HEALTH & WELLBEING FORUM FOR EAST NORTHAMPTONSHIRE

August 16 2016 | 09:00 – 11.00 am

East Northants District Council Members’ Meeting Room,
Cedar Drive, Thrapston, NN14 4LZ

Attendees

Alan Armson (AA) Newly elected chair
Debbie Abbott (DA) Vice chair (Nene CCG)
Tracey Angus (TA) Nene CCG
Mike Deacon (MD) EN Council
Frank Early (FE) NCC Public Health
Charlotte Goodwin (CG) First for Wellbeing
Rosemary Hadaway (RHa) NVCA
Kate Holt (KH) Healthwatch
Helen Howell (HH) EN Council
Peter Lynch (PL) NCC
Gwen Ratcliffe (GR) NCALC
Jessica Slater (JS) SERVE
Sylvia Smith (SS) ENPLEG
Fiona Taylor (FT) Spire Homes
Carol Underwood (CU) Volunteer Action for Oundle

In attendance

John Leivers (JWL) Nene CCG (Minutes)

1. Apologies

Cllr Marian Holliman (MH) EN Council
Amy Laurie (AL) Spire Homes
Dr Kiran Mandhyan (KM) Nene GP Locality Lead East Northants
Cath Mitchell (CM) Cambridgeshire and Peterborough CCG
Jenna Parton (JP) First for Wellbeing
Dawn Richards (DR) Spire Homes
Karen Seagrove (KS) Nene CCG (Minutes)
Helen Statham (HS) Healthwatch
Louise Tarplee (LT) Nene CCG
2. Declarations of interest

No updates were given

3. Minutes of the Previous Meeting

(06 June 2016) ENHWB-16-15

It was requested that an error was corrected. Once corrected, the minutes are agreed as being correct.

4. Action log ENHWB-16-16

See action log for updates

5. Election of Chair

Debbie Abbott (DA) explained that the previous chair, Richard McKendrick, had stepped down. There was now a need to elect a new chair.

DA advised the attendees that Alan Armson (AA) had nominated himself as chair and welcomed AA to the meeting.

AA began by explaining his professional background

- AA has enjoyed a 35 year career as a charted engineer and retired in 2007
- AA became involved with SERVE in 2008 (SERVE is a charity aimed at helping older people)
- AA became the chair of SERVE in 2011

AA advised the attendees of why he was interested in this role:

- Through his work with SERVE, AA has an interest in social care and the welfare of older people
- AA would want the group to be focussed on their priorities and develop plans on how these were achieved.

DA asked the attendees to vote for AA to become the next chair of the group. The vote was undertaken and all attendees voted in favour of AA becoming the chair (13 people voted in total).

AA took control of the meeting from DA. AA thanked the group for voting him. AA advised that he sees this as a significant challenge and looks forward to having the support of the group in helping achieve their goals.
6. Partner Updates

DA explained the new process for the forum. Partner updates would be distributed before the meeting. This offers the attendees a chance to review the updates and consider any questions / comments beforehand.

DA invited questions from the attendees around the distributed partner updates.

<table>
<thead>
<tr>
<th>Healthwatch</th>
</tr>
</thead>
<tbody>
<tr>
<td>KH reminded the attendees that the Healthwatch annual report (2015/16) was available to read on the <a href="#">Healthwatch website</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>East Northants Locality Engagement Group (EN LEG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS advised the attendees the EN LPEG had discussed the planned changes to how Attendance Allowance was allocated. There is more information available on the Carers UK website (and the Healthwatch update).</td>
</tr>
<tr>
<td>• RHa advised that she sits on the Health and Social care committee. RHa will raise this at the next meeting (September 13 2016).</td>
</tr>
</tbody>
</table>

| 2016 / 27 | JWL to email link to the consultation to the attendees |

<table>
<thead>
<tr>
<th>First for Wellbeing (FfW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The attendees were advised that they were negotiating with NHFT to extend their contract on the occupation of the Rushden Resource Centre. NHFT will be reviewing what is provided from the centre as well as looking to provide a reception area.</td>
</tr>
</tbody>
</table>

There was a discussion around the range of voluntary agencies in delivering services across East Northants.

• Who should be invited to this group?
  o An education representative is missing
  o A police representative is missing
  o JWL advised that he had a contact within Northampton Borough Council (NBC) who may be able to give contacts for police and education
• How best can information be given by, and delivered to, the many voluntary groups in East Northants?
  o RHa suggested that information could go onto the weekly NVCA bulletin to request updates

2016 / 28 JWL to email NBC contact information to DA

10. Any Other Business

10a. Purpose of the group

AA invited the attendees to discuss the purpose of group.
• Who should be at this meeting?
• How will the group take forward the priorities?

AA suggested that setting up task and finish groups would help to progress the activities and priorities of the group.
• Each group should have an identified lead
• Groups would work on the priorities

Resources:
• There may be some issue about resources. Task and finish groups will only work if partner organisations are able to free staff / time to work on projects

• The aims of this group are similar to those of some of the partner organisations. It would be a selling point that this group helps to fulfil mutual aims

Existing resources:
• There was a consideration that other Health and Wellbeing forums may have some of the same priorities as this group. It may be useful to join up some of these priorities and share information
  o This group has rural isolation as a priority
  o The Health and Wellbeing forums is Kettering, Wellingborough and Daventry all include Social isolation as one of their priorities

• It was suggested that the Health and Wellbeing forum development days could be used to investigate other strategies

Interaction with the Health and Wellbeing Board:
• It was mentioned that the Health and Wellbeing Board are already working on some of the same priorities as this group.
East Northamptonshire

What does the Health and Wellbeing board want the locality Health and Wellbeing forums to accomplish?

- PC advised that the county Health and Wellbeing board work with the locality forums to support the local work.
- The locality forums should act as local collectives to listen to the needs of local people. Information is then fed up towards the Health and Wellbeing board. The Health and Wellbeing board will decide how this information is used.
- The Health and Wellbeing board are aware of national influences on the Health and Wellbeing agenda.
- The Health and Wellbeing board would support this forum in delivering actions that people recognise as local to East Northants.
- If priorities are identified specifically for people in East Northants, there is an increased likelihood to keep people engaged.
- If this group only adopts the county priorities, it may be difficult to keep people engaged.

What does this group want to deliver? How will this be delivered?:

- AA referred to the terms of reference for this group. They state: "The purpose of the Forum then is to help identify priorities for East Northants, and influence commissioning plans..."

- The attendees advised AA that the group has been in place for three years. There have been issues around recruitment (e.g. the chair). This has impacted the groups effectiveness and ability to deliver.

- It was suggested that some of the priorities were too broad:
  - e.g. Frail and elderly is a broad topic
  - This should be targeted to a specific area of need within that topic
  - e.g. Frail and elderly who are rurally isolated and cannot attend flu vaccinations
  - This way we can develop a set project plan for working with partner organisations to resolve this

- AA suggested that the best way forward would be to run task and finish groups based on the three priorities.
  - These task and finish groups would work on set projects and report back to this group on a regular basis
  - To manage three task and finish groups, will rely on the commitment from the attendees and their organisations
There was a discussion around how the priorities could be tackled and any gaps in the priorities.

The attendees agreed to the setting-up of three task and finish groups based on the priorities.

The leads for the priorities will be:

- Frail and Elderly: Carol Underwood
- Pre-diabetes: Frank Earley
- Rural Isolation: Debbie Abbott

**AA** advised that the majority of the next agenda will primarily be around the three priorities.

| 2016 / 29 | DA to set-up a meeting with the priority leads |
| 2016 / 30 | DA to send email to attendees requesting that they sign-up to join at least one of the priority groups |

**Terms of Reference (ToR):**

**AA** suggested that the ToR could be reviewed in line with the new direction the group may take.

- **AA** was advised that the ToR were reviewed in April 2016
- It was suggested that an introductory pack could be created for new members of the group
  - It should include all of the information about the group (Purpose, membership etc.), but no more than one side of A4
  - This pack and associated papers should be kept on a central website. PC suggested using the Health and Wellbeing board pages of the Northamptonshire County Council (NCC) website

Lynsey Burgess arrived at the meeting at 10:29
8. Update on Diabetes

Alan Armson (AA) welcomed Lynsey Burgess (LyD), Diabetes Clinical Team Manager and Diabetes Specialist Nurse, NHFT to the meeting.

**LyD** delivered a presentation on ‘Delivering Expertise in Diabetes Care’ to the attendees.

**LyD** took questions and comments through the presentation.

Lynsey Burgess left the meeting at 11:15

7. Northamptonshire Director of Public Health Annual Report

Frank Early (FE) advised that Director of Public Health Annual Report (2015 / 16) has recently been published.

This report can be read on the Northamptonshire County Council (NCC) website. [CLICK HERE](#) to read (Opens in PDF via the NCC website)

FE advised that there are aspects of the report that East Northants should find interesting

FE asked for suggestions on how to disseminate the report to the wider population. Suggestions included:

- Adding a link to the report of partner organisation websites
- Adding a link to the report of partner organisation social media accounts
- Having the report available in an accessible style
  - e.g. Easy read

9. Future meeting date (October 2016)

The attendees agreed the next meeting would be held on Thursday, October 25 2016 between 14:00 – 16:00.

To be held in the Council Members’ Meeting Room at East Northants Council

2016 / 31  MD to book the Council Members’ Meeting Room at East Northants Council
10. Any other business (Continued)

10b. Travelling expenses for patient representatives

TA advised that she had been asked if there were funds available to cover the travel cost for Patient Engagement Group (PEG) members to attend the Health and Wellbeing forum.

TA advised that this is not mentioned in the terms of reference (ToR) for this group. However, it is in the ToR for the Wellingborough Health and Wellbeing forum. To be fair to all members, this would be covered (Funding will come from Nene CCG). The ToR will need to be updated to include this.

10c. Nameplates

It was asked if name cards could be provided for future meetings. This would help new members recognise fellow attendees.
AA approved this request.

2016 / 32 DA and KS to arrange for nameplates / name cards for attendees

The meeting closed at 11:25

Date of Next Meeting

Tuesday October 25 2016 | 14:00-16:00
East Northants District Council Members’ Meeting Room, Cedar Drive, Thrapston, NN14 4LZ
## EAST NORTHANTS HEALTH AND WELLBEING FORUM

### ACTION LOG last updated from 07/06/16 meeting

**RED: CONCERN/INABILITY TO COMPLETE ACTION**

**AMBER: IN PROGRESS**

**GREEN: ACTION COMPLETE**

<table>
<thead>
<tr>
<th>Action Log Number</th>
<th>Date of Meeting</th>
<th>Item / Paper Number</th>
<th>Action</th>
<th>Lead</th>
<th>RAG Rating</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>16/08/2016</td>
<td>6</td>
<td>Partner updates</td>
<td>JWL</td>
<td>COMPLETED</td>
<td>DA sent onto attendees</td>
</tr>
<tr>
<td>28</td>
<td>16/08/2016</td>
<td>6</td>
<td>Partner updates</td>
<td>JWL</td>
<td>COMPLETED</td>
<td>JWL sent onto attendees</td>
</tr>
<tr>
<td>29</td>
<td>16/08/2016</td>
<td>10a</td>
<td>Purpose of the group</td>
<td>DA</td>
<td>AMBER</td>
<td>In progress</td>
</tr>
<tr>
<td>30</td>
<td>16/08/2016</td>
<td>10a</td>
<td>Purpose of the group</td>
<td>DA</td>
<td>COMPLETED</td>
<td>Email request sent</td>
</tr>
<tr>
<td>31</td>
<td>16/08/2016</td>
<td>9</td>
<td>Future meeting date</td>
<td>MD</td>
<td>AMBER</td>
<td>In progress</td>
</tr>
<tr>
<td>32</td>
<td>16/08/2016</td>
<td>10c</td>
<td>AOB: Nameplates</td>
<td>DA</td>
<td>AMBER</td>
<td>In progress</td>
</tr>
</tbody>
</table>

### COMPLETED FROM PREVIOUS LOGS

<table>
<thead>
<tr>
<th>Action Log Number</th>
<th>Date of Meeting</th>
<th>Item / Paper Number</th>
<th>Action</th>
<th>Lead</th>
<th>RAG Rating</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>26/04/16</td>
<td>6</td>
<td>Local Authority</td>
<td>RM</td>
<td>COMPLETED</td>
<td></td>
</tr>
</tbody>
</table>

**UK**

RM - Richard McKendrick  
DA - Debbie Abbott  
JS - Jessica Slater  
MD –Mike Deacon  
LT – Louise Tarplee  
JH – Janet Hathaway

2016 ENH&WB Action Log from 160816 meeting from 07/06/16 meeting
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Update</th>
<th>RESOLUTION: Funding will come from NCC. It was agreed to hand over full allocation, but when this will happen is TBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>07/06/16</td>
<td>6</td>
<td>Local Authority Update</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>JS to invite Voluntary Action to next meeting on 16 August 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RESOLUTION: Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>JS</td>
</tr>
</tbody>
</table>
1. **Introduction**

1.1. After a meeting of the East Northamptonshire Health and Wellbeing Forum in August 2016 it was agreed that Task and Finish groups would be set up to look at the priorities identified by the forum for the area. One of the priorities is Frail and Elderly residents in East Northamptonshire.

1.2. The group is made up of  
Carol Underwood – Manager, Volunteer Action  
Dawn Richards – Spire Homes Care and Repair  
Jessica Slater – Serve  
Jenny Walker – Environmental Protection Manager, East Northants Council  
Sylvia Smith – East Northants Patient Engagement Group

2. **Existing Services Review**

2.1. The Task and Finish Group has reviewed what is already operating within East Northamptonshire that would assist those that would fall into the frail and elderly group. It was clear following this review that there are many services currently being provided in East Northamptonshire and that whilst there are possible some areas that may be missing the overall problem is promoting those services that are available to those who need them.

2.2. Appendix 1 details the services that are currently provided. This table is a large table and has been broken down into category groups where possible. Services being provided currently include but not limited to the following:

- **Health related services** - GPs, hospitals, district nurses, health visitors physiotherapy etc.
- **Care and Support services** – Private care services, sitting services, day centres, social services
- **Money and Benefits** – Benefit and income maximisation, debt advice, charity funding applications etc
- **Housing** – Aids and adaptations, Occupational Therapy assessments, equipment loans, fuel poverty reduction etc.
- **Transport** – Call connect, public transport, community car schemes etc.
- **Isolation** – Befriending services, carers support, day centres, U3A etc
2.3 In order to look at the services and see what is available and potentially what may be missing they have been grouped into the following 6 themes:

- Housing
- Transport
- Advice and Information
- Social Care
- Money and Benefits
- Health

2.4 In compiling this list it became clear that the problem is promoting these services and ensuring that people know what is out there and how to access them. Many papers and local magazines/news letters etc. are not delivered to every home in the area and, if they were, the information contained within them could differ according to what is happening locally. It is also unlikely that a paper or leaflet could carry details of every service provider in the area - if they did individuals may be inundated with information and have difficulty identifying the service they require.

2.5 A key issue is ensuring that an individual can find the right information at the right time. Many won’t keep a leaflet or booklet on services just in case they might need it in the future.

2.6 Many attempts have been and are being made to promote services:

- Busses that tour the area
- More use of Libraries as resource centres
- Local publicity
- Radio

However, when individuals are asked, they often say they were unaware that services exist. Keeping vast amounts of information about services in the area is not realistic and very often the details about services change or even worse when you need them, the services have disappeared.

2.7 As no one agency is equipped to manage requests for help or information about every service in every subject area, it appears reasonable to identify a ‘lead agency’ in East Northamptonshire for each subject. The lead agency is an agency who has some expertise in the field and who works with other providers of services in the subject areas on a regular basis. It makes sense for these services to agree to be disseminators of up-to-date information about providers in their areas of expertise.

2.8 A lead agency in each subject area will reduce the information we need to disseminate to those in need, however the problem of how to get the information out about the lead agencies would still need to be addressed.

- East Northants Council produce a newsletter called Encircle which we could advertise the contact details of each lead agency.
- The lead agencies can advertise each other to promote a holistic approach
- Educational information could carry the information.

We need to look at all the resources available to us so that we do not incur costs. We all promote our own services so we could include information in our own advertising materials too.
3. **Lead Agencies**

3.1 Having reviewed the services and broadly categorised the following groups have been considered to act as lead agencies. Each agency has been suggested as they have experience in the subject area and have established contacts in organisations that they would be referring to.

- Care and Repair - Housing
- Volunteer Action - Transport
- NVCA - Advice and Information
- SERVE - Social Care
- CLS - Money and Benefits
- First for Wellbeing- For a free health assessment - Health

4. **Role of a Lead Agency**

4.1 *Agreement to refer on*

It is hoped that referring on to other agencies would incur a minimum cost as most could be done electronically, however some very small local providers may not have this facility and so there may be a cost associated with other methods of referring on. There may also be a cost associated with further contact with the individual who needs assistance. We would need to monitor the additional cost of any increases due to the promotion of the service provider as a lead in the area. However as the service provider operates in this area anyway it is assumed that they already have some financial provision regarding enquiries and referrals.

4.2 *Agreement to record referrals*

To assess the success (or not) of this activity the lead agencies for each subject area will need to agree how to capture and report the additional demand as a result of the promotion of their service. This can be done by asking 'how did you hear about our service'. This question may already be part or the agencies existing monitoring work. The agencies can then agree to report back to the health and Wellbeing forum at appropriate intervals.

5 **Consideration and Decision**

1. What will be the criteria for success and how will we report it? How will gaps in provision be recorded so that issues can be addressed?

2. Are the lead agencies identified appropriate and will they be willing?

3. Is this the right first step?
<table>
<thead>
<tr>
<th>Issue</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Falls                         | Environmental risk assessments  
Sight tests  
Medication Reviews  
Minor Aids/Adaptations/Lighting  
Assistive Technology |
| Access to services            | Accessible Information  
Advice and advocacy  
Community Car schemes  
Call connect/public transport  
IT Support  
Visiting Services- Busses  
Translation services |
| Transport                     | Call Connect  
Public Transport  
Community Car schemes  
Blue badge application  
W/chair accessible vehicles  
Shop Mobility |
| Isolation                     | Befriending Services  
Sitting services  
Carers support  
Community Car Schemes  
Call Connect  
Visiting services - Busses  
IT support  
Day Centres  
U3A  
Telephone contact- Silverline |
| Access to IT                  | Home Visits to train  
IT courses  
IT Equipment loan?  
Local Training Centres |
| Housing                       | Housing options  
Access to social housing/housing register/bidding service  
CTB/Housing benefit  
Fuel Poverty reduction measures  
Maintenance/ Repairs  
Handyman services  
Equity Release |
| Aids and Adaptations          | Occupational Therapy Assessments  
Disabled facilities grants  
Minor equipment loans  
Minor Aids  
Sensory Impairment service |
| Assistive Technology          | Life line  
Medication dispensers  
Falls monitors etc |
| Crime Prevention              | Home security  
Protection of personal data  
Scam prevention |
| Money and Benefits            | Income maximisation  
Debt advice |
## Charity applications

<table>
<thead>
<tr>
<th>Communication</th>
<th>Local News papers</th>
<th>Radio</th>
<th>TV</th>
<th>Internet/social media</th>
<th>Telephone</th>
<th>Letters</th>
<th>Local events/stands</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Care and Support</th>
<th>NCC</th>
<th>Private care services</th>
<th>Sitting services</th>
<th>McMillan Nurses</th>
<th>Carers services</th>
<th>Day Centres</th>
<th>Therapy services</th>
<th>Mind</th>
<th>Alzheimer's society</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>GP's</th>
<th>Hospitals</th>
<th>Podiatry</th>
<th>Alternative Therapy</th>
<th>Physiotherapy</th>
<th>Mental Health team</th>
<th>District Nurses</th>
<th>Health visitors</th>
<th>PALS</th>
<th>Dentists</th>
<th>Opticians</th>
<th>Specialist Services related to specific conditions- Diabetes</th>
<th>Speech Therapy</th>
<th>Wheelchair Services</th>
</tr>
</thead>
</table>

### Potential Lead Agency

<table>
<thead>
<tr>
<th>Housing (Care and Repair)</th>
<th>Environmental risk assessments</th>
<th>Minor Aids/Adaptations/Lighting</th>
<th>Assistive Technology</th>
<th>Housing options</th>
<th>Access to social housing/housing register/bidding service</th>
<th>CTB/Housing benefit</th>
<th>Fuel Poverty reduction measures</th>
<th>Maintenance/ Repairs</th>
<th>Handyman services</th>
<th>Equity Release</th>
<th>Disabled facilities grants</th>
<th>Minor equipment loans</th>
<th>Minor Aids</th>
<th>Life line</th>
<th>Medication dispensers</th>
<th>Falls monitors etc</th>
<th>Home security</th>
</tr>
</thead>
</table>

<p>| Transport – (Volunteer Action) | Community Car schemes | Call connect/public transport |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Transport</td>
<td>Community Car schemes</td>
</tr>
<tr>
<td>Community Car schemes</td>
<td>Blue badge application</td>
</tr>
<tr>
<td>Blue badge application</td>
<td>W/chair accessible vehicles</td>
</tr>
<tr>
<td>W/chair accessible vehicles</td>
<td>Shop Mobility</td>
</tr>
<tr>
<td>Advice and Information</td>
<td>Therapy services</td>
</tr>
<tr>
<td></td>
<td>Mind</td>
</tr>
<tr>
<td></td>
<td>Alzheimer’s society</td>
</tr>
<tr>
<td></td>
<td>Carers services</td>
</tr>
<tr>
<td></td>
<td>Private care services</td>
</tr>
<tr>
<td></td>
<td>Sitting services</td>
</tr>
<tr>
<td></td>
<td>Protection of personal data</td>
</tr>
<tr>
<td></td>
<td>Scam prevention</td>
</tr>
<tr>
<td></td>
<td>Home Visits to train</td>
</tr>
<tr>
<td></td>
<td>IT courses</td>
</tr>
<tr>
<td></td>
<td>IT Equipment loan?</td>
</tr>
<tr>
<td></td>
<td>Local Training Centres</td>
</tr>
<tr>
<td></td>
<td>Visiting services - Busses</td>
</tr>
<tr>
<td></td>
<td>IT support</td>
</tr>
<tr>
<td></td>
<td>Day Centres</td>
</tr>
<tr>
<td></td>
<td>U3A</td>
</tr>
<tr>
<td></td>
<td>Telephone contact- Silverline</td>
</tr>
<tr>
<td></td>
<td>Befriending Services</td>
</tr>
<tr>
<td></td>
<td>Sitting services</td>
</tr>
<tr>
<td></td>
<td>Carers support</td>
</tr>
<tr>
<td></td>
<td>Accessible Information</td>
</tr>
<tr>
<td></td>
<td>Advice and advocacy</td>
</tr>
<tr>
<td>Social Care</td>
<td>Wheelchair Services</td>
</tr>
<tr>
<td></td>
<td>Day Centres</td>
</tr>
<tr>
<td></td>
<td>McMillan Nurses</td>
</tr>
<tr>
<td></td>
<td>NCC</td>
</tr>
<tr>
<td></td>
<td>Sensory Impairment service</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy Assessments</td>
</tr>
<tr>
<td></td>
<td>Medication Reviews</td>
</tr>
<tr>
<td></td>
<td>Sight tests</td>
</tr>
<tr>
<td>Money and Benefits (CLS)</td>
<td>Income maximisation</td>
</tr>
<tr>
<td></td>
<td>Debt advice</td>
</tr>
<tr>
<td></td>
<td>Charity applications</td>
</tr>
<tr>
<td>Health</td>
<td>GP’s</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
</tr>
<tr>
<td></td>
<td>Podiatry</td>
</tr>
<tr>
<td></td>
<td>Alternative Therapy</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>Mental Health team</td>
</tr>
<tr>
<td></td>
<td>District Nurses</td>
</tr>
<tr>
<td></td>
<td>Health visitors</td>
</tr>
<tr>
<td></td>
<td>PALS</td>
</tr>
<tr>
<td></td>
<td>Dentists</td>
</tr>
<tr>
<td></td>
<td>Opticians</td>
</tr>
<tr>
<td></td>
<td>Specialist Services related to specific conditions- Diabetes</td>
</tr>
<tr>
<td></td>
<td>Speech Therapy</td>
</tr>
</tbody>
</table>
This paper is being submitted to the East Northamptonshire Health and Wellbeing Locality Forum

Date: 18 October 2016

Report Author:
Mike Deacon, East Northamptonshire Council

Purpose/Summary:
Strategic Partner update: ENC – feedback

Key Risks
District and Borough Councils continue to be frustrated in their attempts to establish the exact position in respect of the funding that NCC will be passporting on to them from the Better Care Fund in respect of DFG’s. Representations on this continue to be made by David Oliver (ENC) to Dr Paul Blantern at NCC, to date with no response.

Successes: 1. A number of officers and For a representatives attended the Kettering HWB Locality Forum meeting on 23 September where there was a presentation to the Kettering, Wellingborough and East Northants Locality Fora on the County Sustainability and Transformation Plan. Attendee’s, particularly those from the Borough and District Councils were disappointed to see no reference to the D’s and B’s in the Plan or the process of engagement in its development, this was raised at the time. Subsequent to the meeting we made representations to Janet Doran (First for Wellbeing) who is the lead officer for the ‘prevention’ programme of the plan and the strand with which D’s and B’s are mostly likely to be engaged. Janet has responded, welcoming D’s and B’s involvement and asked that consideration is given as to how this might happen. In recent days an invitation has also been received by the Chief Executives of the D’s and B’s to a HWB Board Development/Consulation event with this as its precise remit. We are encouraged by this.

2. ENC officers and Councillor have actively been engaged with the 3 Locality Fora work groups:
   * Frail and Elderly- Jenny Walker
   * Rural Isolation- Mike Greenway and Councillor Helen Howell
   * Pre-diabetes- Adam French
East Northamptonshire HWB Forum Update Report

Health and Wellbeing Board (HWBB)

The Health and Wellbeing Board enables key leaders from across the Northamptonshire health and care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services

The statutory duties of the Health and Wellbeing Board are:

- to produce the Joint Strategic Needs Assessment
- to produce the Health and Wellbeing Strategy
- to foster integration of services; and
- to oversee the successful implementation of Better Care Fund arrangements locally

Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services.

The aim of the Northamptonshire Health and Wellbeing Board is to secure better health and wellbeing outcomes in the region, better quality of care for all their patients and care users, and better value for the taxpayer. In doing so, it brings together the NHS, local councils, the Police and other services.

The Board also aims to increase democratic legitimacy in health and provide a key forum for public accountability of the NHS, public health, social care for adults and children and other commissioned services that the Board agrees are directly related to health and wellbeing.

Important areas of focus for the Board are System Delays, Delayed Transfers of Care and having the Better Care Fund support/drive work on Integrated Care Closer to Home

The Northamptonshire Health and Wellbeing Strategy has been refreshed and updated under the auspices of the Board in consultation with partners and stakeholders.
The countywide Health and Wellbeing Board priorities as set out in the Health and Wellbeing Strategy 2016 – 2020 “Supporting Northamptonshire To Flourish: are:

- Priority 1: Every Child gets the Best Start.
- Priority 3: Promoting Independence and Quality of Life for Older Adults.
- Priority 4: Creating an Environment for all People to Flourish.

Last Health & Wellbeing Board 15/09/16:

The Terms of Reference have been updated to reflect the current Board membership:

- The appointment of the Health and Wellbeing Board Vice Chairs now sits with the Health and Wellbeing Board.
- The appointment of the Chair of the Health and Wellbeing Board can be made by the Board if the Full Council is unable to appoint a chair to ensure the business of the Board cannot be delayed in the event of Full Council being unable to decide upon an appointment to the chair.

The Board received a brief update on the STP Governance arrangements. A paper was recently presented to the STP Board, and feedback was that careful thought is needed about how the statutory requirements fit into the system. James Murray (Nene CCG) is compiling a Memorandum of Understanding on how this will work, which will be taken to the next STP Board for sign off. The STP plan needs to be finalised before the governance arrangements can be completed. Once completed, the governance arrangements and how the STP board will work across organisations will be formalised and brought back to the Health & Wellbeing Board. One of the key debating points is around the need to streamline decision making. There is a need to establish a framework of principles on decision making and to ensure members of the STP Board have the mandate of their individual boards to make decisions on behalf of their respective organisations. Scrutiny Committee has seen draft documents and the STP Board has a robust governance structure, however there is a need to understand how this will align to the Health and Wellbeing Board. The STP Plan will be submitted on the 26th October, there will be an assurance process. Then, following regional and national guidance, it will move into the operational process.

Work has been ongoing on the granular plans that sit behind the STP. The SRO group meets regularly to ensure the plans are aligned and feeds into the STP Board. Identified workstreams are being used to highlight critical areas that need to be tackled to address the pressures currently being faced, and reduce stress within the system. One of the biggest priorities is urgent care, and there is a need to have every partner within the county onside in order to transform this.
The Board felt that a Communication and Engagement plan should be fully developed at the beginning of the project, to include all the organisations represented at this Board. Advice was given to the effect that a high level draft Communication and Engagement Plan has been completed, and there is guidance and support for this nationally.

The Local Digital Roadmap (LDR) group are working through the IT element of the STP, which would need to have significant capital investment and be part of the bid going forward. It was noted that there has not been any significant engagement and that there will be challenging delivery issues, An extraordinary Board meeting has been scheduled to discuss the STP further before the submission of the plan.

The Board received a brief update on the current review of the BCF. Discussions have been ongoing with partners across the county, regarding the BCF programme, the process of redesigning programmes is being completed and this will have an impact on the choices made about services delivered as well as making sure the footprint of the BCF is aligned with the STP. There are critical challenges about reducing costs and transforming services. There is no final agreement yet reached about the costs and service redesign but by the time the STP plan is submitted there should be a BCF which is streamlined and aligned with the STP plan.

The Board received an overview of the research completed looking at Adverse Childhood Experiences (ACEs) from Dr. Peter Barker, NCC Assistant Director For Public Health. ACEs can refer to physical or mental abuse directly involving a child or a family where a child is present and could involve substance misuse, mental health problems, incarceration, and separation. Research was conducted by the Liverpool John Moores University across Hertfordshire, Luton and Northamptonshire to measure prevalence of ACE’s adults experienced as a child. To ascertain the link of adults who experienced ACE’s developing an increased risk of adopting unhealthy behaviours in and to measure the burden of harmful behaviours that would be prevented if ACEs were reduced. The survey showed:

- 10% of adults have had four or more adverse childhood experiences,
- Females are more likely to report four or more ACEs,
- Asian respondents were less significantly to have or report any number of aces,
- Those in deprivation were 1.4 times more likely to have four or more ACEs
- Those with no qualifications were 1.5 times more likely to have four or more ACEs.
- Those who have four or more ACEs, more likely to have poor lifestyle choices, and eight times more likely to be a victim of violence and 10 times more likely to be a perpetrator of violence.
- 6% of adults within the Northamptonshire population have been sexually abused.
• If ACEs can be prevented in future generations then the levels of unhealthy behaviours in adults and thus reducing costs.

Dr. Barker gave the Board some of the recommendations which resulted from the survey:

• To have an ACE inspired Service Delivery within existing services to promote and develop resilience in children.
• To develop further how the existing work in the Early Help Families Future in Mind can complement the ACE work.
• Create an E learning module for routine enquiries to Make Every Contact Count (MECC), to improve engagement with housing providers.

A proposal was made to take this workstream forward and bring an update back to the Health and Wellbeing Board in six month’s time. It was further proposed to set up a HWBB Task and Finish group (ACE TFG) to take this work forward. The ACE TFG will include Professor Will Pope Healthwatch), Lesley Hagger (NCC Director for Children, Families and Education) and Jane Carr (VIN), together with wider group, representatives from NCC’s Public Health Team (SpPHT). The Terms of Reference will be brought to the November HWBB for review and to ensure it is aligned to the STP.

The Board considered the report from the Health and Wellbeing Board development session held in June under the theme of social isolation which was attended by partners and charities involved with social isolation. A proposal was made to set up a HWBB Task and Finish group (SI TFG). This will operate under the Chairmanship of Jane Carr. The group will seek involvement from a housing representative. Healthwatch, SpPHT, Cllr Golby, NHFT, Darin Seiger, Professor Akeem Ali and a representative from First for Wellbeing (FfW) will also be involved.

The Board noted submitted partner and activity updates. Cllr. Chris Millar advised that Danetre Hospital in Daventry is a good facility that is underused and has the capacity to offer more services to the residents. Professor Nick Petford informed the meeting that the University of Northampton now has a Faculty of Health and Society. Dr Steve O’Brien is the Dean of Faculty and Helen Poole is the Associate Dean. NHFT advised that they have a new Associate Director of Strategic Partnerships, Lucy Drage.

Dr. Peter Barker presented feedback from the Health and Wellbeing Board Development day held on the 24th March to discuss the new JSNA process. Breastfeeding has been chosen as an exemplar chapter, it identifies current links to a detailed needs assessment and focuses on who is
at risk and the current services in place for Northamptonshire, the evidence base, and identifies the gaps within the service.

The Board received the Northamptonshire Safeguarding Adults Board (NSAB) & Northamptonshire Safeguarding Childrens Board (NSCB) Annual Reports, presented by the interim Chair of the NSAB. The NSAB was made statutory by the Care Act, and the Board has established how it will move forward with the new roles and responsibilities following on from the Care Act. The NSAB has three core duties:

- To publish a Strategic Plan for each financial year, and for this current year it is expected in October this will be consulted and published and will be brought to this Board later in the year,
- To publish an annual report,
- Carry out any safeguarding adult reviews in accordance with S44 of the Care Act.

The NASB also has a responsibility for the governance and oversight of the safeguarding activates within the council and NSAB has good support from partners to achieve this.

Tim Bishop is to become the new Chair of the NSAB in October. The work and contribution of the previous Chair, Marie Seaton, was acknowledged, as was the work and commitment of staff and partners in playing a vital role in Safeguarding Adults at risk in Northamptonshire.

The NSCB report highlights the areas the partnership are working on, post OFSTED inspection and challenges moving forward. The Children's Improvement Board had its final meeting and all further work will be taken up by the NSCB.

The Board reviewed the Health and Wellbeing Board Annual Report. The report includes the history of the Board and highlights various activities being undertaken by the Board. The Board approved the report. This report will be presented to October Full Council by the Chair of the HWBB and NCC Portfolio Holder for Health & Wellbeing.

Professor Akeem Ali gave the Board a brief overview of the Director of Public Health Annual Report for 2015/2016. Professor Ali thanked the Specialist Public Health Team for compiling this report. The report highlights key work that has been happening within the county to improve people's wellbeing and informs the population of the work public health are conducting around the county. This report will be distributed via local newspapers.
Following a question raised under Any Other Business, the Board will consider the structure of health & Wellbeing Forums and how the Forums can feed questions into the Health and Wellbeing Board.

The Health & Wellbeing Board held an STP Update EGM on the 13th October 2016 which covered:

- STP Programme Update
- Urgent Care Pathway
- Complex Patient Care
- Scheduled Care
- Prevention, Community Engagement and Patient Activities
- Complex Patient Care
- Communication and Engagement

The Next Health & Wellbeing Board 10/11/16:

The Health & Wellbeing Board’s next meeting is presently expected to include:

- A Governance update to be delivered by John Wardell, Nene CCG,
- An STP Programme Update delivered by John Wardell, Nene CCG,
- Service User Story: connecting social with medical,
- Update Reports on Board Member Organisations & Activity including:
  - Work on Cold Homes in partnership
  - Work on Armed Forces Covenant
- Mental Health Awareness updates:
  - Mental Health Crisis Concordat Briefing
  - Time to Change Hub Briefing
- An Update from New and Established Task & Finish Groups,
- A Local Transformation Plan: For Children’s ‘Future in Mind’ update, H.

Members are encouraged to try to attend a Health and Wellbeing Board meeting which is also available as a webcast.

Development Days Upcoming: 08/12/16 A session on Alcohol to be led by NCC.

Strategy: Implementation of the Health & Wellbeing Strategy is being devised alongside the STP arrangements which are currently being worked through.
East Northamptonshire Health & Wellbeing Forum: Terms of Reference

Updated April 2016

Note: Updated following the January ’16 meeting and the publication of the Northamptonshire Health & Wellbeing Strategy – for discussion and agreement, in particular those items highlighted in red.

Introduction

The East Northants Health & Wellbeing Forum is the local constituent to the countywide Health and Wellbeing Board. It is the mechanism for delivering and driving forward the health and wellbeing elements of future East Northamptonshire strategies and the Northamptonshire Health & Wellbeing Strategy. It will also feed in the local perspective to inform and influence the delivery of integrated, efficient and cost effective services for the local population of East Northamptonshire.

For the purpose of this forum, the geographical boundaries of the East Northamptonshire locality will be as defined by East Northants Council, and as such receives health care from a number of NHS and private providers, and health services are commissioned by two Clinical Commissioning Groups (CCGs).

Purpose

The East Northants Health & Wellbeing Forum is established to enable local partners from the public, private and voluntary sectors to work together to improve the health and wellbeing of the people in the local area.

Through the development and implementation of an agreed, local, multi-partner action plan, the local health and wellbeing forum will respond to existing and future community health and wellbeing issues.

The purpose of the Forum then is to help identify priorities for East Northants, and influence commissioning plans in order to create preventative, integrated services that improve and safeguard the Health & Wellbeing of the local population whilst recognising the rurality and changing age profile of the district.

Principles
These are the principles by which we want to operate. The Forum will support the development and delivery of an East Northamptonshire action plan and the countywide Health and Wellbeing Strategy. The forum provides an opportunity to influence a collaborative clinical commissioning agenda across CCGs.

An action plan will be developed in the context of an East Northants vision where:

- People live in communities that are safer and healthier and where key services are accessible to all.
- People feel able to influence decisions affecting their lives.
- The standard of living of the most disadvantaged communities and households has been raised.
- People aspire to and achieve levels of educational attainment and have access to skilled jobs in the district.
- The towns and rural villages have quality homes that meet the needs of local people.
- People have a clean street environment, a high quality and accessible countryside and are determined to minimise their impact on the global environment.

The 2016-2020 Northamptonshire Health & Wellbeing Strategy “Supporting Northamptonshire to Flourish” is built on the premise that ‘prevention, early help and early intervention’ will reduce health inequalities, improve outcomes and cost less than the current reactive model. Its success depends on local organisations aligning their own plans with the strategy/each other and working together to deliver the desired outcomes.

The strategy sets out an overall vision and four priorities for the county:

‘Help people help themselves, as individuals, families and communities, to improve health and wellbeing’

Priorities:
1. Giving every child the best start;
2. Taking responsibility and making informed choices;
3. Promoting independence and quality of life for older adults; and
4. Creating an environment for all people to flourish.

For each of the four priorities, the strategy sets out the current position, defines the outcomes the Board want to achieve and the approach it will take to delivery (in broad strategic terms).

In order to deliver the strategy, the Board intends to:

- Employ a distributed leadership approach;
- Review its governance arrangements to ‘ensure a balance between organisational autonomy and accountability with a commitment to partnership working and collective responsibility’;
- Actively support a sustainable financing model for the whole system;
- Encourage organisations to embed prevention within organisational processes at all levels;
• Identify and manage new and emergent risks to the health and wellbeing of all citizens in Northamptonshire;
• Adopt evidence-based decision-making and ensure data (e.g. JSNA, evaluations of new ways of working, etc.) can be shared across organisational boundaries; and
• Promote and deliver personalised and person-centred care are that:

Objectives

The East Northamptonshire Health and Wellbeing Forum will:

- Provide local leadership on health and wellbeing issues
- Review evidence on local health needs and determine issues that need addressing
- Monitor and support the implementation of a local health and wellbeing action plan
- Influence the commissioning process for the local area
- Support the development and delivery of the countywide Health and Wellbeing Strategy
- Act as a forum for partners to raise issues, to maximise opportunities for information sharing, joint working and integration of services

Membership

The Forum will include a core group of organisations that have a key role and responsibility to improve health and wellbeing in the local area. Membership will be reviewed continuously and individuals can be co-opted for specific issues.

Membership of the Forum will include representatives from the following

Health Commissioning
- NHS Nene Clinical Commissioning Group
- NHS Cambridgeshire and Peterborough CCG

Local Authority
- East Northamptonshire Council
- Northamptonshire County Council
- Public Health

Health, Social Care & Wellbeing Providers
- Northamptonshire Healthcare NHS Foundation Trust
- Northamptonshire County Council
- First for Wellbeing

Voluntary and Community
- Nene Valley Community Action
- SERVE
- Mind
- NCALC
- Spire Homes

Public and Service Users/Carers
- Healthwatch
- Chair of Patient Locality Engagement Group

Other
- Housing
- Police
- Education

Ways of Working

- The Forum will be accountable to, and agree reporting and scrutiny arrangements with, the Northamptonshire Health and Wellbeing Board.
- Task & Finish groups will be set up to take forward priorities and these will meet as required.
- NHS Nene CCG and East Northamptonshire Council will provide administrative support to the Forum and will be responsible for arranging meetings and for disseminating information amongst members.
- An annual report will be produced.
- A review of the structure and operation of the Forum will be conducted on a two yearly basis.
- The Chair of the Forum, or a nominated representative, will present progress reports when required to the Northamptonshire Health & Wellbeing Board.
- The Forum will provide input to the Northamptonshire Health and Wellbeing Board, and will ensure it has a reliable and credible route to communicate with the Board.
- The members will elect the Chair and the Vice-Chair annually. In the absence of the Chair, the Vice Chair will chair the meeting.
- There will be a minimum of four meetings a year and these will usually be held prior to the County Health and Wellbeing Board and relevant East Northants Council meetings.
- Meetings will take place at East Northamptonshire Council offices unless otherwise agreed and be open to the public to attend (as observers).
- Agenda items and associated documentation will be submitted in writing to the Chair not less than two weeks before the date of the meeting. Inclusion of items will be at the discretion of the Chair. Agendas will be circulated to members and invitees at least one week before the meeting.
- The agenda and records of meetings will be made publicly available via the Council’s website, NHS Nene CCG website (East Northants section), and through NVCA networks
- Decisions will be arrived at by consensus and recorded in the minutes.
- Where relevant, members of the Forum will ensure they declare any conflict of interest.
Contacts

Chair (from 18th January 2016):
Richard McKendrick
Chief Operating Officer
Northamptonshire Healthcare NHS Foundation Trust
01536 452 048
Richard.mckendrick@nhft.nhs.uk

Vice-Chair (from 18th January 2016):
Debbie Abbott
Locality Support
Nene CCG
01604 xx
Debbie.Abbott@neneccg.nhs.uk

Mike Deacon
Head of Environmental Services
East Northamptonshire Council
01832 742060