



Northamptonshire Health & Wellbeing Board

**Minutes of the Extraordinary Health and Wellbeing Board Meeting
held at 9.00 am on Thursday 21st April 2016
Dining Room, Grendon Hall**

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
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
John Wardell	(JW)	Chief Commissioning Officer, NHS Nene Clinical Commissioning Group
Cllr Suresh Patel Substitute	(SP)	Cabinet Member for Adult Social Care, Northamptonshire County Council
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Angela Hillery	(AHi)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Gary Howsam	(GH)	Chair, Borderline Local Commissioning Group
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Dr Jo Watt	(JW)	Chair, NHS Corby Clinical Commissioning Group
Cllr Matthew Golby Substitute	(MG)	Cabinet member for Learning Skills and Education, Northamptonshire County Council
Maura Noone	(MM)	Assistant Director Health Partnerships, Northamptonshire County Council
Wendy Hoult Substitute	(WH)	Better Care Fund Implementation Manager NHS England

In Attendance as observers:

Mark Ainge	(MA)	Head of Prevention and Community Protection – Police & Fire (E1058) Area Manager, Northamptonshire Fire and Rescue Services
Cllr Sylvia Hughes	(SH)	Northamptonshire County Council
Dr Paul Blantern	(PBI)	Chief Executive, Northamptonshire County Council
Alison Kemp	(AK)	Director of Integrated Commissioning, NHS Nene Clinical Commissioning Group
Christine De Quervin	(CDV)	PA, NHS Nene Clinical Commissioning Group

Minute Taker:

Cheryl Bird (CB) PA, Northamptonshire County Council

Apologies:

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
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
Cllr Chris Millar	(CM)	Leader, Daventry District Council
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
Dr Carolyn Kus	(CK)	Director for Adult Care Services, Northamptonshire County Council
Cllr Heather Smith	(HS)	Deputy Leader, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police

A1. Declaration of interest

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

B1. Health and Wellbeing Strategy Sign Off

B1.1 NP gave the Board a brief update regarding the final version of the Health and Wellbeing Strategy. Following the discussion at the previous Health and Wellbeing Board meeting, transport, housing, safe communities and Community Safety Partnerships are now included in the strategy. NP added the next challenge will be to begin Operationalisation of the Strategy and to take the difficult choices that need to be made in order for the Strategy to succeed.

B1.2 WP noted Healthwatch would be able to help promote the strategy in the One Stop Shops they are hosting across the county and due to the cohort of the population who attend these events, it would be beneficial to have paper copies of the strategy to distribute. WP to liaise with AA regarding the paper copies.

Action:WP/AA

WP also offered to compile a one page easy read summary, RB commented this would be beneficial and asked WP will liaise with Katie Jones regarding this.

Action:WP

B1.3 RB advised that he, AA and NP met with David Mackintosh MP, Michael Ellis MP and Philip Hollobone MP, they were very supportive of the Strategy and hoped to discuss this further with their respective NHS trusts. RB asked there is a need to ensure the link between the Strategy and STP is made clear and reviewed regularly. RB asked all Board members to discuss how they will ensure the Strategy is operational within their organisation at the next Board meeting.

Action:All

B1.4 The Board approved the revised Health and Wellbeing Strategy.

B2. BCF Sign Off

B2.1 AK gave the Board an update on the BCF. The BCF is still a work in progress and there has been an independent auditor review of the BCF programme and its respective schemes. The results of this review are being used to embed planning to ensure the right services, resolutions and transformation happen to improve outcomes for patients, with some schemes for 2016/2017 being de-commissioned or revamped. There will be a more rigorous assessment of schemes to shape services with three key areas:

- Improving health outcomes
- Reducing health inequalities
- Achieving parity of esteem.

AK added the draft Plan submission has been given an assurance rating by NHS England, and the financial agreement for risk sharing has been agreed and the governance arrangements will be at strategic, operational and delivery level. The final submission must be by the 3rd May.

B2.2 the group discussed the proposed submission for 16/17 and the following comments were made:

- AHi advised progression has been made, but the providers need to be more involved, to be assured that the numbers discussed within the BCF are feasible, before the providers can sign up to the submission.
- JW advised we will have a more rigorous process to ensure the schemes are delivering the desired outcomes.
- DSi advised the engagement with providers needs to be more proactive with face to face meetings and this needs to be addressed quickly, as the greater proportion of risk still lies with the acutes and commissioning sector if the schemes within the BCF do not deliver. The acutes need to have further reassurance of the process and outcomes before agreeing to the BCF.
- WH added there have been concerns that the risk is on delivery and the support element is to ensure governance is there to deliver outcomes. WH confirmed NHS England are happy with the draft submission.
- SS noted although the document is clearer than in the past, but the acutes need to be involved in the decision making and this needs to be included in the submission. As the acutes have the highest proportion of risk, this need to be specifically referenced within the submission.
- PBI the current BCF submission is a step forward in ensuring we have a deliverable BCF for 16/17.
- AHi confirmed the urgent care pressure is felt by all acutes and there needs to be a specific element that contributes to urgent care pressures, but the BCF is not the answer and all parts of the system need to be transformed.
- JI asked what can providers and general practice do to make this sustainable. JI asked if the evidence contained in the BCF submission can be referenced.
- AK advised some current schemes will not deliver, work is ongoing to redefine the ambition and schemes to redirect resources to ensure impact will happen to solve the issues currently being faced.
- JW added the risk is significant if the submission is not signed up to today, as there will be a credibility issue and will impact on the development of the STP element and delay on delivering outcomes.
- GF added currently the initiatives are unproven and there is a risk of signing this if the schemes do not ease the pressure or the situation worsens.
- AA noted the concerns that some services are not delivering the desired outcomes and some of these services will be decommissioned or revamped, and work with providers is needed order to transform services and the performance monitoring for delivery will include all partners.
- MN added there are some services in place which are working well and effective with evidence of collaborative working, but there are still issues around inclusion and governance which need to be dealt with.

- SS asked for an appendix to be included in the plan, where providers can escalate to NHS England if the BCF is not working. This would be necessary due to the historically performance issues of the BCF and a significant step to reducing tension and improving trust with partners.

B2.3 RB proposed by the 29th April an appendix will be drafted that would enable to providers to feel more confident about the BCF and enable sign of. The amended submission with the new appendix will be circulated to the Board before RB, NP and DS sign on behalf of the Board. JW agreed to meet with the providers and complete the new appendix.

Action:JW

F1. Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 2nd June at 9.30 am in Room 15, County Hall, Northampton.

Signed.....

Dated.....