



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 11.15 am on Thursday 10th May 2018
LG06, One Angel Square**

Present:

Professor Nick Petford Interim Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Dr Jo Watt	(JW)	Chair, NHS Corby Clinical Commissioning Group
Dawn Cummins	(DC)	Interim Chief Executive, Voluntary Impact Northamptonshire
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Lucy Wightman	(LW)	Director of Public Health, Northamptonshire County Council
David Oliver	(DO)	Chief Executive, East Northants Council
Carole Dehghani	(CD)	Chief Accountable Officer, NHS Corby Clinical Commissioning Group & NHS Nene Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Leader, Northamptonshire County Council
Nicci Marzec Substitute	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
James Andronov Substitute	(JA)	Assistant Chief Constable, Northamptonshire Police
Dr David N Jones	(DJ)	Chair, Healthwatch
Cllr Cecile Irving-Swift	(CIS)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Dr Jonathan Ireland	(JI)	Chair, LMC
Anna Earnshaw	(AE)	Director, Northamptonshire Adult Social Services
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Richard Corless	(RC)	Performance, Planning & Transparency Lead Northamptonshire County Council
Prof Jacqueline Parkes	(JP)	Professor of Applied Mental Health, Faculty of Health and Society, University of Northampton
Dr Tom Howseman	(TH)	GP
Adam Smith	(AS)	Head of Crisis Services, Northamptonshire Healthcare Foundation Trust

Minute Taker:

Cheryl Bird	(CB)	Northamptonshire County Council
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Apologies:

Paul Farenden	(PF)	Chair, Northampton General Hospital
Roz Lindridge	(RL)	Locality Director Central, NHS England
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Alan Burns	(AB)	Chair, Kettering General Hospital
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Simon Weldon	(SW)	Chief Executive, Kettering General Hospital
Cllr Lizzie Bowen	(LB)	Cabinet Member for Adult Social Care, Northamptonshire County Council

A1 Declarations of Interest:

NP formally requested declarations of interest. None were declared.

A2 Minutes of Previous Meeting 15th March 2018

Minutes from the previous meeting held on the 15th March 2018 were agreed as an accurate record.

A3 Board Membership & Updates

A3.1 NP advised Cllr Syliva Hughes has resigned as Cabinet Member for Health and Wellbeing and Chair of the Health and Wellbeing Board. A discussion was held by board members in the private meeting beforehand, to discuss options in electing the new Chair. Board members will participate in a confidential ballot to elect a new Chair, the results of which will be presented to NCC's Full Council for approval.

A3.2 NP noted the following changes to Board membership:

- Assistant Chief Constable James Andronov will be replacing Chief Constable Simon Edens as the representative from Northamptonshire Police at the Health and Wellbeing Board.
- David N Jones becomes a board member as the new chair of Healthwatch.
- Cllr Cecile Irving-Swift is now the Cabinet Member for Health and Wellbeing becomes a Board member.

A4 Matters Arising

- LW confirmed as and when communications are received from Public Health England regarding the Salisbury Nerve Agent attack they will be forwarded to the board.
- LW confirmed the Public Health Team are in the process of reviewing the membership for the Northamptonshire Suicide Prevention Group.

B1 Delivery Against Strategy Reporting

B1.1 RC works within the Business Intelligence Unit for Northamptonshire County Council (NCC) and has been asked to help support the HWBB in creating a dashboard reporting mechanism to demonstrate how the county is delivering against the priorities listed in the Health and Wellbeing Strategy (HWS). At the HWBB meeting on the 19th January all HWBB members were asked to identify a lead from their organisation for engage with RC

on the development of this dashboard. NHFT have still to provide a nomination. AH will ensure this is completed and feedback to RC.

Action:AH

B1.2 RC proposed to have three levels to the reporting structure:

- Longer term measures that look at the population as a whole using the Fingertips Public Health Profile containing national data sets which can drill to locality level.
- A Dashboard which contains individual metrics chosen by the HWBB for the county, which will be in year data. Full consent for the local data to be shared will be required as this will be a public document. A caveat could be contained within the dashboard stating local data included is subject to national ratification.
- Progress Against Desired Outcomes (PADO) report will be used as a narrative to demonstrate projects and provision that could not be demonstrated through the dashboard reporting mechanisms.

RC is currently identifying metrics for the Dashboard, but there are some gaps in information which need to be resolved. RC will bring a full set of metrics and discuss the frequency on the Dashboard reporting to the Board meeting in July.

Action:RC

B1.3 AH advised a governance framework is being developed by the Northamptonshire Health and Care Partnership (NHCP) (formally STP), this has a variety of workstreams and priorities to strengthen the connection through to the HWBB. The NHCP Collaborative Stakeholder Forum will ensure there is engagement and common sets of opportunities for partners across the county. The HWBB will need to ensure the Dashboard is used to monitor performance against the priorities contained within the HWS. LW and AH will review the membership of the HWBB, the frequency of the Board meetings and how they link in with the Dashboard and update at the next Board meeting.

Action:AH/LW

B1.4 The Board were asked to:

- Where gaps in information exist, Board members commit to providing the information of identify individuals who can engage
- Agree to the proposed reporting structure

The Board endorsed the recommendations.

B1.5 LW proposed for workstreams set up on identified priority areas of work from the HWS to have an action plan for each sub group enabling the Board to have oversight of the intentions and be able to hold the sub group to account in delivering work. The Board agreed.

B2 Development Day Report – Intermediate Care Design within the County

B2.1 DS gave the Board some of the highlights from the Health and Wellbeing Board Development session around Intermediate Care Redesign within the County. The three main aims around intermediate care redesign is to:

- Avoid hospital admissions
- Helping people live as independently as possible once discharged from hospital
- Avoid unnecessary move in residential care until needed

The session focused upon the current situation, known as “the as is model” and then described how services could be different for the county in the future. The session asked attendees to contribute and share their views on the issues presented, and the changes all can make to improve care before next winter.

B2.2 CD acknowledged it is good to see all partners across the county working on this across the system and the development session highlighted the strategic intent as part of

the national strategies around commissioning, to provide wrap around services for integrated care. LW noted there is an opportunity for the HWBB to ensure lessons are being learnt on the rapid cycle of short interventions and evaluating how effective or un-effective this programme is.

B2.3 The Board noted the report.

B3 Northamptonshire County Council Update

B3.1 LW gave the Board an update on the current situation at Northamptonshire County Council (NCC). The Secretary of State gave notification that he would review the situation for Northamptonshire and requested applications be submitted in relation to the development of two unitary councils within the county. Discussions have been undertaken between national government, local government association, NCC and the seven districts and boroughs within the county. Any proposal for Unitary Councils will be brought back to the HWBB for consideration and comments, before being submitted to the Secretary of State. DO is currently working on the processes and timelines for the submission, once completed this will be made public. LW confirmed NCC and the districts and boroughs have jointly asked for extension to the deadline for submitting a proposal to central government.

Post meeting note: this has been granted and the deadline for submission is August 2018.

B3.2 MG confirmed two Commissioners will be sent into Northamptonshire County Council to work with existing leadership team.

B3.3 DJ asked to keep in mind the most vulnerable in society and what the new unitary system will mean for them. Opportunities need to be created in this new environment to improve services and to consider the impact on people. Healthwatch has a role in overseeing this and being the voice of the people. AH confirmed the NHCP has the opportunity to undertake work with vulnerable people through its workstreams, but there is a need to work collectively.

B4 Northamptonshire Dementia Strategy

B4.1 JP and TH gave the Board a brief overview of the refreshed Northamptonshire Dementia Strategy. JP is Chair of the Northamptonshire Dementia Action Alliance (DAA). Dementia is becoming an increasing problem, and nearly two thirds of newly diagnosed people have had dementia for a while. The current Dementia Strategy was written in 2015 and in September 2017, NCC Scrutiny Committee asked the DAA to complete a refresh of the strategy. An extension consultation has taken place looking at National policy, with more focus on risk reduction and healthcare delivery which needs addressed proactivity within the county.

B4.2 In order to transform the original strategy into one that has accountability, there are now 18 objectives contained within the strategy aligned to national policies. Extensive work has been completed around 'We' statements and NHS Well pathway to align the actions within the strategy and a public patient forum is being created. The dementia diagnosis rate for this county has currently dipped to 66.67% which is below the national average, it is hoped this will improve over the coming year. There will also be a Dementia Strategy Review Group, refreshing the membership to ensure the key members are present, and for a complete re-write on the strategy beginning in May 2019.

B4.3 The Board discussed the Dementia Strategy refresh and the following comments were noted:

- DC noted the voluntary sector play a huge role in caring for dementia sufferers and there is a need to recognise this. JP acknowledged there are a high number of groups included within the DAA which includes Northamptonshire Carers.
- JA confirmed the Chief Officers Team at Northamptonshire Police have all completed dementia awareness training and this training is being rolled out to front line officers, as front line officer's deal with an increasing trend of mental ill health during operational policing. JA would like to work more closely to see how the police can help support the strategy. JP confirmed Northamptonshire Police are well represented on the DAA as part of the consultation process and the police played a main part in launching the Keep Safe scheme.

B4.4 The Board were asked to approve the refreshed Dementia Strategy 2016-2019, and give their commitment and support on behalf of their relevant organisations to:

- To identify leads within key stakeholder groups and partners with clear responsibility for Dementia Care
- To develop a transparent communication process for disseminating the strategy
- To establish a countywide Dementia Strategy Review and Development Group to oversee the development and implementation of 12 month organisational actions plans represented in the Strategy
- For the Dementia Strategy Review and Development Group to establish future priorities post 2019 in line with national policy.

The Board endorsed the recommendations.

C1. CQC System Review

AE gave the Board an update on the CQC System review. The system review was due to start in April 2018, but this was paused due to the announcement of the Best Value Inspection Report in March 2018. There are 16 reviewers within the CQC team and on the 21st May there will be a full onsite review of activity. This review is about outcomes for people, reviewing their experiences to ascertain what it feels like to go through adult social care services. After the onsite visit there will be an interim report and then final report with a summit in July and then a feedback session to this Board. AE confirmed currently there is not an over 65s strategy for Northamptonshire, but rather than having a strategy focusing on the over 65s, there should be a frailty strategy as some of the population become frail and have chronic conditions before they reach 65 years.

C2. BCF and iBCF Update

C2.1 AE gave the Board an update on the BCF and iBCF.

- The quarter 4 performance update has been submitted to NHS England and Northamptonshire is on track to meet the targets set for non elective admissions.
- Admissions to care homes are still low and are lower than the previous year and is below the national average.
- Northamptonshire is a good performer in terms of keeping people at home 91 days after their discharge from hospital.
- There was a peak in people being re-admitted to hospital in February which was due partly to the scale of events taken place to help discharge patients who had become stranded in the system.

C2.2 There has been a huge amount of work completed in reducing DTOC, which is currently 5% down from 13% June 2017, but this is still above the national target of 3.5%. As a result of this the Secretary of State has written to Northamptonshire County Council to say conditions will now be placed on some of the iBCF monies in order for the DTtoC figures to be addressed and reduced to the national target. AE has sent a response to the Secretary

of State explaining the main focus had been on stranded patients rather than DToC and AE is currently awaiting a response. SS noted Northamptonshire has the highest number of stranded patients in hospitals in the country and 17% of NGH beds have patients in for more than 7 days and 34% for over 21 days, which restricts services NGH can provide to patients. There is a need to understand why people are stuck in hospital longer than they need to be and the focus should not be purely on the DToC. AE confirmed consultants, Newton Europe are currently at NCC reviewing DToC and stranded patients, looking at case studies from 90 patients to see if something different could have been done, was it the best outcome for the patient, and if something different could have been done would this have made a difference to cost and beds. The Board endorsed the work AE has completed around DToC and stranded patients.

C2.3 The overall BCF budget is £124 million which is £13 million pounds overspent in 17/18, mainly due to spend for learning disability clients and overspend of NCC council budgets. There has been big challenge for NCC with the changes in sleeping rates for those staying with learning disability patients which has increased financial pressure on councils across the country.

C2.4 MG added Newton Europe are also completing a big piece of research on Childrens services across the country, investigating why higher performing local authorities tend to spend less on Childrens services than the lower performing authorities. MG asked for this report to be brought back to this board for discussion at the next meeting. The Board agreed.

C1 Northamptonshire Health and Care Partnership Update (formally STP)

AH gave the Board an update on the Northamptonshire Health and Care Partnership (NHCP). This Health and Care Partnership is measured by 13 metrics, and some of those will take longer to achieve than others. There has been improvement in six areas, which has been well received at regional meeting. The new governance structure has gone through the NHCP Board, AH and LW are liaising about how the relationship between HWBB and NHCP can be strengthened and clarified. At the regional review meeting there was a focus around the primary, community and social workstream which is a transformational workstream and there was a recognition that partners within Northamptonshire are working together to improve the outcomes for people in the county. The Board noted the positive progress made with the NHCP and collaborative working.

C5 Resetting Care in Corby: Update

JW gave the Board an update on the Resetting Care in Corby process. The extensive engagement programme with the population of Corby has now been completed and being evaluated. There are currently some legal issues ongoing, once these have concluded a further update will be brought to the next HWBB meeting.

C6 Children First Progress Update

C6.1 MG advised due to the Best Value Inspection report, there has been a hesitation about moving Children First Northamptonshire into a federal company, this will be reviewed at the end of 2018 and a decision will be taken whether to progress fully with the trust set up.

C6.2 MG confirmed LH will be leaving NCC at the end of July and a recruitment process will begin to find a replacement Director of Childrens Services.

C6.3 There was recently an OFSTED review focusing on safeguarding and front door services which went well and the report is expected on the 18th May.

C7 Workstream Updates

C7.1 Housing and Planning Workstream Group

DO gave the Board a brief update from the Housing and Planning Workstream Group. The job specification has been agreed for the Health and Planning Coordinator role, working with health organisations to flag up health and wellbeing needs in new building developments. The funding is in place for this role, it will be a two year role, hosted in conjunction with Public Health, CCGs, and districts and boroughs.

C7.2 Housing:Homeslessness Workstream Group

DO gave the Board a brief overview of the work taking place in the Housing, Homeslessness Workstream Group. This workstream group is newly formed following a development day session regarding the Homeslessness Reduction Act 2017, where some public sector organisations will have a duty to refer if they come into contact with someone who is homeless or at risk of being homeless. DO is developing a protocol in terms of the requirements for these organisations who have a duty to refer, including guidance notes on who does the referrals and to ensure training is in place. There will also be a communication process about this protocol and encouraging organisations that don't have a statutory duty to refer but should, to be aware of and signed up to the protocol.

C7.3 Healthy Workplace Workstream Group

CW asked for the Board support in progressing with the work undertaken by the Healthy Workplaces workstream group. The Board agreed.

C7.4 Mental Health Prevention Concordat Steering Group

LW gave the Board an update on the Mental Health Prevention Concordat Steering Group. There will be a new Chair of this steering group, Colin Thompson, Consultant in Public Health. A rapid needs assessment has been completed to try and identify how to stop people developing poor mental health. It is recognised there is a need to complete a more comprehensive needs assessment, but in the interim two areas of need have been identified, suicide prevention and self harm with young children. Sub groups will be formed to work on these two areas. There are notable issues for young people particularly around exam periods, which causes a sharp peak with attendances to A&E in relation to self harming. So there is a need to help children and young people build self resilience enabling them to cope as individuals in later life. DJ advised Young Healthwatch have launched a survey on mental health services for young people and have received good response on this. DJ will share this research with LW.

Action:DJ

C7.5 Mental Health Crisis Concordat Steering Group

AS is Head of Service for the Crisis Pathway and Chair of the Mental Health Crisis Concordat (MHCC) Steering Group and gave an update from the MHCC Steering Group.

- Childrens Services now have a representative on the MHCC Steering Group and updates are being shared concerning developments around self harming in young people.
- Operation Alloy, the street triage car run in conjunction with Northamptonshire Police, is working well and continuing to reduce the number of people being detained under the mental health act.

- There have been a significant increase in the opening of crisis cafes around the county, there are 16 cafes open a week across 6 venues. They provide collaborative engagement with service users in conjunction with MIND, third sector organisations and NHFT. Discussions are underway to progress these to hub based models where people will be able to self refer throughout the day and for GP streaming to take place. Uptake for the crisis café in Daventry has been poor and there is need to look at how this can be progressed forward.
- Crisis Team is looking to establish a crisis house in the North of the county, providing a place where people can get help at an earlier stage of crisis, as the crisis house in the south of the county has been effective in reducing hospital admissions. AS is meeting with Kettering Borough next week to discuss the possibility of using one of their premises, and asked all to consider if they know of any properties in the North of the county which may be suitable.
- The MHCC Steering Group have revised the key targets for 2018 during an action plan refresh. This has encompassed a continued focus on children and young people's mental health whilst also ensuring a greater focus on carers support and engagement across all concordat services.
- The provision of approved mental health practitioners (AMPs) conducting assessments across the county is currently being reviewed, as there is a disparity across the county where the number of AMPs available reduce significantly during evening, night hours and weekends. Which has an impact on people waiting for emergency assessments at A&E or in police custody.
- There has been a refresh of the Mental Health Act where police officers are encouraged to make contact with a mental health professional before detaining anyone. A mental health nurse is on duty in the Police Force Control Room and there are discussions about extending the operational hours for the mental health.
- There has been a Time2Listen Criminal Justice Pathway which will feed into the MHCC action plan over the next year, to provide support for those who enter the criminal justice system with mental health issues.

C7.6 Adverse Childhood Experiences Steering Group

NM gave the Board an update on the Adverse Childhood Experiences Steering Group. The steering group membership has been revised to specifically drive the work of the five identified priorities:

- Mental Health – To review mental health pathways to ensure that our mental services are ACE informed and all interventions include ACE screening. Enabling mental health practitioners to have a clear dialogue on ACEs and the services that are available. NHFT will lead on this programme of work.
- High Risk/Need Families - To analyse the impact of school exclusions, crime and other key indicators of high need on individuals and the wider family. To establish root causes and review current services, identifying gaps and influencing future commissioning. Northamptonshire Police and Childrens, Families and Education Directorate, Northamptonshire County Council will lead on this programme of work.
- Partners to actively adopt strategies and training programmes to ensure that their staff and services are ACE aware. All Health and Wellbeing Board member organizations to be involved.
- To use the principles of 'Five to Thrive' to address ACEs - equipping parents to be more mindful about the needs of children and how their behaviour impacts on them. Need to build resilience in parents, reinforcing their coping mechanisms, to prevent ACEs being inflicted either intentionally or unintentionally. The Clinical Commissioning Groups will lead on this area of work.
- Countywide social marketing campaign aimed at parents and families, led by Public Health, making parents aware of the impact their behaviour can have on children and signposting for support available. Improve community awareness through local parishes, resident groups and community based organisations.

D1 Take Home Messages

NP gave the Board the take home messages from today's meeting. The need to focus on strategic aims and performance management.

NP thanked PL for his hard work as Health and Wellbeing Board Business Manager.
PL to write a letter to SH on behalf of the Board Executive thanking SH for her work as Chair.

Action:PL

Date of next meeting

The date of the next meeting will be at 9.30 am on the 12th July, Council Chamber, East Northants Council.