



Northamptonshire Health & Wellbeing Board

Minutes of the Health and Wellbeing Board Meeting held at 9.30 am on Thursday 15th March 2018 Council Chamber, East Northants Council

Present:

Cllr. Sylvia Hughes - Chair	(SH)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Dr Jo Watt	(JW)	Chair, NHS Corby Clinical Commissioning Group
Teresa Dobson	(TD)	Chair, Healthwatch
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
Dr Steve O'Brien Substitute	(SOB)	Dean of the Faculty for Health and Society University of Northampton
David Oliver	(DO)	Chief Executive, East Northants Council
Carole Dehghani	(CD)	Chief Accountable Officer, NHS Corby Clinical Commissioning Group & NHS Nene Clinical Commissioning Group
Mike Coupe Substitute	(MC)	STP Director, NHS Nene Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Deputy Leader, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council Northamptonshire Healthcare Foundation Trust
Nicci Marzec	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
James Andronov	(JA)	Assistant Chief Constable, Northamptonshire Police
Charlotte Goodson	(CG)	Primary Care Commissioning
Chris Holmes	(CH)	Director, Northamptonshire Sport

Minute Taker:

Cheryl Bird	(CB)	Northamptonshire County Council
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Apologies:

Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
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

Dr Jonathan Ireland	(JI)	Chair, LMC
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Alan Burns	(AB)	Chair, Kettering General Hospital
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Anna Earnshaw	(AE)	Director, Northamptonshire Adult Social Services
Damon Lawrenson	(DL)	Interim Chief Executive, Northamptonshire County Council

A1 Declarations of Interest:

SH formally requested declarations of interest. None were declared.

A2 Minutes of Previous Meeting 18th January 2018

Minutes from the previous meeting held on the 18th January 2018 were agreed as an accurate record.

A3 Board Membership & Updates

A3.1 SH announced this will be the last Board meeting attended by TD, as TD is resigning as Chair of Healthwatch. SH thanked TD for her contribution to the Health and Wellbeing Board (HWBB) over the past five years.

A3.2 SH asked all Board members to ensure representatives from their respective organisations are attending their local Health and Wellbeing Forum meetings. These forums are vital in improving health and wellbeing across the county, and engagement is paramount in helping to deliver work.

A3.3 SH advised a small workshop will take place on the 19th March, facilitated by John Bewick, to consider the governance structure and alignment of the HWBB and the STP. The proposals decided upon will need to be endorsed by both boards.

Post meeting note: Due to poor weather conditions this workshop was postponed.

A3.4 SH advised PL undertaking a secondment as STP Business Manager within the next few weeks and thanked PL for his work over the previous years.

A4 Matters Arising

SH confirmed a letter has been sent on behalf of the HWBB to central government to highlight the situation arising in local authorities where although planning permission is given, builders are reluctant to build social housing or consider development of communities when building new homes as this reduces their profit margin.

B1 Development Day Report: Northamptonshire Police, ACEs

B1.1 JA gave the Board a brief overview of the Health and Wellbeing Board Development session which took place on the 8th February, hosted by Northamptonshire Police. The event focused around Adverse Childhood Experiences (ACEs) and how to turn the positive

agreement around the principles of ACEs from partners across the county into tangible activity and delivery.

B1.2 The emphasis of the development session was around high risk families, and to focus efforts on identifying the best opportunity to collaboratively improve outcomes and make the most impact. Research conducted by Northamptonshire Police has shown that when children or young people experience the indicators listed below, outcomes for these young people start to deteriorate in the long term.

- Living with Offenders
- Domestic Abuse
- Mental Health
- Drug misuse
- School Exclusions

B1.3 JA highlighted some of the key points from the development session:

- Need to get clear and genuine strategic commitment for re-engineering services around the indicators listed above to ensure when children or young people present at organisations experiencing any of these, the correct pathways and services are in place to reduce harm and prevent further harm longer term. This can only be completed in partnership through the health and wellbeing forums in the county, Northamptonshire Childrens Safeguarding Board (NSCB), Northamptonshire Adults Safeguarding Board (NSAB), STP and the HWBB.
- Through the local NSCB, MASH processes are currently being re-engineered to ensure these indicators are included.
- Need to develop a person centred approach to be able to see more clearly where these indicators may be coalescing, to develop an approach with the families and the young person experiencing harm to focus on their needs.
- To ensure there is community support and a role for the community to recognise these indicators and take appropriate action.

B1.4 The following areas were identified as next steps to progress this workstream:

- A strategic delivery plan which all partners agree and can be held to account for their part in delivery.
- Senior management direction and accountability for the delivery plan to ensure that staff across organisations are empowered to deliver against key outcomes.
- More effective alignment of systems, processes and data to inform strategic planning and allocation of resources, including staff, at a locality level based on needs.
- Better alignment of resources to agreed outcomes to ensure that services and future commissioning intentions are needs focused.
- Create a smaller Workstream Steering Group to drive forward work and hold sub groups to account. To ensure members of the steering group are able to commit to attend meetings on a regular basis and have delegated authority to make decisions on behalf of their respective organizations.
- Create sub groups for each of the following areas:
 - 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.

B1.5 The Board discussed the development session and the following comments were noted:

- Any issues arising should be highlighted to the HWBB, relevant workstreams of the STP Board, NSCB and NSAB.
- Organisations need to identify the most appropriate practitioner as a representative for this workstream, empowered to make decisions on behalf of their organisation and to ensure there is appropriate line of communication to the SRO within that organisation.
- If there is an issue with nonattendance by a representative at steering group or sub group meetings, the relevant HWBB member will be contacted to make them aware of the situation so it can be rectified quickly rather.
- Healthwatch regularly have volunteers attending meetings on their behalf and there is a need to be mindful of their availability.
- Some small voluntary organisations may not be able to give the level of representation needed to this workstream.
- There is a need to have coherent overall strategy for this workstream, detailing how the various programmes led by partners across the county fit into the integrated work in order to improve outcomes for local people and release resources that may be trapped in unnecessary care settings or to avoid duplication of services.
- There are no tier 2 interventions currently available within the county and no resources to invest in this, so communities will be vital in helping to deliver early intervention.

B1.6 The board endorsed the proposed recommendations.

B2 Pharmaceutical Needs Assessment Refresh

B2.1 CG gave the Board a brief overview of the Pharmaceutical Needs Assessment (PNA) Refresh. The NHS Pharmaceutical Services Regulations 2013, places a statutory duty on HWBB's to produce a PNA, focusing on a specific range of services NHS England commission from pharmacies, dispensing appliance contractors and dispensing services in GP Practices. The PNA is a tool for NHS England to determine when receiving new pharmacy applications for a county or if pharmacies wish to re-locate, or change opening hours or providing additional range of services. The life span of the PNA is three years, although one can be commissioned earlier if a HWBB deems appropriate.

B2.2 To ensure there were no gaps in completing the Northamptonshire PNA, an advisory group was created with representation from the CCGs, Local Medical Committee, NHS England and local pharmaceutical committee. The JSNA was used to identify the health needs of the population within the county, looking at the location of services, what services are provided and analysed this activity. A survey was also undertaken with patients and population of the county, which provided useful information and analysis about whether services are in the right place, with the correct opening hours. A contractor questionnaire was also circulated asking for information that couldn't be sourced from other methods, to establish whether contractors have any capacity to deal with the predicted increase in population growth over the coming years. Once the PNA was completed a formal 60 day consultation took place which has now and concluded the final stage is for the PNA to be reviewed and signed off by this Board.

B2.3 CG highlighted some of the key points from the PNA:

- There are 131 pharmacies across the county, 3 dispensing appliance contractors, and 23 GP practices dispense to eligible patients.
- Most prescriptions are dispensed by pharmacies
- Pharmacies are located more in areas of greater population density and not always in the areas of greatest deprivation.
- The vast majority of the population of Northamptonshire is within a 20 minute drive of a pharmacy and using a car to access a pharmacy is the most common method.
- The most common opening hours for pharmacies are 9-9 with the most popular access times being 9-12,
- 70 of the pharmacies questioned stated they would have capacity to deal with the increase in population over the years in their area.
- No gaps were identified in the consultation this year, however Towcester was identified as needing a third pharmacy as concerns were expressed about the service at a pharmacies located within Towcester and this will be reviewed by NHS England as part of the routine contract monitoring service. NHS England advised a new application was received to open a third pharmacy within Towcester but this was rejected, and this has now gone to appeal at NHS Resolution and the outcome is awaited.
- Another issue identified was the availability specialist drugs and having to obtain these outside the county which poses an issue with the CCGs formulae's.
- Concerns were raised during the public survey about the proposed reduction in public transport services particularly in rural areas which may need some future consideration.
- This HWBB is required to monitor the change in need and availability for pharmaceutical services and if necessary produce Supplementary Statements which identify changes to the availability of services.

B2.4 The Board discussed the PNA and the following comments were noted:

- Concerns about protecting access for those in rural communities to pharmaceutical services.
- The proposed Health and Planning Coordinator role will review the needs of areas with new housing developments and how S106 monies can be used to help meet some of these needs and feedback to NHS England to ensure they are aware.
- Pharmacies deliver more than is in the scope of the PNA and Public Health Directorate commission the healthy living pharmacy which social prescribing element in the county. That pharmacies have huge to develop resilience in communities to offer a safe alternative to primary care.

B2.5 The Board endorsed the PNA and agreed for this to be published.

B3 Health Protection Committee Annual Report

B3.1 LW gave the Board a brief summary of the Health Protection Committee Annual Report: A new Health Protection Principal is due to start within the Public Health Team during April, and part of their role will be providing the next update. Steady improvements have been made on improving HIV diagnosis, but there is a need to encourage people to be screened at an earlier stage. There is also a need to increase the screening uptake in breast and cervical cancer screening, and improve the uptake of flu vaccination particularly in the over 65's, which has seen a recent decline in uptake. LW will be reviewing the high premature mortality rates in Hepatitis C related end stage liver disease, working with the acutes within the county to understand the rationale behind the late diagnosis and develop an effective prevention plan.

B3.2 LW confirmed as yet there has been little communication from Public Health England about the recent nerve agent attack in Salisbury, once more communication has been received this will be circulated to Board members. LW will ask for the response to a chemical attack be reviewed at the next Local Resilience Forum meeting for discussion.

The membership of the Health Protection Committee will review membership at its next meeting.

B3.3 The HWBB endorsed the Health Protection Committee Annual Report.

B4 Suicide Prevention Strategy for Northamptonshire

B4.1 LW gave the Board an update on the Suicide Prevention Strategy for Northamptonshire. Local councils have a statutory duty with their work through the HWBB for to publish a Suicide Prevention Strategy. This is the first Countywide Suicide Plan for Northamptonshire, suicide touches many people across the county either on a personal or professional level, and the suicide trend for Northamptonshire is increasing and needs to be addressed collectively. LW highlighted the key points from the review of the demographics of 100 suicides which took place within the county from 2011-2016:

- Suicide is now an issue which is effecting young people as well as teenagers and adults
- Severe mental health issues are prevalent in some suicide cases
- 33% of suicides took place within Northampton,
- There is an increasing suicide trend for districts within the county, with the exception of Daventry which has seen a decline.
- Corby has a higher than national average national suicide rate of 17%.
- PCMD data shows 83% of suicides were men and 17% were women, but rate of women committing suicide is increasing
- The biggest number of suicides is in age group 41-64, particularly men. But as yet no research has been completed on this cohort to try and establish the reasons.
- Most common method of suicide is hanging, strangulation or asphyxiation, new methods of suicide are emerging using different toxic substances, which will involve trading standards, police and NHS services.
- Hospital admissions due to intentional self harm is higher than the national average with women being the biggest group, as males tend to use more violent methods of suicide and less likely to survive a suicide attempt.
- Hospital admissions due to self harm, in 10-14 years and 15-19 years is higher than the national average, rates for 20-24 years is static but still higher than the national average. Research has shown that young people who are completing self harm commit suicide in adult life.

B4.2 Five priorities have been identified for Northamptonshire:

Priority 1: Work in partnership

Priority 2: Improving our understanding of the causes and effects of suicide

Priority 3: Reducing the risk of suicide in key high risk groups

Priority 4: Improve positive emotional health and wellbeing and resilience among high risk groups, including young people

Priority 5: Reducing the impact of suicide

B4.3 The next steps for Suicide Prevention in the County are:

- To develop a working group within the Prevention Concordat Workstream
- To Re-establish a Suicide Prevention Partnership
- To develop delivery groups and timescales
- Develop a communication and engagement strategy
- Need to consider which organisations should be involved in work for section 75 funding
- Suicide prevention links in and be reporting back to the STP mental health workstream and Mental Health Transformation Board

B4.4 The HWBB discussed the Countywide Suicide Prevention Strategy and the following comments were noted:

- This work needs to be linked with work ongoing with ACEs, as there is a high prevalence of ACEs within families of those who commit self harm or are experiencing thoughts of suicide. There is also a need to support survivors after a suicide, to look at the cultures, social links and work with communities to ensure suicide is not seen as a viable option.
- Police forces spend a lot of resources on trying to prevent suicides and the Samaritans in conjunction with Network Rail and British Transport Police have launched a '[Small Talk Saves Lives](#)' campaign, as analysis has shown that not all suicide cases want to take their own life.
- 37% of calls received by Northamptonshire Police were related to welfare of those in mental health crisis and it would be beneficial to see the analysis of people before they enter crisis to look at possible causes and solutions.
- Operation Alloy is a joint operation between Northants Police and the NHS, where a patrolling police car manned by a police officer and mental health nurse responds to mental health incidents and this is proving extremely successful and more investment will be given for this initiative.
- Changes in the benefit system are producing more mental ill health, stress and break downs in families causing turmoil and there is a need to understand what the factors are in the community and what the HWBB can do locally due to ease this pressure.
- NHS services are seeing an increasing trend for self harm and attempted suicide around exams or due to social pressure.
- LW will review the Terms of Reference for the Suicide Prevention Partnership to ensure there is the right level of membership.

Action:LW

B4.5 The board endorsed and supported the strategy.

B5. Physical Activity & Sport Strategy for Northamptonshire

B5.1 CH gave the Board a brief overview of the Physical Activity and Sport Framework 2018-2021. This is a strategy about primarily focused on physical activity, participation and encouraging the population of Northamptonshire to become more active. Sport England is a funder of Northamptonshire Sport (NSport) and bids submitted for funding need to ensure NSports strategy aligns with Sport England's. Following presentation by Dr Bird at a HWBB development session on the 17th August 2016, highlighting about the benefits physical activity can have on a person's health and the dangers of inactivity, NSport were tasked with producing the Physical Activity and Sport Framework 2018-2021. This framework highlights the direction of travel needed for the county and enables partners to hook into as much as fits their priorities. The two key messages from the framework is if we are successful there will be something in it for everyone, to reach everyone across the county.

B5.2 CH noted some of the key findings from the framework:

- People with a long term limiting disability are the largest proportion of inactive people in the county
- Lower socio-economic group is the second largest proportion of inactive people in the county
- For organisations to adopt this framework and integrate through their own policies, to help shape and influence the physical environment.
- To make better use of green space across the county
- For Nsport to work with public, private and voluntary sector organisations across the county to achieve 12000 fewer inactive people in county by 2021.
- This framework is about getting people more active in general rather than encouraging everyone to take up a sport
- Over a period of three years to try and match Warwickshire in inactivity levels
- Community leaders are a valuable asset in helping to deliver and encourage activity within their communities.

B5.3 The Board discussed the Framework and the following comments were noted:

- Green Patch in Kettering, and allotment schemes across the county which are externally funded by lottery or grant funds, encourage people to socialise whilst becoming more active, and this needs to be promoted across the county more.
- The role of community safety is vital in trying to make physical activity initiatives become successful, encouraging communities to feel safe and be more active.
- Organisations who engage with businesses need to ensure these businesses encourage their workforce to be more healthy and active.
- The Healthy Workplace workstream is currently being refreshed, and it would be beneficial to link the focus of this workstream with Physical Activity and Sport Framework to encourage good practice around physical activity. CW and CH will discuss in more detail outside the meeting.

Action:CH

B5.4 The board endorsed the final draft framework and the following recommendations:

- Partner organisations and stakeholders take the Framework through their own approval / endorsement processes
- A future HWBB Development Session is held to focus on the implementation of the Framework.
- NSport to provide an update on progress in 12months time.

B7. Housing & Planning Workstream Group: Sign-Off:

DO confirmed the Health and Planning Coordinator post has been created, the aim is to integrate health and planning, linking in local service provision around health and wellbeing and to ensure new housing developments are designed with health and wellbeing at the forefront. This post will be hosted at East Northants Council offices and is funded by the Public Health Directorate and grant funding. DO will bring an update on the work completed by this post to the Board in six months. The Board Agree to the 'Northamptonshire Planning and Health Protocol'.

C1 STP Update

C1.1 MC gave the Board a brief overview of progress to date.

- The Collective Collaboration Principles will be discussed at STP Board meeting later today, and will be included in the updated governance framework presented at the STP Board meeting in April.
- The draft Project Definition document for the acute model has been received, but progress on this is currently stalled until the new Chief Executive for Kettering General Hospital, Simon Weldon is in post.
- Development of the Commissioner Project Definition element needs to wait for new SRO to be in post.
- All new models of care definition documents with the exception of Learning Disability will be submitted to the STP Board for review and approval.
- The definition documents define the process the teams will go through to develop the strategic outline case for May/June 2018, helping to deliver financial sustainable model for health and social care in Northamptonshire.
- In July the workstream delivery boards and partnership boards will together tease out whether all the business cases are aligned and how to work on the finance strategy and workforce strategy to inform and support the service strategies
- An updated service transformation plan will be produced in October/November 2018 to become the vehicle for the delivery of new models of care and governance arrangements.

C1.2 The Board endorsed the STP report.

C2 Resetting Care in Corby: Update

C2.1 JW gave the Board an overview on the Re-setting Healthcare in Corby process. The Corby Governing Body met in January, evaluating all the information available and outline of the proposed model moving forward. The proposed model protects many of the aspects of healthcare the population of Corby would like to keep and will operate a similar level of service and care to patients in Corby. Currently an extensive engagement period is underway with the public, to help the population understand that the Urgent Care Centre will no longer be a walk service but by appointment only. This will include a navigation element to ensure patients use the most appropriate service, this engagement programme finishes on the 8th April. During this process Corby CCG is working closely with Nene CCG, East Leicestershire and Rutland CCG, as the new model of care may affect some of their patients and there will be also be an opportunity for them to purchase minor illness and injury care. CD noted within the General Practice Five Year Forward View there is an expectation for GPs to commission 8-8 services by October 2018. JW will give an update at next meeting.

C3 Partner Update Reports: Board Member Organisations & Activity

C3.1 PL discussed the updated Progress Against Desired Outcomes (PADO) template. The PADO now includes information from health partners across the county, but there has been minimal responses from the Health and Wellbeing Forums. There has been positive feedback from the districts and boroughs who have provided good informative responses to the PADO. The Board agreed for discussed for previous PADO's to be archived on the HWBB website along with a master copy and only new updated information is circulated to the Board. Board will be asked to update this quarterly and it will be brought back to the Board every other meeting. SH asked MC to review this and provide any feedback to PL.

Action:MC

C3.2 TD advised Connected Together CIC has received the new contract for Healthwatch and Healthwatch has achieved the Investors in Children accreditation.

C4 Workstream Updates

C4.1 PL will ask a representative from the Mental Health Crisis Concordat workstream to attend the next HWBB meeting to provide a more detailed update on progress and what support they expect from the Board.

Action:PL

C4.2 CW gave the Board an update from the Healthier Workplaces workstream. The workstream steering met on the 12th March, and a stocktake has been completed by most of the major partners represented at the Board, to check initiatives partners are completing around the county on healthy workplaces. This was reviewed, and concluded the role of the workstream group going forward is to:

- Promote the public health standards around healthy workplaces, for these to be reflected in partners workforce plans as much as possible and recognising as some partners are smaller than others they may not be able to adopt some of larger partners initiatives.
- To try and enable support for shared resources where practicable and to have common offer to improve workforce health.

Elliott Foskett, Chair of the Healthy Workplace Operational Group is leaving his current post so a new chair will need to be identified. Due to an intellectual property dispute between Public Health England and Health at Work, the Workplace Wellbeing Charter accreditation

has stalled. But there are recognised workplace health standards from Public Health England which can be promoted across the county, but organisations will not be able to achieve a recognised accreditation for this.

C4.3 DO advised the Health and Homelessness workstream group have yet to meet, the first meeting will be in the next few weeks and DO will provide an update at the next meeting.

D1 Take Home Messages

TD gave the Take Home messages from today's meeting. TD has experienced the journey the partnership and how it is evolving in a positive and sustained way. But the public sector organisations in the county are facing intense pressure and challenges, and the effect this is having on this county, its population and the support services they rely on should not be forgotten. All members of this Board and their respective organisations are all here to serve the population specifically regarding health and wellbeing and to ensure the robustness and success of our communities. Despite the current challenges there is a need to keep focus on the population of this county and not internal organisational issues, enabling this partnership to continue to grow and deliver together quality services to the population in this county.

Date of next meeting

The date of the next meeting will be at 9.30 am on the 10th May, One Angel Square, Northampton.