners is taking place to ensure greater involvement in improving services and strategy development. Although more engagement is needed with the criminal justice system in dealing with potential offenders or victims with autism. AS asked if the engagement could include VOICE, the new service for victims of crime. A bid has been submitted to the Autism Innovations Fund to help promote this work and a decision is awaited.
- Further work is needed around data collection
- The autism self assessment needs to be completed within the next three months
- A multi agency Autism Board is to be established and a commissioning manager will be appointed with responsibility for autism to take this work forward.
- A project plan is being completed for the next three months and CK will circulate to the board once completed. WP asked if a longer term project plan could also be completed. CK agreed.

Action:CK

A5.2 RB asked for NP to give an update to the Board at the next meeting on the proposed housing strategy for the county. MI to discuss with NP.

Action:NP/MI

A6. Update on the Winterbourne Review

A6.1 CK gave the Board an update Winterbourne Update Action plan. From the 36 areas for action, 30 are green and 6 are amber (work in progress). The board discussed the current work to progress the six amber areas to green.

A6.2 CK noted a three year strategy has been completed and is with partners for consultation, and the National Development Team will work with Nene CCG and NCC to develop a commissioning strategy for young people with challenging behaviour. CK will bring an update to the Board meeting in December.

Action:CK

B1. EMarket Place

B1.1 LC gave the Board a brief overview on the Breeze-e consortium and Emarket place initiative. This initiative is an emarket place which will enable people to access services for adult care related services, including health, social care, and housing. People accessing these services will be able to make direct payments from personalised budgets, there will also be a pre paid card option and self funders will also be able to use the site.

B1.2 This project is joined by two consortium partners:

- Cloudbuy are the providers of the emarket place, having secure payments procedures and security clearance to handle patient records.
- Grass roots who have expertise in recognition/reward programmes, and in targeting specific cohort groups, with impact media messages.

B1.3 There are currently 32 providers/suppliers on the website, the minimum number will be 150 and the target is to have 2000 providers/suppliers. LC confirmed all suppliers on the emarket place will be vetted by trading standards, have the proper accreditation, received a

suitable CQC inspection, and must demonstrate investment in quality and performance. Service users will also be able to rate a service as and when they use it to ensure quality and performance.

B1.4 For people who do not have internet access there will be links with community hubs, to have a service on a face to face basis. There will be an advice and information plan available through the website which can be used for telephone consultations and face to face meetings.

B1.5 The board approved the recommendations in the paper. RB asked LC to give the Board an update in six months, LC agreed.

Action:LC

B2 Mental Health Crisis Care Concordat

B2.1 AJ gave the Board a proposal on the Mental Health Crisis Care Concordat. AJ asked for a formal declaration along with an accompanying action plan be brought to the December Board meeting, which would be signed by partners around this Board and the ambulance service. This declaration would consist of:

- support access to support before crisis point,
- urgent and emergency access to crisis care,
- the quality of care and treatment when in crisis
- recovery and staying well.

Action:AJ

B2.2 AS confirmed a review has taken place around U18's being placed in police custody cells, and the measures needed to deal with this cohort. AS noted in Northamptonshire wherever possible the custody sergeant would consider all alternatives before placing a young person in a custody cell. PW confirmed a re-tendering process has taken place around healthcare in custody suites, as a result more mental health nurses will be available in custody suites and be able to use their skills to network across the community to find more suitable care arrangements. AS confirmed new custody facilities are being built around the county to deal with this cohort. AA and PB to discuss outside the meeting the issue of people arrested being refused mental health beds and having to be detained in custody suites.

Action:AS/PB

B3 Establishing effective partnerships across education, health and care

B3.1 AH advised as part of the Children's and Families Act 2014, there is a need to change special educational statements into Education, Health and Care (EHC plans). This is to ensure children/young people have a complete package of support to include health and care needs rather than just concentrating on educational need.

B3.2 There is a timeframe of three years to define and complete this process and in order for this to be achieved a joint commissioning strategy will be developed with involvement from all partners and agencies involved. AH also proposed bringing an annual report to this Board to give information on outcomes and highlight any areas of risk. The board agreed to the recommendations.

B4 Public Health in the County

B4.1 AA gave the Board a brief overview of Public Health in the county. Over the past year AA has been reviewing the Public Health team's capacity to deliver all the mandated items, whilst also increasing confidence within the team and other partners around delivering key essentials. Some of the successes for 2013/2014 are:

- There has been an increase in the uptake of flu vaccinations and childhood immunisations,

- In conjunction with NHS England there has been an increase in screening for preventable diseases,
- New arrangements have been established for health protection with emergency planning services, to ensure the links between, NHS, Public Health and Public Health England are in place.
- A new wellbeing service for across the county will soon be in place, to include health wellbeing promotion, adult social care prevention services and preventative health services around lifestyle and behaviour change. The winner of this tender will be able to help GPs deliver better health outcomes for patients across the county.

AA highlighted some of the challenges for the county:

- There is a need to increase the uptake of health checks and to encourage GPs to routinely offer these appointments to their patients.
- To look at expanding the delivery of smoking cessation services, working with supermarkets and pharmacies.
- AA has concerns around drug and alcohol treatment, and an improvement plan is now in place for the re-commissioned service,
- AA and AS share concerns around the link between criminality and substance misuse and are currently reviewing the current provider. AS confirmed a substance intervention is commissioned in the county where every person arrested is tested for substance misuse and if tested positive referred on to the appropriate agencies.

B4.2 AA noted a brand name has been established '20:20' to link together all aspects of wellbeing within the county, but added there needs to be more engagement within communities, to encourage them to be responsible around behaviour change and to work together to improve the health and wellbeing of the county.

B4.3 WP asked if for the 14 red rated indicators, can be shown as a RAG ratings, with updates on progress and timescales for becoming green rated. AA confirmed that the HWBB has previously seen the RAG rating for Public Health Outcomes Framework and that these are readily available to commissioners and stakeholders from Northamptonshire Analysis. AA confirmed that a performance framework against the board's agreed strategic priorities will be brought to the next meeting including all areas of work across commissioners.

Action:AA

B4.4 AA has sought assurance from NHS England that resources and personnel are in place to manage the transition of the health visiting service into the local authority from next year, to ensure there is no disruption to services. Locally, a public health nurse has been recruited to manage the transition over the first 2 years.

B4.5 AA and JC will discuss the inclusion of the voluntary information and data into the JSNA indicators to enable more community information to be collated.

Action:JC/AA

C1&C2. Healthier Northamptonshire, Nene CCG and Corby CCG Strategic Partner Update

C1, C2.1 BG gave the Board a brief overview of the Strategic Partner Update report for Healthier Northamptonshire, Nene and Corby CCGs. BG emphasised that Healthier Northamptonshire sits within all partners in the county to help align and identify collaborative ways of working to solve the issues they collectively face within the health economy. Some of the measures considered are:

- Delivery of care closer to a patient's home,
- Build care packages by integrating health and social care services where possible
- Clinical services to have clear pathways for patients from beginning to end whilst working within the current financial constraints.

'Proof of Concept' plan is taking these areas and collectively working towards meeting the challenges partners face over the next five years with the resources available.

C1, C2.2 BG confirmed an Acute Hospital Liaison Psychiatry Service has recently started and is building up capacity, through September, so people presenting at A&E can receive urgent mental health assessment if needed. An integrated health and social care discharge team in both acutes will go live in October, to support the patient flow through the acutes, community hospitals and community services. An update will be brought to the December Board meeting.

C1, C2.3 BG added Eamon Kelly has been appointed as the independent Chair of Healthier Northamptonshire Steering group to aide with discussions to make the partnership more effective.

C1, C2.4 RB confirmed that the Health & Wellbeing Board has the repsonsilbity for developing a strategic plan for wellbeing, ensuring a JSNA is developed for the county and to formally sign off the BCF. But this Board does not have a direct performance management of organisations, it however, has the duty to promote integration, facilitate joint planning and commissioning. This is the area where commissioners and other stakeholders become jointly accountable to the board and themselves. The operational responsibility for governance and performance management remains with individual partners boards and their governors.

C1, C2.5 JI raised concerns that General Practice is not fully engaged or consulted with regarding the focus of transferring care from secondary to primary and there here needs to be a commissioning pathway for the transfer of this work. BG confirmed that he is liaising with DC and the local area team from NHS England to ensure that Healthier Northamptonshire plans link in with NHS England general practice contracting plans.

C2 Borderline Clinical Commissioning Group Strategic Partner Update

The update paper was noted.

C3. Districts and Boroughs Strategic Partner Update

CM gave the Board a brief update on behalf of the districts and boroughs. CM advised the districts and boroughs are heavily involved in the community wellbeing tendering process currently ongoing.

C4. NHS England Strategic Partner Update

DC gave the board a brief update on behalf of NHS England. NHS England have published a strategic framework which has been distributed to partners and work is ongoing with CCGs to develop more local plans, with the key objectives to improve quality and health outcomes, whilst reducing inequality. There was a discussion about the changes regarding general practice infrastructure, with a need to ensure good facilities are available and within a suitable distance for patients.

C5 Police Commissioner Strategic Partner Update

Update noted.

C6. University of Northampton Strategic Partner Update

MI confirmed that Northampton Borough council have approved planning permission for the Waterside Campus and redevelopment of the Park Campus. MI asked if the Board could give a a steer on its priorities , to enable the University to assist in developing projects and providing research in the planned and newly commissioned services.

C8. Northamptonshire County Council Strategic Partner Update

C8.1 AJ confirmed the new provider for the new community wellbeing services cross the county will be announced soon.

C8.2 WP raised a concern that two LSCBN meetings had been cancelled, AH advised that the new chair of the LSCBN, KM has written to all partners re-enforcing the importance of attending these meetings. AH added the Improvement Board now conducts a lot of work before the LSCBN Board meeting takes place.

C9. Healthwatch Strategic Partner Update

WP highlighted three items from the Healthwatch update report.

- A survey published on A&E visits showed that 66% of people attending had tried to get help from another service before presenting at A&E, but pharmacy services appeared not to be a choice for most, which is an untapped and underused medical service.
- Healthwatch hosted a Care Act workshop which was well attended, but a major concern was the due to the financial pressure NCC are facing carers may incur charges.
- The first Healthwatch Annual Report for 2013/2014 has been published and is available on the Healthwatch website.

C10. Locality Health and Wellbeing Fora Strategic Partner Update

C10.1 AJ confirmed RB has regular meetings with the Chairs of the seven local health and wellbeing foras, to support and encourage communication between the Foras and this Board. AJ introduced PL as the new Health & Wellbeing Business Manager who will aide in establishing and re-enforcing links with the local foras and partners.

C10.2 AJ confirmed the first meeting for the Northampton Health and Wellbeing Fora, 'Healthier Northampton' will be taking place in October.

D1. Update of breastfeeding in Northamptonshire

AA gave the Board an update on breastfeeding within the county. AA noted increasing rates of breastfeeding is a strategic priority for this Board and breastfeeding is proven to have a positive impact on a child's life. In this county there is a 75% initial take up of breastfeeding, this percentage reduces significantly within the first 6-8 weeks, and although this county spends a significant amount of money through commissioned support for breastfeeding women via midwifery, health visiting and GP services, the results on increased sustained breastfeeding are not being delivered. AA confirmed breastfeeding support services straddles various teams/partners across the county and AA recommends that partners re-engage with the strategy group to discuss and agree the best options to fund and deliver an approach which will lead to increased and sustained breastfeeding rates within the county. The Board approved the recommendations in the report.

D2. KGH Strategic Development and Wellbeing

D2.1 DSi advised KGH has developed a five year strategy which outlines the values, goals and objectives for KGH Trust. This strategy confirms its continuing role as a provider of secondary care in the north of the county for health protection, prevention, and to deliver health interventions that will promote healthy living and lifestyles choices. AA and DSi confirmed there is evidence that confirms interventions at secondary care level are beneficial for health outcomes and the intention is for KGH to work closely primary care colleagues to ensure proper pathways of care are in place.

D2.2 DSi confirmed there will be an emphasis on ensuring staff are good role models and to establish KGH as a health and wellbeing campus. AA will liaise with partners present to

will bring a countywide approach to improve health and wellbeing of their workforce and to encourage good role models and discuss at the next Board meeting.

Action:AA

WP offered to make links on the Board's behalf with the 'Fit for Work' Programme ran by the NHS for their employees.

Action:WP

DSi and PB will liaise to discuss similar programme of work NHFT have been conducting.

Action:PB/DSi

D2.3 DSi will give the Board an update on this programme of work in 2015. The Board agreed to the recommendations in the paper.

D3. National Changes to Better Care Fund

D3.1 CK gave the Board a brief update on the position of the Better Care Fund submission. There is not yet agreement from partners on the protection element for social care on the Better Care Fund submission, due to savings identified in Healthier Northamptonshire. CK proposed that partners would make the BCF submission on the 19th September, with the added caveats setting out the process by which partners would seek to come to an agreement. The partners hope to achieve this in four weeks to bring the final BCF resolution for final sign off. The Board supported this approach, with the method of sign off to be determined by the Chair and Vice Chairs

D3.2 GF raised concerns around provider engagement in the BCF submission and asked if providers can be involved in the workshops and negotiations. WP will support the proposal made, provided there are two caveats, to ensure providers are brought into and support the BCF submission, and there is more proactive public and patient engagement. JC asked if third sector and voluntary providers could also be considered.

D3.3 RB proposed the Board endorses the BCF submission on the 19th September, and to defer any sign off, until the agreement between all the partners comes initially to the chair and vice chairs, and if they still consider there is still a risk an extraordinary board meeting will be called. The Board agreed.

D4. Interpersonal Violence Strategy

D4.1 AJ gave the Board an update on the Interpersonal Violence Strategy. AJ confirmed the Interpersonal Strategy Group has been re-established and the results from a needs assessment is awaited from the University of Northumbria. The Board reviewed the draft strategy, AJ asked for the Board to note this may be amended following the results from the needs assessment. AJ will bring a delivery plan to include financial elements to the next Board meeting in December. PW asked for the working to be changed to the use of short term crisis accommodation. AJ Agreed

Action:AJ

D4.2 AJ commented there is a need to ensure there is a good balance of support for victims of domestic abuse that may need services outside the county. AJ added it has become apparent that some victims of domestic violence have been in refuges for a long period of time rather than short term crisis care and AJ asked for this issue to be addressed so resources can be used more effectively. Due to changes in contracts relating to adult wellbeing services, some providers currently on notice have had funding arrangements extended for a further six months funding to ensure there is crisis accommodation in the county.

D4.3 AS advised the Sunflower Centre will move away from Northamptonshire Police into VOICE the new victims and witness service, by moving into an independent organisation they will be able to promote and send out tenders for services with the aim to be less reliant on state funding. This centre will be able to provide a wider range of services for low and high risk victims, and also be able to provide support and services to child victims of sexual

abuse, along with victims and families of road traffic collisions. People will be able to self refer into the VOICE service. AS added the service will also be able to provide a named person to case manage a victim or witness from beginning to end. AS asked the Board to review the circulated business and send any feedback to AS.

Action:ALL

D4.4 The Board agreed to the recommendations in the report.

D5. Statement of Support for Tobacco Control

The Board agreed to support the declaration of support for tobacco control. PW asked could all the partners in support and sign up to this declaration. RB asked for the declaration to be amended to include all partners and brought back to the December Board meeting for sign off. The Board agreed.

Action:AJ

E1 Risk Stratification

E1.1 AA introduced the agenda item outlining that the pilot project was done following agreement at the Healthier Northamptonshire Programme Board to undertake predictive analysis and risk stratification across commissioners. While the information governance issues have not been ironed out, data from NCC and NHFT have been used to undertake this pilot. Data has also been made available from Northampton Borough Council and other Districts and Boroughs have indicated they will make their datasets available.

E1.2 Local GPs have also successfully introduced risk stratification for the most at risk. The plan is to now combine all these efforts under one approach.

E1.3 RMc gave the Board an update about proposals for improved data sharing across partners within the county, to ensure more effective partnership working and outcomes for the population of the county. Workshops will be held over the next two months with risk managers and Caldecott Guardians to try and resolve the barriers currently in place regarding information sharing across organisations. AH added this is a real opportunity to aid with the transformation of health and social care, to create a new intelligence that can also help with predication care needs. JI noted for general practice patient consent will need to be sought and not all patients would want to agree to this. RMc answered we would explore this during the workshops, but a suggestion is to use primary care as the front door portal, to ensure the wording is positive, proactive and to include an opt out clause. The board agreed to the recommendations in the paper.

F1. Any other business/announcements

RB confirmed he has completed his weight loss challenge successfully PW will take up the challenge for the next 12 months.

F2. Take home messages

RB highlighted the issues faced within the county regarding the BCF submission and hoped all partners can jointly work together to ensure greater efficiency and better outcomes for the county. In order to improve service and outcomes for the county there is a need consult and engage with the public and services users.

F3. Dates of next meetings

The next Board meeting will take place on the 18th December 2014, Francis Crick House, Summerhouse Road, Moulton Park, Northampton.

Signed.....

Dated.....