



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.00 am on Thursday 12th July 2018
Highgate House, Creaton, Northamptonshire**

Present:

Professor Nick Petford Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Cecile Irving-Swift Vice Chair	(CIS)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
James Andronov Substitute	(JA)	Assistant Chief Constable, Northamptonshire Police
Dawn Cummins	(DC)	Chief Executive, Voluntary Impact Northamptonshire
Carole Dehghani	(CD)	Chief Accountable Officer, NHS Corby Clinical Commissioning Group & NHS Nene Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Leader, Northamptonshire County Council
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Moira Ingham Substitute	(MI)	Non Executive, Northamptonshire Healthcare Foundation Trust
Dr Jonathan Ireland	(JI)	Chair, LMC
Dr David N Jones	(DJ)	Chair, Healthwatch
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Cllr Sandra Naden-Horley	(SNH)	Cabinet Member for Adult Social Services, Northamptonshire County Council
Andrew Quincey	(AQ)	Chief Executive, Northamptonshire County Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Ian Vincent Substitute	(IV)	Chief Executive, Daventry District Council
Dr Jo Watt	(JW)	Chair, NHS Corby Clinical Commissioning Group
Simon Weldon	(SW)	Chief Executive, Kettering General Hospital
Lucy Wightman	(LW)	Director of Public Health, Northamptonshire County Council

In Attendance as observers:

Kate Holt	(KH)	Chief Executive, Healthwatch
Dr Meng Khaw	(MK)	Director of Public Health, Public Health England
Nicci Marzec	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
Stephen Marks	(SM)	Senior Public Health Practitioner, Northamptonshire County Council
Giles Owen	(GO)	Head of Prescribing and Medicines Management, NHS Corby CCG and NHS Nene CCG
Chandni Patel	(CP)	Fellow in Public Health (Oral Health),

Janice Whyte (JWh) Northamptonshire
Health and Wellbeing Board Business Manager
Northamptonshire County Council

Minute Taker:

Cheryl Bird (CB) Northamptonshire County Council

Apologies:

Alan Burns	(AB)	Chair, Kettering General Hospital
Anna Earnshaw	(AE)	Director, Northamptonshire Adult Social Services
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Paul Farenden	(PF)	Chair, Northampton General Hospital
Roz Lindridge	(RL)	Locality Director Central, NHS England
Cllr Chris Millar – Vice Chair	(CM)	Leader, Daventry District Council
David Oliver	(DO)	Chief Executive, East Northants Council
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust

A1. Chairmanship of the Health and Wellbeing Board

NP was introduced as the new Chairman of the Board.

A2. Declarations of Interest:

NP formally requested declarations of interest. None were declared.

A3. Minutes of Previous Meeting 10th May 2018

Minutes from the previous meeting held on the 10th May 2018 were agreed as an accurate record.

A4. Board Membership Updates and Announcements

- NP confirmed Cllr Sandra Naden-Horley (SNH) has replaced Cllr Lizzie Bowen as Cabinet Member for Adult Social Care and welcomed her to the Board.
- NP announced that DJ has received an international award from the Federation of Social Workers due to his outstanding contribution for social work.

A5. Matters Arising

- DJ confirmed he has asked a colleague to send the research from the survey conducted by Healthwatch on Mental Health Services for Young People to LW.
Action:DJ
- NP asked for an action log to be circulated with the minutes and for all future meetings.
Action:CB

B1 Northamptonshire County Council Update

B1.1 MG gave the Board an update from Northamptonshire County Council (NCC). The Commissioners appointed by the Secretary of State have been in post for a few weeks and are trying to baseline NCC's finances with the help of an organisation called SIFMA. Currently there is a need to make £35 million savings this financial year, but this figure will rise due to issues raised by NCC's auditors and spending of the Public Health Grant. The Commissioners are reviewing the statutory services that need to be completed this year, whilst also balancing the risks and further impact on reductions to Childrens and Adult Social Care services.

B1.2 MG confirmed if the proposal for two unitaries to replace the eight local authorities proceeds, the legacy of any debts and liabilities will move to the new unitaries, work is ongoing to mitigate these risks. The commissioners have a meeting scheduled with the Secretary of State to discuss NCC's financial position and highlight that NCC will need financial help to continue to provide services this year. MG will ask the Commissioners to attend the next Board meeting in September to discuss NCC's financial situation in more detail and discuss any proposed cuts.

Action:MG

B1.3 The Board discussed MG's update and the following comments were made:

- NCC's worsening financial situation will have an impact on services in particular children's and adult social care, as health and social care structures are closely intertwined, so there needs to be a collective response to mitigate the increased demand on health and police services.
- In order to move forward the voluntary sector needs to be engaged more collaboratively.
- NCC's financial problems are affecting the most vulnerable in society.
- The districts and boroughs are trying to mitigate some of the impact of cuts and are working with NCC to try and prevent the collapse of some services
- A sub group will set up with SS, SW, AH, AE, JA and Commissioners to discuss the implications of any proposals to reduce the services NCC currently provide. LW to arrange for the sub group to meet.

Action:LW

A briefing will be made available for Chief Finance Officers in health so they are fully aware of the potential financial impact. AQ to arrange.

Action:AQ

B2 Director of Public Health Annual Report

B2.1 LW presented the draft Director of Public Health Annual Report (DPHAR) to the Board. This is an interim report, and a full report will be produced later in the year to coincide with national publication cycle. This report primarily focuses on health protection and makes 29 recommendations. LW highlighted some of the key areas of concern from the report:

- Late diagnosis of Hepatitis C and HIV – analysis will be completed on the instances and prevalence of HIV to ensure the right areas are being targeted. The HIV screening pilot undertaken with the acutes has proved successful.
- There are challenges around improving immunisation rates, work is ongoing in conjunction with NHS England and Public Health England to address this.
- Community safety – need to work with partners to address and re-establish the Community Safety Partnership
- Workplace health – the Heathy Workplaces sub group will be refreshed, looking at health and safety in the workplace particularly psychological support.
- Looking to apply for additional funding to provide support around homelessness health protection

Once finalised this report will be presented to the Health and Wellbeing Scrutiny Committee and be made available online.

B2.2 JA noted this Board needs to be able to review and de-layer the recommendations contained within the DPHAR and send to the appropriate partnership boards to progress. LW will bring to the next meeting a summary of each of the recommendations and outline which partnership board they will sit under.

Action:LW

SM asked all Board members to send details of the partnership meetings they attend to Louise Sheridan Louise.Sheridan@northantspcc.pnn.police.uk who will collate and map the correlation of meetings for review at the next Board meeting.

Action:ALL/Louise Sheridan

B2.3 The Board endorsed the report.

B3 Oral Health Needs Assessment

B3.1 CP is a Public Health Fellowship funded by Public Health England and has undertaken an Oral Health Needs Assessment for Northamptonshire. The World Health Organisation has defined oral health as 'It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing'. CP advised the impacts of poor oral health in children leads to:

- poor confidence,
- affecting behaviour at school
- have a long term impact on their studies.
- parents need to take time away from work to take children on numerous visits to dentists to treat oral disease.
- leads to oral disease in adult life

B3.2 Most oral health disease can be preventable, and the NHS spends approximately £3.4 billion a year on primary and secondary dental care. The risk factors for poor oral health are:

- Age – children on poor diets or lack of oral hygiene. Older adults also present a significant risk factor particularly if they are dependent on others for their oral hygiene.
- Deprivation – those living in high areas of deprivation are more likely to experience poor oral health and least likely to access dental services
- Ethnicity – those from eastern European counties are less likely to access dental services
- Gender – men are less likely than women to access dental services
- Systemic diseases
- Tobacco and substance abuse
- Disabilities

B3.3 CP highlighted some of the key areas from the needs assessment:

- For children aged 3 years Wellingborough has a higher than national average for poor oral health.
- For children aged 5 years Corby has a higher than national average for poor oral health
- For children aged 12 years Corby, East Northants, Kettering and Wellingborough has a higher than national average for poor oral health
- Corby has the highest number of extractions under anaesthesia in the county.
- There is a higher than national average of older adults who state they cannot find a dentist or cannot afford the dental charges.
- There are 74 dental practise across the county and are distributed against population density
- In Daventry, East Northants and South Northants has a higher number of people in the county struggling to access dental services.
- Since March 2016 there has been a dip in children and adults accessing dental services

- Children 0 – 4 accessing dental services is lower than the national average in Corby, East Northamptonshire, Northampton and Wellingborough
- In Corby, dental access rates are lower than national average in all age groups from 65+ years
- NCC commissions the delivery of Oral Health Promotion (OHP) from Northamptonshire Health Care Foundation Trust
- By 2020 it is predicted the biggest age increase in the population will be 70 – 74 and those in this cohort who retain their teeth longer may struggle to access dental services.
- Between March 2016 – March 2017 there was a significant drop in the patients from NHS Corby satisfied with appointment access.

B3.4 The Board discussed the needs assessment and the following comments were noted:

- CD asked for feedback from NHS England be circulated to commissioners by September to enable this to be built into the commissioning cycle.
- Work needs to be completed with deprived communities to raise their awareness of oral health and encourage good oral health.
- Children in care have significant issues with poor oral health which has been highlighted at the Corporate Parenting Board and this needs to be included in the needs assessment.
- It would be beneficial to provide with child minders and early year's settings tooth brushes to encourage children to brush their teeth twice a day.
- At a recent event Healthwatch asked children to discuss their experiences of accessing dental care and their dental hygiene routine. Once this analysis is available DJ will circulate to the Board.
- Dental services access for residents in care homes is an issue and this has not been highlighted in the needs assessment.
- Dental health promotion messages need to start with pregnant women, in particular with deprived areas and CD offered support from NHS Nene and Corby CCGs in developing these promotional messages.
- One of the factors for people not accessing dental services is the cost of treatment.
- Poor oral health is often a generational issue, and patients needing dental treatment will often go to see GPs or attend A&E for treatment where there are no costs attached.
- Public health will be able to develop some resources to promote good oral health in children.

B3.5 CP asked the Board to consider the following recommendations:

- Establish a partnership Board/Group to agree a focused oral health strategy for Northamptonshire.
- Place oral health on a wider agenda for change in order for collaboration with relevant agencies and sectors to take effect.
- Revise the Key Performance Indicators for the Oral Health Promotion Service to ensure that the service focuses on interventions that are evidence-based.
- Consider the targeted distribution of toothbrush and toothpaste, either by post or by health visitors.
- Consider a targeted supervised tooth brushing programme
- Ensure the continued commissioning of the dental epidemiology programme and consider commissioning extended sampling for Corby, Northampton and Wellingborough.
- Consider fluoridation of the public water supplies.

The Board noted the report and recommendations

B4 NHS England's Guidance to limit the prescribing of over the counter available medication

B4.1 GO gave the Board brief overview of NHS England's guidance to limit the prescribing of over the counter medicines. It is estimated the NHS spends £569 million every year on

prescribed items that can be bought over the counter. NHS England has provided some guidance for CCGs, by looking at conditions over the counter medicines were prescribed for and considering which of these conditions would it be more appropriate to offer guidance rather than a prescription. This guidance recommends that 35 items should not be routinely prescribed, but there will be exceptions where GPs can prescribe. This guidance has been discussed at Patient Forum Groups, Prescribing Groups and the Nene and Corby CCG Joint Executive Management Board.

B4.2 JI advised the LMC opposes this guidance as Commissioners are focusing on expenditure rather than patient care. GPs are contractual obliged to provide treatment for patients, and for GPs to adopt this guidance would need GMC regulations need to be amended. This guidance will hurt the most vulnerable patients who would be entitled to free prescriptions and would not be able to afford to buy over the counter medicines. The BMA have stated where GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate. Nene and Corby CCG are looking into the concerns raised by the BMA and are seeking further advice around this area. GO clarified that vulnerable patients are covered in the guidance by a caveat where a GP who feels a patient may struggle to self manage due to mental health or significant social vulnerability can prescribe over the counter medicines.

B4.3 NHS England are estimating this new guidance could bring a saving of £1 million for Northamptonshire but this depends on how it is implemented. DS confirmed that CCGs will be performance managed on this guidance and the savings would be reinvested in areas that would lead to greater benefits for patients. LW has asked if the financial analysis on this can be forwarded to her and raised concerns that some patients may not seek treatment from their GP if they are unable to obtain prescriptions for certain medicines leading to their condition being left untreated and worsen which could then require hospital treatment.

B4.4 The Board noted the report.

C1. CQC System Review

NP gave the brief overview of the CQC System Review. An interim report from the CQC has been published which found Northamptonshire wanting in health and social care and the full report will contain guidelines on how these services can become more integrated. NP advised this will be discussed by relevant partners in more detail and brought back to the next meeting in September for a wider more in-depth discussion which will include winter pressures response. Once the full report is published this will need to be responded to within 20 days, AE will be coordinating this response and actions will need to be taken quickly to respond to the challenges the CQC have raised. SS advised some work has already been completed looking at demand and capacity in the system versus demand and capacity for what is required and the response to the CQC report needs to show the significant challenges partners and this county face. AQ noted some benchmarking is being completed regarding spending on adult social care against other authorities and this would be beneficial in highlighting the challenges.

C2. BCF and iBCF Update

AH gave a brief update on the BCF and iBCF. NHS England are awaiting the new operational guidance for BCF from central government. It is anticipated the new guidance will have similar metrics to the ones currently in place:

- non-elective admissions,
- 91 day re-admissions
- re-ablement
- delayed transfers of care.

AE and AK are currently reviewing the schemes within the BCF to where appropriate align these to the urgent care elements in the county. NHS England have not raised any concerns about the quarterly reporting figures and NHS England are supportive of the schemes categories.

C3 Northamptonshire Health and Care Partnership Update (formally STP)

C3.1 AH gave the Board a brief overview of the Northamptonshire Health and Care Partnership (NHCP). A number of development sessions will be taking place, to share conversations, learn how other integrated systems work, ascertain what the priority transformational areas will be and to provide collective resources for these. The NHCP is measured by a series of STP metrics and improvements have been made on 6 of 7 metrics. Finance Directors from health are working together to maximise how income can come into the county. The NHCP will be submitting Wave 4 capital bids. AH and NP have met to discuss aligning areas of work for NHCP and the HWBB and establishing a shared risk register.

C3.2 The Board noted the report.

C4 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 been completed with 43000 online responses and 1800 face to face responses, these responses are available on NHS Corby CCGs website. There are some legal issues ongoing, once these have concluded a further update will be brought to the next HWBB meeting.

C5 Workstream Updates

C5.1 Prevention Concordat Update

LW gave the Board a brief update from the Prevention Concordat. A Mental Health Prevention Needs Assessment is being completed which will give an understanding of how to address the risks for mental health prevention rather than treatment and diagnosis. A Suicide Prevention Group is being formed and will have a broad range of membership including Kettering Railway Station who have had a significant number of suicide incidents.

C5.2 Adverse Childhood Experiences

NM advised the board of the work being completed by the Adverse Childhood Experiences (ACEs) sub group. Five workstreams have been identified for ACEs and a sub group is being created to take each of these workstreams forward:

- 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 organisations 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.

C5.3 Housing and Planning Workstream Group

IV gave the Board a brief update from the Housing and Planning Workstream Group. The input from health has been missing from planning, and the new Health and Planning Coordinator will be working with organisations and developers to highlight health and wellbeing needs in new building developments and will be able to link back into the STP Estate Strategy and the One Public Estate.

D1 Any Other Business

D1.1 NP advised the structure of future Board meetings will change. Board membership, terms of reference (ToR) and frequency Board meetings will be reviewed to try and avoid duplication and meetings will focus on one or two key strategic items. NP advised Bracknell Forest and Bradford Health and Wellbeing Boards are seen as best practice across the country. LW will forward the amended ToR to the Board for comments before the next Board meeting and will look at best practice across the country.

Action:LW

D1.2 MG thanked LH and AQ for their contributions to the Health and Wellbeing Board and wished them well in their new roles.

D1.3 SM confirmed Simon Edens, Northamptonshire Chief Constable is retiring in October and SM thanked SE for his contribution to policing over the past 37 years.

Date of next meeting

The date of the next meeting will be at 9.30 am on the 13th September, Council Chamber, East Northants Council.