



## Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting  
held at 10.30 am on Thursday 18<sup>th</sup> January 2018  
Sunley Management Centre, University of Northampton**

**Present:**

Cllr. Sylvia Hughes - Chair	(SH)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District 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
Cllr Lizzie Bowen Substitute	(LB)	Cabinet Member for Adults, Northamptonshire County Council
Wendy Houlton Substitute	(WH)	Better Care Fund Implementation Manager NHS England
Dr Steve O'Brien Substitute	(SOB)	Dean of the Faculty for Health and Society University of Northampton
Alan Burns	(AB)	Chair, Kettering General Hospital
Nicci Marzec Substitute	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
David Oliver	(DO)	Chief Executive, East Northants Council
Carole Dehghani	(CD)	Chief Accountable Officer, NHS Corby Clinical Commissioning Group & NHS Nene Clinical Commissioning Group
Fiona Wise	(FW)	Interim Chief Executive, Kettering General Hospital
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Roman Babinskyj Substitute	(RB)	GP
Anna Earnshaw	(AE)	Director, Northamptonshire Adult Social Services
Deborah Needham Substitute	(DN)	Chief Operating Officer & Deputy Chief Executive Northampton General Hospital
Damon Lawrenson	(DL)	Interim Chief Executive, Northamptonshire County Council

**In Attendance as observers:**

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council Northamptonshire Healthcare Foundation Trust
John Bewick	(JB)	Local Government Association
Sue Birchenough	(SB)	Screening and Immunisation Coordinator NHS England
John Conway	(JC)	Head of Housing, Kettering Borough Council

Vicki Barr	(VB)	Armed Forces Community Covenant Partnership Officer, Northamptonshire County Council
Sharon Stringer	(SS)	Community Project Officer, Northamptonshire County Council
Pat Haslam	(PH)	Veteran Lead, NHS Nene Clinical Commissioning Group

**Minute Taker:**

Cheryl Bird	(CB)	Northamptonshire County Council
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**Apologies:**

Cllr Matthew Golby	(MG)	Deputy Leader, Northamptonshire County Council
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
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Roz Lindridge	(RL)	Locality Director Central, NHS England
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Dr Jonathan Ireland	(JI)	Chair, LMC
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner

**A1 Declarations of Interest:**

SH formally requested declarations of interest. None were declared.

**A2 Minutes of Previous Meeting 9<sup>th</sup> November 2017**

Minutes from the previous meeting held on the 9<sup>th</sup> November were agreed as an accurate record.

**A3 Board Membership & Updates**

SH announced the following changes to Board membership:

- Damon Lawrenson (DL), Interim Chief Executive, Northamptonshire County Council (NCC) has become a Board member. DL has been working at NCC over the past twelve months, firstly as Finance Director and then moving into the role of Interim Chief Executive.
- Cllr Bill Parker has moved portfolio responsibilities within NCC and as such will no longer be the deputy to HS. Cllr Lizzie Bowen (LB) will take over as HS deputy to this Board. LB was elected as a Cllr to NCC in May 2017 and took over as portfolio holder for Adult Social Care in December, LB would like to meet partners individually in the coming months.

SH informed the meeting that NCC is currently undergoing a Best Value Review of Finance and Governance Arrangements by central government and partners may be asked to meet with inspectors.

## **B1 Development Day Report: Housing II: Housing and Homelessness**

**B1.1** JC gave the Board a brief overview of the HWBB Development session which took place on the 30<sup>th</sup> November on the subject of homelessness. The aim of the session was to create a greater understanding on the issue of homelessness, consider the health and wellbeing aspects of homelessness, the implications of the new Homelessness Reduction Act 2017 and discuss how the JSNA will include a chapter on homelessness.

**B1.2** The definition of homeless is having no home and you might be defined as homeless if you are:

- sleeping on the streets,
- staying with friends or family,
- staying in a hostel or bed and breakfast hotel,
- living in overcrowded conditions,
- at risk of violence in your home,
- living in poor conditions that affect your health,
- living in a house that is not suitable for you because you are sick or disabled.

**B1.3** JC gave the Board some causes of homelessness from Kettering Borough Council on which also apply to other areas of the county:

- soaring demand for social housing,
- sharp increase in private rents,
- dysfunctional broken housing market,
- growing population and with not enough new affordable homes being built,
- implications from the Welfare Reform Act 2012,
- cuts to supported housing budgets.

In the Northamptonshire homelessness applications for 2016/2017 increased 50% from 2015/2016, there were 994 homelessness acceptances in the county for 2016/2017 and 351 households in temporary accommodation an increase of 118% from 31/03/2016.

**B1.4** The Homelessness Reduction Act 2017 will come into effect in April 2018 and will transform the way local authorities deal with homelessness. The key items from this Act are:

- More people will be entitled to seek assistance and advice from local authorities which will have implications on workload for local authority staff.
- The emphasis will be on prevention, housing authorities will have to provide assistance to people up to 56 days from point of potentially being homeless rather than the current point of crisis.
- Local authorities will have a new duty to provide bespoke assistance on prevention, relief of homelessness, and rights of homelessness to customer groups
- From October 2018 public sector organisations will have a new statutory duty to refer a person who has given consent to a local authority if they are homeless or threatened with homelessness. DO asked All partners if their organisations come across someone or a family who may be in danger of becoming homeless or are homeless to contact local housing teams as soon as possible.

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

- There is a need to increase the housing supply, once outline planning permission is in place for builders, builders will only build new housing when the financial climate is right for them. Local planning authorities try give permission for the development of communities, but builders are reluctant to build social housing or consider the community aspect of new housing developments as this reduces their profit margin. CM asked for the HWBB to lobby central government to highlight this issue, and whether they can monitor the number of new homes being built. DO to draft a letter for SH to send on behalf of the Board. The Board agreed.

- **Action:DO/SH**

- Organisations will need to take responsibility for what we can do to help ease the current situation, and this will be discussed in more detail at the next Chief Executive Board meeting.
- Commsortia holds the First for Wellbeing (FfW) contract which includes looking at re-designing of the homelessness service using voluntary sector services. FfW has helped patients in primary care facing housing issues and they would be useful in helping to coordinate this work.
- It is important to recognise the impact homelessness has on physical and mental health, as good living accommodation is an underlying factor for good health and wellbeing.
- Policing consideration needs to be given regarding the designing of communities, how they interact with existing communities, planning of police resource for these communities and to deal with the consequences of homelessness.
- There are funding issues around the contingency for domestic abuse as DCLG funding will not be available from 2017/2018 which will impact on the refuges across the county and how victims of domestic abuse can be supported.
- There is also the potential issue of how to deal with vulnerable people who may be homeless when released from prison or hospitals, as those quite often end up back in court. The effects of homelessness on poor mental health are considerable and Northamptonshire has higher levels of depression within the county. There is a need to consider how different partnerships within the county work together.
- Homelessness will link with work being completed on the ACEs workstream.
- Housing and health need to be intertwined when dealing with housing issues to help deal with wider health problems people may be facing. There is a pilot running at KGH in conjunction with NHFT and KBC, where a housing officer is embedded in KGH to help deal with delayed transfer of care, to ensure there is suitable accommodation ready for a person to be discharged to.

**B1.6** JC asked the Board to:

- note the implementation date of April for the new Homelessness Reduction Act,
- for partners to identify a lead person to work with local authorities on homelessness and send the name to PL,
- Partners to ensure their respective organisations are fully aware of the duty to refer on
- A task and finish group to be set up with relevant members to work with local authorities to prepare for the implementation of the new Act over the next six months. DO will be the lead.

The Board endorsed the recommendations.

**C1 Update Report: Board Member Organisations and Activity**

**C1.1** PL gave the Board a brief overview of the Progress against Desired/Designated Outcomes (PADO) template. The PADO records activities undertaken by partners across the county against outcomes contained within the strategic priorities of the Health and Wellbeing Strategy (HWS).

- Every Child gets the best start
- Taking responsibility and making informed choices
- Promoting independence and quality of life for older adults
- Creating an environment for all people to flourish

PL has asked the Health and Wellbeing Forums if they could also complete the PADO, to give a more complete picture of activities being completed for the county. SH asked All to promote the completing of this within their respective Forums.

**Action:ALL**

PL agreed to distribute the PADO to district and borough colleagues across the county via CM to raise the level of awareness of activities completed in the county.

**Action:PL/CM**

**C1.2** The Board discussed the PADO and the following comments were made:

- The PADO will help raise the profile of work being completed across the county and underpins the HWS as well as raising the profile of the HWBB.
- Completing the document will encourage partners across the county to think about activates they are completing and help to identify gaps in services.
- Health partners need to be included in this to give a more comprehensive document and PL will send the PADO template sheet to health partners for completion.

**Action:PL**

**C1.3** The Board agreed for this document to be refreshed twice-yearly (March and September). The focus will be on developing the dashboard reporting mechanism and an update on progress will be given at the next meeting.

## **C2 STP Update**

**C2.1** AH gave the Board a brief update regarding the STP. Tansi Harper has become the Chair of the new Collaborative Stakeholder Forum and there will be a launch event for this group soon. A STP Assessment scorecard has been created using a set of national metrics to compare against STPs in the country, new priorities are defined within workstreams will be linked to these metrics. The SROs for each workstream are currently working on completing a programme definition document. At the next meeting a more detailed update will be given on priority workstreams, SROs, and System lead sponsors.

**C2.2** After the previous HWBB meeting in November, SH and AH met to discuss the role of the HWBB in governance arrangements for the STP and working in partnership. JB has been asked if he would consider facilitating a workshop about how we can align the HWBB and STP. The HWBB will be a valuable contributor to the STP prevention workstream, with their work and connections around ACEs, social prescribing and housing.

## **C3 Resetting Healthcare in Corby Update**

JW gave the Board a brief update on the Resetting Healthcare in Corby process. The aim of this process is to review all healthcare services within Corby, to ascertain what the population of Corby need and assess how these services can be provided. An extensive engagement programme has been undertaken with the population of Corby, and the most frequent concerns raised were access to primary care and urgent care and being able to get to the right service as quickly as possible. There have been 20000 responses to the consultation online and 600 face to face responses. An announcement is imminent on the future proposals for Corby.

## **C4 Housing and Planning Workstream Group Update**

DO gave the Board an update on the Housing and Planning workstream. The Planning Task and Finish Group met on the 17<sup>th</sup> January and the protocol between health and planning is completed. The job description is ready for the Health & Planning Liaison Officer post and the aim of this post is to strengthen the link between health and planning. DO will give a further update at the next meeting.

## **C5 DFG Update**

DO gave the Board a brief update on Disabled Facilities Grant (DFG). Northamptonshire has been allocated an extra £376k additional funding this year, but the funding provided is insufficient to cover the demand and some of the districts and boroughs topped up the funding from their own capital funds. Highlighted outcomes related to spend of DFG is savings for care system of £10.8 million by allowing people to remain in their own homes for longer, to

maintain their independence for longer, which in turn reduces the costs of DToCs. DL and AE has had discussions about the possibility for investing in DFG work to reduce costs further along the social care system. DO added a piece of work will be completed this year around frailty, whether the admission and discharge process can be enhanced to stop admissions to acutes and when admitted have interventions in place to enable patients to be discharged earlier.

## **C6 JSNA Update**

LW gave the Board an update on the progress of the Joint Strategic Needs Assessment (JSNA).

- The chapter for children and disabilities is in the process of being signed off by the Childrens, Families and Education directorate.
- The chapter around Care Leavers is having final editorial changes and then will be ready for sign off.
- The initial draft of the Homelessness chapter is completed and has been circulated to relevant partners to outline and scope
- Smoking cessation chapter will be published at the end of March 2018.
- Work has started on the chapters for falls and mental health.
- Work has been postponed on the chapters for hyper-tension, obesity, physical activity, air quality, alcohol and drug misuse, screening, immunisation and staying safe until work on other chapters is completed.

## **C7 Pharmaceutical Needs Assessment Refresh - Update**

LW advised Public Health have a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) for the county, and the last one was published in 2015. An external organisation has been commissioned to complete the refresh and it will be ready for publication in March 2018. The purpose of the PNA is to enable NHS England to identify the current and future commissioning of pharmaceutical services provided within the county. This PNA has to be formally signed off by the HWBB, as it will be unlikely that this will be ready for the next Board meeting on the 15<sup>th</sup> March, LW asked for this be signed off virtually by the Chair. The Board agreed.

## **C8 SEND – Single route of Redress National Trial**

SH advised upon guidance from the DFE, the Local offer and SEND action plan cannot be circulated until February 2018.

## **C9 Armed Forces Community Covenant – Action Plan**

**C9.1** VB, SS and PH gave the Board an overview of the work being completed around the Armed Forces Community Covenant. VB is the Armed Forces Covenant Partnership Officer for the county which is funded by a grant from the Ministry of Defence MoD. The aim of the covenant is to ensure that those who serve or who have served in the armed forces and their families are not disadvantaged by their military service. According to the MoD there are currently 90 reservists based in the county, although this does not include deployed reservists or those living within Northamptonshire but registered at a base outside the county. There are 163 children of current military personnel within Northamptonshire's school.

**C9.2** The original Armed Forces Community Covenant was signed in 2013 by 19 partners across the county, and work around this covenant is viewed as Gold standard by the MoD, which will enable more funding to be raised via bids. Due to the changes in leadership at

partners across the county there will be a resigning of the covenant, which will now combine the businesses and community covenant into one. A bid is currently with the University of Northampton for an unemployment project to look at apprenticeship and training to transfer skills to plug gaps in the civilian workforce. A bid is also being completed for funding to develop hubs for ex-servicemen to meet and get support, advice, and take part in activities which will be bespoke to the military. Healthwatch are running a local survey to gather data and research on veterans to assess their needs and to ensure services are in place. There has been a big increase in the IAPT service dealing with veterans who have mental health issues, in particular with combat stress the past five years there have been 10,000 new mental health referrals, and 33% of all army discharge are due to poor mental health. GPs are a vital link in identifying veterans with mental health issues, 4000 veterans are currently registered with GP practices and on all new patient registration forms there is now a box to state where you are an armed forces veteran. NHS England has launched a Mental Health Transition Liaison service in April 2017, which is a three year project, working closely with services already in place to offer a complete care package for veterans with mental health issues. 1070 referrals have currently been made, and the local hub for Northamptonshire is in Oxfordshire and assessment will be made following referral to the hub within 10 days. NHS England have also included training on the GP registrar training, enabling GPs to have awareness of the experiences military families face. Whether veterans upon discharge from the armed forces have suitable accommodation to go to will be addressed in the JSNA chapter on homelessness. SoB will liaise VB about health professionals being able to help with deliver work on the Armed Forces Covenant. The Armed Forces Covenant presentation is to be circulated to the Board with the minutes.

**Action:CB**

## **D1 CQC System Review**

**D1.1** SH gave a update on the CQC System review. The Secretary's for Health, Local Government and Communities has selected Northamptonshire along with seven other county's to be part of a CQC system review. This has been initiated by the challenges faced with Delayed Transfer of Care (DToC) and will be an opportunity to showcase what we do well in the county, collaborative working taking place and to recognise and address our challenges. There was a formal CQC briefing of Friday 12<sup>th</sup> January, which set out the planned approach and focus for the review. It will be a fourteen week cycle with a week of visits by the CQC on the 9<sup>th</sup> – 13<sup>th</sup> April, where they will meet and engage with a range of stakeholders from across the county. The final report from the CQC is expected in May 2018 and will come to the HWBB, which will be followed a joint summit on 12<sup>th</sup> June to cover the conclusions and area of improvements that have been identified.

**D1.2** AE advised the review will focus on over 65s and their journey, on how we are working to maintain wellbeing and avoid people coming into the health system, and if they do enter the health system how we deal with urgent care and discharges, the interface between social care, voluntary sector and health partners. The CQC would like as many stakeholders as possible involved in the data gathering, which will be in form of forums voluntary sector and user groups. The data gathering process will begin with a survey to gain views and this will be checked against what they witness during their round of visits. A project manager on behalf of AE will provide a list of suggested contacts to the CQC, and a generic email address will be created, which AE will circulate to partners, and asked All to forward any names or contacts the CQC might be interested in contacting.

**Action:AE/All**

Some key information requests from the CQC will come through to AE to gain a view on some of the key pressure points for the county and the CQC will also be reviewing some patient stories for those who managed to avoid being admitted to hospital, and those who were admitted what happened when they were discharged.

**D1.3** The Board following comments were made:

- DC offered support from the voluntary sector for this review and DC will be the main point of contact for the voluntary sector.
- WH asked all to review reports made during previous CQC visits in other areas of the country, which is available on the CQC website. These reports would give a clear indication on what they are looking to report on, in particular the Bracknell Forest report.

## **D2 BCF Update**

**D2.1** AE gave the Board an update on the BCF and iBCF. The BCF guidance came out late last year, as a result of this the BCF plan, key outcomes, and DToC trajectory was brought to this HWBB for sign off until September 2017. Due to the high level of activities taking and pressure on hospitals, the DToC trajectory would not meet national requirements but was realistic. Once submitted to NHS England, the submission was rejected and Northamptonshire put into escalation due to the non-compliant DToC trajectory. This went to a panel in October 2017 where the challenges and data provided were reviewed, following this there were follow up discussions with NHS England about plans to bring the DToC trajectory back inline. A revised trajectory was submitted to NHS England which was reviewed on the 21<sup>st</sup> December and subsequently approved. Work is now underway to formalise the next steps for schemes put in place to help achieve the DToC targets.

**D2.2** NCC have received an additional £11 million funding for iBCF to help with social care pressures, also addressing the financial demand placed on the social and health interface. There are conditions attached to this additional funding, if DToC does not improve then Northamptonshire will be directed by NHS England on how the iBCF monies will be spent. There are weekly monitoring meetings with Chief Operating Officers and Chief Executives reviewing performance against the plan, identifying the key challenges and risks and working together on solutions. Currently the DToC figures have reduced across the county currently, although they have still not met the agreed target of 3.5%. DN confirmed the DToCs for NGH and KGH is currently at 6%, but both acutes have 70-80 patients a daily who are medically safe and fit to be discharged and there is a need to think about how to get them into the discharge process quicker. WH noted prevention needs to be resourced to reduce the occurrence of DToCs, the DToC metric is a system indicator and although good progress is being made there are still problems within the system and the CQC review will give us an opportunity to identify these. DC added the voluntary sector has contributed to the reduction of DToCs such as the overnight sitting service and it would be beneficial to see these services expanded. There has been some unintended consequences of this services which has impacted positively on adult social care and these need to be reviewed.

**D2.3** Pressure has been huge on the acutes this winter due a bad flu season and the significant increase in the number of 65s being admitted into hospitals. Some additional winter funding has been built into some of the schemes within the BCF to improve the responsiveness to crisis and increased winter pressures. Northamptonshire is currently on target for non elective admissions, people staying in their own homes over 91 days and admissions to residential homes. There are some challenges on mental health which is currently showing an overspend, this will be discussed in more detail at the next Northamptonshire Integrated Care Board (NICB) meeting and possible solutions will be brought back to this Board. The integrated community equipment is currently showing an underspend although demand is high.

**D2.4** The Board was asked to note the progress made on the BCF and pressures currently within the system, and the impact this may have in future reporting figures. SH noted as a statutory body this Board expects to see financial information at every board meeting. It is unfortunate due to the timings of the NICB, AE was unable to confirm the status of the financial report. SH asked for this Board to receive an interim report following the NICB meeting and have reassurance that it will have regular updates. AE agreed and will circulate a report to Board members and will bring an update to each Board meeting.

## **F1 Any Other Business**

**F1.1** LW confirmed Public Health have produced a countywide Suicide Prevention Strategy which gives a high level strategic overview on suicide prevention and asked for each organisation to take this guidance and develop for their own strategy and disseminate throughout its organisation. Northamptonshire has an increasing trend in suicide particularly in women, and there is a need to reflect whether services meet their needs. Daventry has the lowest rate of suicide compared to Corby which has the highest rate in the county. 49% of suicide deaths are between 41-64 years which is higher than the national average and there is a need to examine the reasons for this. The commonest method of suicide is hanging, strangulation and asphyxiation and there is a need to look at the support available. Five priorities have been identified for the county:

- Work in partnership
- Improving our understanding of the cause and effects of suicide
- Reducing the risk of suicide in key high risk groups
- Improve positive emotional health and wellbeing and resilience amongst high risk groups including young people
- Reducing the impact of suicide through support.

LW added suicide prevention is being managed under the Mental Health Prevention Concordat workstream and LW asked the Board to review and formally sign off this countywide plan. AH noted that depression rates are higher than average in this county, and support from clinicians is needed to support the depression pathways and pioneering treatment being developed. This will be discussed in more detail at the next meeting.

**F1.2** SH asked the Board to consider possible venues to host these Board meetings and send to PL. SoB offered the use of University of Northampton Waterside Campus when operational.

## **F2 Take Home Messages**

FW gave the Board the Take Home Messages from today's meeting.

- There is an Issue of ongoing regulation issues and partners need to be supported in this.
- Need to celebrate progress
- There is a real issue with demand and resources available
- Agreement on governance overview to maximise time and role of the HWBB
- Importance of information sharing and partners responsibilities to follow agreed actions.

## **Date of next meeting**

The date of the next meeting will be at 9.30 am on the 15<sup>th</sup> March, Council Chamber, East Northants, Council.