HEALTH & WELLBEING FORUM FOR EAST NORTHAMPTONSHIRE
16 February 2015 at 2.00 pm
East Northants Council Chambers, Cedar Drive, Thrapston, NN14 4LZ

Attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosemary Hadaway (RH)</td>
<td>Chair (NVCA)</td>
</tr>
<tr>
<td>Mike Deacon (MD)</td>
<td>ENDC</td>
</tr>
<tr>
<td>Louise Tarplee (LT)</td>
<td>Nene CCG</td>
</tr>
<tr>
<td>Debbie Lole (DL)</td>
<td>Nene CCG</td>
</tr>
<tr>
<td>Dawn Richards (DR)</td>
<td>Longhurst Group</td>
</tr>
<tr>
<td>Catherine Mitchell (CM)</td>
<td>Cambs &amp; P’bro CCG</td>
</tr>
<tr>
<td>Janet Hathaway (JH)</td>
<td>Locality Engagement Chair</td>
</tr>
<tr>
<td>Jayne Scanlon (JS)</td>
<td>NHfT</td>
</tr>
<tr>
<td>Peter Lynch (PL)</td>
<td>NCC</td>
</tr>
<tr>
<td>Sonia Bray (SB)</td>
<td>Healthwatch</td>
</tr>
<tr>
<td>Jessica Slater (JS)</td>
<td>Serve</td>
</tr>
<tr>
<td>Richard McKendrick (RM)</td>
<td>NHfT</td>
</tr>
<tr>
<td>Gordon Smith (GS)</td>
<td>Healthwatch</td>
</tr>
<tr>
<td>Frank Barley (FB)</td>
<td>NCC Public Health Team</td>
</tr>
<tr>
<td>Debbie Abbott (DA)</td>
<td>Nene CCG</td>
</tr>
</tbody>
</table>

Apologies

<table>
<thead>
<tr>
<th>Name</th>
<th>Apologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Callaway</td>
<td>Apologies</td>
</tr>
<tr>
<td>Inspector Julie Mead</td>
<td>Northants Police – Apologies</td>
</tr>
<tr>
<td>Cllr Jeremy Taylor</td>
<td>Apologies</td>
</tr>
</tbody>
</table>

Welcome and Health and Safety
RH opened the meeting and MD covered Health and Safety.

Apologies
As shown above

Introductions
Introductions were made. Dawn Richards attended on behalf of Amy Callaway from Longhurst Group.

Minutes of Meeting held on 30 October 2014
The minutes were agreed as a true record.

Matters arising from minutes
SB discussed the domiciliary pilot. Please contact soniabray@healthwatchnorthamptonshire.co.uk for any details.
Partner Updates:

Update from Healthwatch

The Young People's Wellbeing Conference is on the 18 February 2015 at Kettering Conference and Sports Centre. 92 young people have signed up for the conference.

The 2nd phase of the domiciliary care pilot has begun. It is being evaluated and personalised to see how it has benefitted people.

Update from Nene CCG – Collaborative Care Teams

The Collaborative Care Teams’ go live date has been delayed due to recruitment issues at NHfT. As an interim measure agency staff are being considered. There is continued commitment to integrate care close to home.

The Care home scheme continues to be run by 2 ANP’s, who will be the basis of the CCT. It was queried whether there had been a reduction in hospital admissions since last year? A full evaluation is ongoing around care homes.

Work is on to develop a Musculoskeletal (MSK) service in the north of the county. East Northants, Wellingborough and Kettering are looking at delivering these services closer to home. GPs are working closely with KGH to achieve this. The aim is for patients to go for injections and treatment somewhere other than a main acute setting.

“Stamp out Stigma” has been supported by the Northampton Saints. The campaign is aimed at young people struggling with mental health issues. It is aimed at their wellbeing and to encourage young people to talk about their issues.

Update from Cambridgeshire & Peterborough CCG

ENC Priority Updates:

NCC Health & Wellbeing tenders

On the 19 December 2014 a letter was sent from Northamptonshire County Council stating that the tender had been withdrawn. There is a webinar of the cabinet meeting. The County Council are still going ahead with the community interest company which will consist of Healthwatch, Northampton University and the NHFT. At present the voluntary
East Northamptonshire

sector has not be discussed. There was a huge amount of work from all areas involved in this tender so it is very disappointing that it is not going ahead.

Current Prevention contracts through NCC are to be extended but they could have a 17.5% efficiency cut and may not be for a full year.

The Better Care Fund was submitted to NHS England on 9 January 2015 and has been fully approved without conditions. A pool budget of £59m is available for work with the Council to integrate health and social care services.

Update from LPEG

JH stated that the group was very sad that Tom Dodds has had to resign. She stated he will be very greatly missed as he did so much to set up ENLPEG and his personal commitment was second to none. This message will be passed on.

In November 2014 the review meeting approved annual review for 13/14. A brief report was sent to the locality for 14/15. November meeting had presentation by Sonia Bray. LEG continues to be active and enthusiastic. Currently there is only one practice that has no PPG.

It has been mentioned that patients are being discharged, particularly at the weekend, and not given a sufficient amount of medications therefore running out before they get to see their GP.

Some people have been asked to re-register for Lifetime Medical exemption certificates for their long term conditions. It was stated that one patient had large bill for retrospective prescriptions. Their exemption certificate is not on the system. It seems that if you had an exemption certificate before a certain date, they had to renew. Unfortunately patients have not received this information. Patients are now confused and unsure if they are still covered.

A Commissioning Intentions consultation was sent from Nene CCG at the end of January. JH stated it was good that they were asked to review however the timescales were too short. Timescale considerations were asked to be reviewed.

Contact between other LPEGs has been suggested. There have been liaisons with Kettering and Wellingborough.

LT stated that LEGs were at varying stages so it was good that they were interacting. NHS England states that every surgery must have a PPG and they have to prove that there is engagement. Some Kettering practices have virtual PPGs. The CCG will continue to support.
GP Federations will have a stronger link on how GPs deal with their patients. They must engage and support their developments.

DL stated that all GP practices were asked to have a PPG and were paid under the Enhanced Service which ends this year. PPGs are now part of the GP Standard Contract and is a CQC requirement.

**Public Health Outcomes Framework**

The Public Health Outcomes Framework November 2014 was discussed:

1.09 - sickness absence (England 2.5 - EN 3.5) is linked to the countywide initiative through healthy workplace initiative.

1.14 - relating to noise complaints (England 7.5 – EN 11.4) As this figure is high they looked at the indicators. This figure is misleading as it relates to the number of incidences rather than the number of events, ie if 3 people have complained about a noisy neighbour it is logged at 3 and not the 1 incidence. This means that the EN figure is actually closer to 3.5.

1.17 – fuel poverty (England 10.4 – EN 11) The whole county is in a similar situation.

2.02 – breastfeeding initiation (England 73.9 – EN 70.3)

2.12 – excess weight in adults (England 63.8 – EN 68.99) Diabetes prevention and Eat Well campaign are both areas which East Northants are supporting.

3.02 – Chlamydia diagnosis (England 2016 - EN 1300 – MD has spoken with Frank Early at Public Health. The narrative indicated that EN is failing against national figure. To look at it logically it is 1300/100000 against the national figure of 2300. The tolerance marker has been wrongly coded. It was queried the rate of positives or negatives that occur and how many people were screened. More remedial action is required ie more kits – sexual health to support locally.

4.15 – excess winter deaths aged 85+ (England 22.9 – EN 63.64). No evidence could be found as to what would contribute this high figure.

CM suggested drilling down to the level of where the patients were living. How many patients died in the community? Get some sensible analysis and bring back on to agenda.
Additional Items

Updates from NHfT

There is a review of Older adults’ mental health services being undertaken, with plans to recruit a Psychological Assistant post. Staff will be coming into post in the next few weeks. The will be conducting extended memory assessments and early diagnosis of Dementia. There are also concerns from carers regarding the psychological support they receive.

Webinar services are open to the public. “I am important too” Webinar is available for the next 4 weeks. This is for carers of people with Dementia. Carers can feel quite overwhelmed with responsibilities and are often isolated in their home. There are frequent adverts on the radio for this presentation. The will be talking to Northamptonshire Carers regarding dementia care and will working closely with them. This will be shared with the Voluntary sector and will be cascaded out. EN had the biggest increase. This evidence is based on research in stress and anxiety. To access the presentation they need access to a pc, tablet or smart phone.

Mindfulness Webinar has been extended and they are running groups on relaxing and helping sleep.

There is improved training for care homes for dementia. NHfT will be looking to see how they can develop that.

There is support for GPs dealing with adult health issues. Their work is being promoted and they are recruiting into the last 3 vacancies.

Acute liaison service – this is a new service within Acute Services. It will consist of a MDT consisting of psychologists, psychiatrists and nurses.

Children’s Services – there is now a full time, on call health visitor, telephone 133. School nurses and NCC have made significant contributions on children and young people’s obesity. Schools do have school nurses across the county.
Adult services- there are problems with District Nurses for the East Northants district due to gaps within this area due to sickness and vacancy. There is a District Nurse coming back from long term sick. There is confidence that there will be an improvement throughout the county.

RM discussed the Rushden hospital issue. The old Rushden site was owned by NHfT for a mental health focussed provision. The building is non repairable. Two years ago NHfT sold the bulk of the site off and to build a new building. With all the NHS changes, things have been put on the back burner and it is now being queried if there is in fact a need. Capital programme is to build a Mental Health resource centre. Are there other departments that could go into the new building? The draft vision is to be finished, a simple 1 or 2 page note.

Is it appropriate for a Voluntary/GP flexible space? Would this work as the hospital is not in the centre of Rushden? Ideas need to be pulled together with questions and options. It must be ensured that the decision is right for the district at this time. JH to keep us fully briefed so HWB know where it is. Invitations should be for a small steering group and a larger stakeholder group.

South of the district and where health needs are most concentrated and Rushden is under favoured. An article in the local Telegraph described the planning application for the site. SB stated that in the past, services are planned and transport is not considered.

**NCC Health & Wellbeing Board – EN Web page**

County Council has a website page around the Health and Wellbeing Board. Minutes are sent to Peter and uploaded on the NCC website. Agendas, minutes and anything else appropriate will be put on there. Individual page owned by individual forum and they should take ownership of it.

**Rural Wellbeing Project**

East Northants H&W forum 16 Feb 2015.ppt
Collaborative nursing team to join forum. They are to identify people in the team and inform us.

DR stated that Spire Homes had been contacted. DR can give contacts. DR to email Elaine re meeting.

JH stated that referrals were not coming from health, ie District nurses, to the volunteer benefit advisor. Lots of people who don’t like seeing their GPs appear to be in great social and financial need.

AOB

DR stated that funding had been extended for another 12 months for funding care options. An example of a gentleman who lived in a 2nd floor flat became depressed and started to hoard when his wife died. The fund helped him move to a bungalow and a carer helped him with his hoarding. The 1st stop was the EIC fund.

SB is leaving Healthwatch at the end of March. She will be sadly missed. Gordon will continue to attend the meetings. They are recruiting to SB’s post.

MD acknowledged Tom Dodds’ retirement. He wanted to register this thanks to him.

A meeting room is needed for the 27 April 2015. DR stated she would check the availability of the Spire Meeting Room. DR to confirm with DA and RH.