



## Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting  
held at 9.30 am on Thursday 18th December 2014  
Francis Crick House, Moulton Park, Northampton**

**Present:**

Cllr. Robin Brown - Chair	(RB)	Cabinet Member for Public Health and Wellbeing, Northamptonshire County Council
Professor Will Pope,	(WP),	Chairman, Healthwatch
Dr Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Cllr Suresh Patel,	(SP)	Cabinet Member, Adult Social Care Northamptonshire County Council
Substitute		
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
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
Dr Jonathan Ireland	(JI)	Chair, LMC
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Martin Lord	(ML)	Chair, Voluntary Impact Northamptonshire
Cllr Heather Smith	(HS)	Deputy Leader, Northamptonshire County Council
Professor Carol Phillips	(CP)	Deputy Dean of School of Health, University of Northampton
Substitute		
Dr Miten Ruparelia	(MR)	Vice Chair, Corby Clinical Commissioning Group
Chris Pallot	(CPa)	Director of Strategy and Partnerships, Northampton General Hospital
Substitute		

**In Attendance as observers:**

Rosie Newbigging	(RN)	Chief Executive, Healthwatch
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
Richard McKendrick	(RM)	Chief Operating Officer, 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
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Marie Seaton	(MS)	Chair, SOVA
Eamonn Kelly	(EK)	Chair, Healthier Northamptonshire Steering Group
Pat McCarthy	(PMc)	Head of Joint Commissioning, Nene Clinical Commissioning Group
Paul Blantern	(PBI)	Chief Executive, Northamptonshire County Council
Ian Wilson	(IW)	DoH facilitator

#### **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
Paul Farenden	(PF)	Chair, Northampton General Hospital
Norman Stronach	(NS)	Chief Executive, Corby Borough Council

#### **A1. Declaration of interest**

RB reminded members of the Board and their deputies they need to sign the declarations of interest register, which is a legal requirement and for this to be completed and returned to PL by the next Board meeting on the 12<sup>th</sup> March.

#### **A2. Introductions**

RB opened the Health and Wellbeing Board meeting and welcomed everyone. RB noted David Kennedy and Dr Peter Wilczynski are no longer member of the Board. Norman Stronach will be the interim Chief Executive for District and Boroughs representative and Dr Miten Ruparelia will be the Corby Clinical Commissioning Group, GP representative.

#### **A3. Minutes of the last meetings held on the 18<sup>th</sup> September 2014**

**A3.1** JI asked for an amendment to paragraph A4.1, to read Local Medical Committee (LMC). The rest of the minutes from the previous meeting of the 5<sup>th</sup> June were agreed as an accurate record.

**A3.2** PB advised in section B2.2, the action for PB and AS to discuss the potential reported figures of people being refused mental health beds and being retained in custody suites is yet to happen and hopes this meeting will take place in early 2015. Triage work which has been ongoing in the A&E departments has eliminated the issue of under 18's being held in custody suites within the county.

#### **A4. Review Terms of Reference**

The Board reviewed the revised Terms of Reference (ToR) submitted. The following comments were noted:

- DS asked if the ToR could be made more consolidated to allow greater monitoring and for two representatives from each CCG sit on the Board

- It was noted and confirmed that there was an error in Appendix B, incorrectly allocating the number of representatives from Nene and from Corby CCGs. This will be corrected
  - MR asked for the name GP consortia to be changed to read Clinical Commissioning Group. AA proposed at the next Board meeting to have an extended ToR discussion, which can be used to discuss the strategy and the financial position for 2015/2016.
- RB agreed and asked AJ to bring the final ToR to the next meeting in March for final approval.

**Action: AJ**

## **B1 Social Value Act**

**B1.1** CP gave the Board a brief update on a workshop held in August by the University of Northampton, which addressed some of the challenges and opportunities from the Social Value Act. Feedback from the workshop was that organisations across the county have lots of expertise and are aware of the social value act, but there was an issue with the measurement of social impact in what organisations do. CP proposed to host a second workshop, with the purpose of developing a common social impact framework and to look at the different means of measuring social impact. The Board agreed.

**B1.2** AA asked CP if the university could incorporate elements of work provided in the voluntary sector which is currently not utilised. JC noted the Community Foundation Social Impact report has completed a piece of work in which a framework has been created on grants they delivering. CP agreed.

**Action: CP**

## **B2 Effective patient, service user, carer public engagement**

RN discussed the Effective Patient, Service User, Carer Public Engagement paper. This paper builds on the principles of good practice for engagement with patients and service users which are already in place. The paper draws on principles in particular from the mental health movement, to demonstrate commitment and understanding of what good engagement should look like and what activity can be bench marked against. This would require a different approach from health and social care partners, with better planning and timetabling and to ensure engagement is at the start of the process. RB noted work is ongoing, looking at partners current engagement practices and how these can be improved. RB asked RN to bring an update on this work to the next Board meeting. RN agreed.

**Action: RN**

## **C1 –C8. Strategic Partner Updates**

RB asked the Board members to review the Strategic Partners' update papers outside of the meeting and feed back any comments to the papers' authors.

### **D1. Better Care Fund**

#### **D1.1 Healthier Northamptonshire**

**D1.1.1** EK gave the Board an update on the Healthier Northamptonshire work programme. EK chairs the Healthier Northamptonshire's Steering Group, and this group currently focuses on implementing the programmes of work which followed the Proof of Concept Plan completed earlier in the year. The programme sets out the basis for health organisations and local authorities to work together over the next five years to bring better integration and to fully implement relevant programmes of work, such as the "Care Closer to Home" work stream. EK noted in the New Year there is a need to ensure capacity is available within the system to rapidly implement some programme cycles, to deliver better patient care and to do so with greater efficiency. AA agreed and asked for a paper to be brought to the next meeting relating to enablers to allow better flow through the health and social care system

and information sharing, how we add value to a patient's experience and the specific processes we could put in across the system that would allow this.

**D1.1.2** EK noted more work needs to be completed on clinical engagement with patients, public and voluntary sector and for the expertise of this cohort to be used fully, to ensure the integrated system works. Also models of care and job plans should be communicated to help encourage potential employees to consider working in Northamptonshire.

**D1.1.3** EK proposed twinning with an integrated health and social care system in another part of the county to look at best practice.

### **D.1.2 Better Care Fund (BCF)**

**D1.2.1** PMc gave the Board on update on the BCF. The outcomes of the BCF are for patients to have a better experience of care closer to home and within an integrated health and social care system and work is needed to ensure that services can fulfil this target. The key targets are:

- To reduce non elective surgery target by 3.5%, in the acute hospitals,
- Strengthen out of hospital community care
- To protect adult social care services,
- To encourage a whole system approach to risk and risk management.
- To reduce admissions of older people into residential care homes.
- To reduce delays in transfer of care
- Reducing system waits in A&E departments
- Reducing injuries due to falls in the over 65s.

There are also national conditions which must be set within the BCF submission, which are a move towards seven day working, protection of the adult social care element and information sharing based on the NHS number.

**D1.2.2** PMc re-iterated the BCF is not new money, it is existing money pooled from key organisations from within health and social care across the county. The minimum BCF contribution for Northamptonshire is £44 million, from which the NHS organisations will contribute £40 million, but the figure can be increased by partners if they feel it would lead to better integration within the county.

**D1.2.3.** The BCF plan was submitted in September, but not approved by the national assurance process, as three national conditions were not fulfilled:

- Funding for implementation of the Care Act,
- To reach an agreement about how the BCF would protect social care
- Sign off by the Health and Wellbeing Board.
- More work was needed regarding provider engagement

**D1.2.4** Discussions have been ongoing between the health organisations and county council and a BCF plan and funding arrangements have now been agreed.

- The BCF will be an enabler for the Care Closer to Home programme
- £5.4 million has been agreed for the protection element of adult social care which will include supporting flow through the health and social care system.
- £1.5 million Care Act funding is now included in the plan,
- Principles of risk sharing have been agreed, although engagement work is still to be completed on this with the acutes.
- The pooled budget value has now increased to £59 million, to allow for inclusion of specialist care centres and community nursing service, of which £45 million is NHS funding.

**D1.2.5** In order to create a more integrated care service and to improve flow through the health and social care system the following initiatives are already in place:

- A winter discharge team has been created with colleagues from acutes and social care teams, to improve discharge flows through hospitals.
- Extra domiciliary care is being funded to support patients discharged from hospital
- Collaborative care teams are being established to work with the most vulnerable in society
- An acute psychiatric liaison service has been established within A&E departments in the county to reduce hospital admissions for people with mental health issues
- There is an integrated crisis ambulance falls service working in falls prevention in the over 65s.
- A dementia re-ablement service with bed based capacity and community teams to strengthen care services for people with dementia.

**D1.2.6** GF confirmed the acutes support the direction and programmes within the BCF, but the acutes could not sign up to the BCF actually at the Health and Wellbeing Board meeting, as final details from commissioners' most recent negotiations need to be worked through from a provider perspective. More information is required regarding the 3.5% reduction in non elective surgery and how this can be achieved and the impact on providers. BG confirmed that information about exactly what the acutes are being asked to sign up to will be made available to them by Friday 19<sup>th</sup> December. Once this information is received GF, PB and CPa agreed to take this information to their respective Boards/Senior Management Team and make their decision regarding sign up to the BCF plan by Monday 22<sup>nd</sup> December, ahead of the final submission.

**D1.2.7** IW confirmed BCF submission needs to be made by the 9<sup>th</sup> January and have full agreement from all partners, otherwise funding will not be released by the DoH for schemes highlighted.

**D1.2.8** AA proposed BCF sign is delegated to the Chair and Vice Chairs of the Health and Wellbeing Board to allow full sign up from all partners. AA asked GF, PB and CPa if their agreement is made clear to be Board secretariat to ensure complete sign up is recorded. The Board agreed.

**Action: GF,PB,CPa**

**D1.2.9** RB asked for a paper to be brought on the management of NHS estates, RB, DC and CM agreed and will liaise outside the meeting to bring this paper to a meeting next year.

**Action: RB, DC, CM**

## **D2. Interpersonal Violence Strategy Action Plan**

**D2.1** AS raised the issue of CCG contribution to the IPV budget; BG assured AS that CCGs will be paying their contribution to the IPV Strategy in this financial year.

**D2.2** AS noted that housing authorities are working together to build a multi-authority bid process for nationally available funding to support refugees. The partnership element will strengthen their bids and support a connection to the draft IPV strategy. AJ advised housing authorities can bid for up to £100k to help with crisis accommodation.

**D2.3** CK confirmed the County Council is developing a broader accommodation strategy which will link with housing authorities within the county. CK will share with the Board once this is completed.

## **D3. Creating a Healthy Employer Programme in Northamptonshire**

**D3.1** AA gave the Board an update on creating a "healthy employer" programme following a presentation at the last Board meeting from KGH. This item was well received by the Board and it was agreed to look at how all employers across the county could help improve the wellbeing of their workforce. Seven areas were identified to create a programme that can work for the public and private sector and which can be adopted systematically across

Northamptonshire. AA asked partners to review these areas and feed back how this programme could be used in each organisation. ML advised the voluntary sector may be able to help with provider services within the Healthy Employer Programme.

AA proposed that the Board adopt this programme and give specific support to the “healthy hospital” and “healthy employer” approaches. AA asked for a task and finish (T&F) group to be set up to help encourage the adoption of this programme across the county. WP and CP supported the programme and offered to sit on the T&F group.

**D3.2** SP agreed to take up the twelve month weight loss challenge. PL will arrange for SP will be weighed by the specialist public health team in January.

**Action: PL**

**D3.3** RB asked for volunteers to participate in the Dry January campaign.

## **E1 SOVA Annual Report**

**E1.1** MS gave the Board a brief on the SOVA Annual Report and highlighted work that has been ongoing for when the SOVA Board becomes a statutory Body on 1<sup>st</sup> April 2015. Engagement with service and carers is vital as the Care Act states individuals need to be empowered with a strong emphasis towards prevention and wellbeing, to include personalisation. Governance arrangements for the statutory Board requires that a police representative, NHS representative and the Director of Adult Services are present at Board meetings, MS asked AS if he resolve the issue of a police representative to sit on the SOVA board; MS and AS will discuss this outside the meeting.

**Action: MS/AS**

MS commented there is also a requirement to produce a strategic plan in consultation with service users and Healthwatch. An annual report is also a statutory requirement to be produced and this report goes through all SOVA board members governance arrangements.

**E1.2** In Northamptonshire there is a strong service user and carers sub committee, and at a recent meeting made a proposal to NHS England which was taken up and resulted in improved services regarding the issue in the proposal.

**E1.3** CK advised there the SOVA have a family liaison officer who is present through all the serious case reviews.

## **E2 Children’s Safeguarding**

**E2.1** RB advised that Christine Davies and Keith Makin are unable to attend today’s meeting, but they will attend the Board meeting in March to discuss the LSCBN annual report and improvement journey.

**E2.2** AH advised work is ongoing with the two safeguarding boards, and from January 2015 both boards will meet together to establish the firm connections. Improvement work regarding Children’s safeguarding is continuing, a wide range of issues have been addressed but there is still more work to be completed. There has been a recent an OFSTED which went well and the report will be available in the New Year.

**E2.3** HS added there are still a number of areas which need to be strengthened. Early help still needs improvement, and with no extra money coming into this service, efforts are concentrating on helping people in their homes. HS reminded partners about help families need at an early stage, as early help reduces the number of children taken into care. HS asked all partners to ensure all evidence is recorded and made available. AH confirmed that cases of child sexual abuse are recorded differently to that of child sex exploitation as the two items are different working with police to address these.

## **E3 Mental health concordat**

AJ gave the board a brief update on the Mental Health Crisis Care Concordat. The declaration has been submitted and Northamptonshire is now amber, and in line with other similar economies. David Smart has received a letter of thanks from Norman Lamb MP. A draft plan has been developed and is being finalised as a proposal through a series of workshops.

#### **E4 Pharmaceutical Needs Assessment**

**E4.1** AA discussed with the Board the Pharmaceutical Needs Assessment paper. AA asked the board members if they could review the paper and consolation and when posting feedback on the consultation site to state they are a Health and Wellbeing Board member. This consultation will impact on our strategic direction of travel to move patients into a seamless transition of community care where pharmacists can play a significant role. This document outlines what services are currently offered, what services could be offered, should be offered and how they can link into primary care and social care. CM and WP both agreed that pharmacies should be included in the growth agenda for the county and to ensure pharmacies offer more services to help with community care.

**E4.2** JI highlighted the problem with GPs electronic prescribing as is it needs specialised software which is not being developed due to finding issues between central government and software companies. JI asked for support from the Board for support in trying to resolve this issue. JI also raised the issue of pharmacies not having access to patient's records, as patients who are not entitled to free flu immunisation can present at pharmacies and say they are eligible. It may also cause a problem with GP practices over ordering flu vaccine if eligible patients choose to attend local pharmacies for their vaccinations and the system needs to be streamlined to ensure it works as a whole. AA would forward JI's comments to the consultation team.

**Action: AA**

DC advised there has been a increase in community pharmacies giving more flu vaccinations in the at risk groups and the next step would be to look at how pharmacies can be used target the low up take in some at risk groups and in conjunction with GP practices.

**E4.3** AA summarised the report as there are the correct number of pharmacy outlets but need to offer services differently to align with the Healthier Northamptonshire programme, Health and Wellbeing Strategy and future growth for the county.

#### **F1. Any other business/announcements**

##### **F1.1 Health and Wellbeing Boards Self Assessment**

AJ would like to have a work plan for the Health and Wellbeing Board to make sure its structure and processes are effective as possible and asked all Board members to review the APSE self assessment tool and to send any contributions to PL.

**Action: All**

**F1.2** AA noted there is a need to complete large scale communication with the public using social media and other innovative ways. AA would like to invite an expert in communications to contact each Board member, identify opportunities, and then to report to the next Board meeting. The Board agreed.

**Action: AA**

#### **F2. Take home messages**

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

- The debate on the BCF item has proven useful and informative, but comments from some Board members have shown work is still needed.

- The programme for Healthier Northamptonshire needs ‘powering up’ and benefits from twinning with another integrated health and social care system elsewhere in the country could be an advantage.
- RB raised concerns about the engagement processes with the public and patients and how the different engagement processes can be brought together, suggesting closer involvement with all partners.

**F3. Dates of next meetings**

The next Board meeting will take place on the 12<sup>th</sup> March 2015, Council Chamber, East Northamptonshire Council, Thrapston.

Signed.....

Dated.....