1. Purpose of Report

1.1 Following the implementation of the Health and Social Care Act 2012, Northamptonshire’s Health and Wellbeing Board continues to operate as a statutory body. This report seeks to:

- gain the Council’s continued support for the Health and Wellbeing Board,
- inform the Council of the Board’s activity and achievements in the last year.

2. How this decision contributes to the Council Plan

The Council’s vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of your county’s communities and/or safeguarding the county’s communities.

The Health and Wellbeing Board supports the Council’s core purpose and the delivery of the Council Plan via following corporate outcomes.

This initiative specifically delivers increased wellbeing by:

- Contributing to creating safer communities,
- Contributing to creating healthy communities,
- Contributing to creating prosperous communities,
- Access to information,
- Providing choice and self-service,
- Getting people involved.

And Through:

- Intelligence Led Services,
- Next Generation Working,
- Ambitious Partnerships,
- Commissioning and Market Developments.
3. Background

3.1 The Health and Social Care Act 2012 sets out the duties and responsibilities of the statutory Health and Wellbeing Boards. This approach has been designed to provide a forum and focal point for decision making about all local health and wellbeing matters. The Health and Wellbeing Board involves democratically elected representatives and patient representatives and brings them together with local commissioners across health, public health, social care and beyond. The Board is intended to strengthen the democratic legitimacy of commissioning decisions, as well as providing a forum for challenge, discussion, and the involvement of local people in order to improve the health and wellbeing outcomes of the people in Northamptonshire. The Board enables key leaders across the Northamptonshire Health and Care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services.

The statutory duties of the Health and Wellbeing Board are:

- to produce the Joint Strategic Needs Assessment,
- to produce the Health and Wellbeing Strategy,
- to foster integration of services; and
- to oversee the successful implementation of Better Care Fund arrangements locally including iBCF and DFGs
- to receive the Director of Public Health’s Annual Report.

Northamptonshire Health & Wellbeing Board members collaborate to understand the local community's needs, agree priorities and encourage commissioners to work in a more cohesive way. The aim of the Board is to secure better health and wellbeing outcomes in the region, better quality of care for all their patients and care users, and better value for the taxpayer. In doing so, it brings together the NHS, local councils, the Police and other services. The Board also aims to increase democratic legitimacy in health and provide a key forum for public accountability of the NHS, public health, social care for adults and children and other commissioned services that the Board agrees are directly related to health and wellbeing.
3.2 Detailed information about the role, duties and composition of the Board can be found in the report considered by the Cabinet at their meeting on 12 April 2011.

3.3 Northamptonshire’s seven District and Borough Councils are involved in the Health and Wellbeing Board via elected member representation and Chief Executive representation. The Elected member lead is Cllr Chris Miller, leader of Daventry District Council. The Chief Executive lead is David Oliver, Chief Executive of East Northamptonshire District Council.

3.4 Seven locality based Health and Wellbeing Forums feed into the Board via the specific report of the Health & Wellbeing Board Business Manager. These are supported by a mix of District and Borough Councils and the two main Clinical Commissioning Groups in Northamptonshire, who have locality arrangements which are coterminous with the Districts and Boroughs. The Acute trusts, Healthwatch, Northamptonshire Police, the Police & Crime Commissioner and Voluntary Impact Northamptonshire (representing the voluntary and community sector) also sit on the Board.
4. **Membership of the Health and Wellbeing Board**

4.1 The membership arrangements for the Health and Wellbeing Board were reviewed in 2014/15 and amendments to those arrangements considered by the Council at its November 2014 meeting. The appointment of the Chair and Vice Chairs of the Health and Wellbeing Board was approved by the Council until June 2018. The Chair until 13 May 2016 was Councillor Robin Brown.

4.2 Following Councillor Heather Smith’s election as the Leader of Northamptonshire County Council on 12 May 2016, a number of changes in Council Portfolio Holders were enacted. Councillor Robin Brown has moved from Cabinet Member for Public Health and Wellbeing to Cabinet Member for Finance. Councillor Sylvia Hughes became Cabinet Member for Public Health and Wellbeing. These changes became effective 13 May 2016. The Board were formally notified of this change at its meeting on 2nd June 2016.

4.3 As a result of the changes, Council was asked to approve Councillor Sylvia Hughes’ appointment to the role of Chair of the Health & Wellbeing Board. This change became effective immediately once approved by Council at its June 2016 meeting and will remain in place until June 2018 to align with approvals already in place for the Vice Chairs.

4.4 Following County Council elections in 2017, Councillor Sylvia Hughes continues to serve as Chair of the Board.
The activities of the Health and Wellbeing Board in 2016/17

The Board takes the lead in promoting the county’s JSNA, which identifies health, wellbeing and care needs across the county. The complete JSNA can be found at the "Northamptonshire Analysis" website.

The refreshed 2016 to 2020 Health and Wellbeing Strategy, “Supporting Northamptonshire to Flourish”, which was formally approved and signed off by partners at a 21st April 2016 EGM of the Health and Wellbeing Board remains in place. There is recognition of the need to ensure the link between the Northamptonshire Health and Wellbeing Strategy and Sustainability and Transformation Plan (STP) is made clear and reviewed regularly. The Board received regular updates from the County’s STP Accountable Officer and two specific STP Engagement Days are planned for the last half of 2017 to ensure this link remains cohesive. From August 2017, the county will have a new STP Lead, Angela Hillery from NHFT.

The Health and Wellbeing Board holds a number of Development Days [Sessions] during the course of the year, each consisting of a half day focusing on a single theme, and inviting key stakeholders from across the county to participate.

In 2014/15 these included the following themes:

- Achieving Health & Wellbeing Through Community Solutions,
- Data Sharing and Information Governance,
- Improving Public Health Outcomes: A PCC’s Perspective, and
- Integrated Care Closer To Home.

In 2015/16, these included the following themes:

- CCGs Operating Plan and Strategic plans,
- Food Development Day (Food in Northamptonshire),
- Citizen and Media Engagement for the Health and Wellbeing Board,
- Behavioural Insights and Workplace Health,
- Social Prescribing,
- Health & Wellbeing Strategy Refresh Session,
- Health Inequalities,
- System Transformation Plan,
- JSNA Process,
- System Transformation Plan Follow-Up (Revolutionising Engagement and Involvement),
- Social isolation,
- MCP (Multi Speciality Community Provider) Discussion [STP Component].

In 2016/17, these included the following themes:

- Physical Activity: Why being Physically Active Matters,
- Alcohol Licensing,
- Early Intervention - From National to Local,
- Adverse Childhood Experiences,
- End of Life Care.
In 2017/18, these have/will include(d) the following themes:

- **First for Wellbeing: Delivering Wellbeing – Our Next Steps**, 
- **Housing and Planning For Health.** 
- Mental Health, 
- Housing & Homelessness, 
- A Subject to be determined in conjunction with Northamptonshire Police, 
- A Subject to be determined in conjunction with Nene & Corby CCGs (Health Partners), 
- A Subject to be determined in conjunction with District & Borough Partners, 
- A Subject to be determined in conjunction with the Voluntary & Community Sector, 
- A Subject to be determined in conjunction with NCC (The HWBB Chair).

These sessions provide opportunities for stakeholders to support all aspects of social value in promoting health and wellbeing. Reports from each Development Session are put before the following meeting of the Health & Wellbeing Board in order for members to determine what should follow as a result.

**Health & Wellbeing Board Workstream Sub-Groups:**

**Healthy Workplaces**

The Board commissioned two workstream sub groups to operate under its auspices during the year 2015/16, a Workstream Group incepting a countywide Healthy Workplace programme, and a Steering Group to continue working on the Mental Health Crisis Care Concordat.

The Healthy Workplace Programme is a “settings based” Public Health initiative. Settings based approaches to promoting health have been championed by WHO since the 1980’s, and have been thoroughly evaluated as an effective and practical tool to promote health and wellbeing. In a county such as Northamptonshire, where the latest data shows that there are 367,800 adults in employment, just over 80% of the adult population, (NOMIS 2017), the potential for such approaches is clear, and the aspiration to encourage local employers to support the wellbeing of their workforce is explicitly stated in the Health and Wellbeing Strategy (Priority 4). Workplace health programmes have the potential to make a significant impact on the determinants of health, as well as providing tangible rewards to organisations in terms of reduced sickness absence, reduced staff turnover, higher levels of employee satisfaction and increased productivity.

The Northamptonshire Healthy Workplaces Workstream Group, comprised of key strategic partners, continues to work collaboratively on shaping and driving forward a workplace health programme for the county. The formation of this group by the Board showed foresight in anticipating what is now regarded as national best practice in promoting workplace health. Implementation of the programme is taking a two-pronged approach:

- Health & Wellbeing Board member organisations are acting as exemplar employers by developing their own staff health and wellbeing schemes; and
- Commercial and voluntary sector organisations across the county being encouraged to develop bespoke staff health and wellbeing programmes.

The strategic and collaborative approach of Board members in building upon learning from the workplace health scheme initially piloted at Kettering General Hospital, and gaining
commitment and support from constituent organisations to engage in workplace health schemes, as a means of building momentum reflects well on Northamptonshire regionally and nationally. A series of very successful events were held in conjunction with Northamptonshire and aligned to the national Workplace Health 2015 and 2016 initiatives. Collaboration between First for Wellbeing (FiW), Northamptonshire Sport, University of Northampton, and NCC Public Health Team, has resulted in the launching of Healthy Workplaces Week, 15th – 19th May 2017 (Appendix 1).

A Healthy Workplaces conference took place in September 2016. Key note speakers included Professor Dame Carol Black, the Department of Health’s Expert Advisor on improving the welfare of working people and Duncan Selbie, Chief Executive of Public Health England. The event was well attended, and the Healthy Workplaces Strategic Group have considered the possibility of organising another conference in 2018 to showcase further progress and local successes, taking into account learning from the first event.

A key focus, at this stage of the programme, has been on embedding best practice across Health & Wellbeing Board (HWBB) member organisations (as exemplars) and throughout the local business community. Northamptonshire Police are actively involved and this has helped to expand this programme. Six key recommendations have been made to the HWBB:

- Use of Workplace Wellbeing Charter. The Workplace Wellbeing Charter has been promoted by NHS England and Public Health England as a means of implementing best practice (including NICE guidance) regarding workplace health. The Charter focuses on three key organisational areas – leadership, culture, and communication – and five domains relating to staff health – mental health, smoking, physical activity, healthy eating, alcohol and substance misuse. Adoption of the Charter is not only recommended to NHS organisations in the 5 Year Forward View and subsequent Staff Health and Wellbeing CQUIN, but also features in the Police’s HMIC Inspection process. The match between these five health domains and the support and services that FiW are able to offer, as well as the STP prevention programme priorities, has provided an obvious synergy which is being utilised by local organisations as they work with FiW to prepare their staff health and wellbeing plans for Charter accreditation. Local Environmental Health Officers have been very proactive about seeking out this accreditation so that they are in a position to extend the range of advice and support that they can offer to local Public Sector organisations and businesses in relation to health and safety. Environmental Health Officers have been able to give accreditation for the Workplace Wellbeing Charter. Frank Earley, NCC Specialist Public Health Team, has been offering support to all local NHS organisations when developing their plans for this CQUIN.

- Supporting the development of staff health and wellbeing plans; liaising with FiW to support the delivery of bespoke plans for each organisation; providing information to help develop an annual calendar of workplace wellbeing promotion and events – including the Northamptonshire Sport Business Games.

- Promotion of local resources:
  - FiW Business to Business offer, (e.g. promotion of weight-management, smoking cessation, physical activity, alcohol awareness, mental wellbeing, etc),
  - Development of local Occupational Health offering, and support for an initiative led by Liz Robison, Northamptonshire Healthcare Foundation Trust (NHFT), to develop a local training resource / package of resources that could be used by partner organisations across the county.
• Annual staff health and wellbeing survey collated from Charter accreditation requirements and annual HR returns of HWBB member organisations.
• Embedding staff health and wellbeing expectations into contracting processes through inclusion in contractual expectations of providers of services to HWBB members.
• Sustaining progress to maintain the current oversight arrangements for the Healthy Workplaces Programme.

A piece of research is currently being negotiated with the University of Northampton to help evaluate the impact of local efforts to implement the Workplace Wellbeing Charter to date, and the findings of this will help to inform EHO’s and the Strategic Group about the merits of continuing to promote this tool and approach in future.

The group considers that support and senior level backing of healthier workforce initiatives across HWBB member organisations will reap benefits in the reduction of absenteeism and increase in staff morale.

The Strategic Group will have a change of Chair at its September meeting following Graham Foster’s resignation as the Chair of Kettering General Hospital Trust. The Group is very grateful for Graham’s support and work on its behalf. He will be a loss, however a potentially excellent replacement will be proposed at the next meeting.

In 2016, the Strategic Group incepted an Operational Group under the Chairmanship of Elliot Foskett, Head of Wellbeing at Northamptonshire Police. A collaborative ethos has been cultivated by the Operational Group over the last year, in which HR and operational managers from HWBB member and partner organisations have been sharing information and best practice, and working on developing workplace health initiatives in their own organisation. FfW have been providing direct support to Operational Group members regarding the development and delivery of their staff health and wellbeing plans, e.g. via smoking cessation support, advice on weight management support options, promotion of physical activity, and alcohol consumption awareness etc.

The Operational Group circulated the Health and Wellbeing survey to all partners across the county, and there was 3000 responses which has given a good baseline. Northamptonshire Police provided dedicated analytical input of the survey responses and circulated an initial analysis to Operational Group members. Details of this analysis were discussed and elaborated upon via a very constructive workshop event facilitated by Northamptonshire Police. This session identified key themes and insights arising from the survey, and these will be used by the Operational Group for the year ahead. Key thematic areas include: emotional wellbeing, and promoting emotional resilience; physical health and promoting physical activity, healthy eating, smoking and alcohol use, and promoting health awareness information and local support services.

Promoting mental wellbeing is a key focus for the development work currently being taken forward by the Operational Group. Collaborative work is being explored between FfW and NHFT’s Occupational Health service to see how a local offer to local organisations could be developed. Dr David Smart, GP and former CCG lead for the county on Mental Health, has agreed to provide advice and guidance to the group in the selection and design of effective mental wellbeing interventions. The intention is that a variety of interventions will be delivered in workplaces across the county as part of the wider work taking place to improve mental wellbeing at a population level.

Some of the local resources available to support staff health and wellbeing plans include:
• Mental Wellbeing – including Mental Health First Aid training and Mindfulness sessions via Learn 2b - part of the adult learning service in FfW,
• Physical activity – Workplace Challenge, Business Games and wider community, programme – via Northamptonshire Sport and FfW,
• Smoking Cessation support – via FfW,
• Alcohol awareness and support – via FfW and Aquarius,
• NHS Health Checks - delivered in the workplace via GP Federation members.

Mental Health Crisis Care Concordat

In 2014 a letter was received by local partners from Norman Lamb, then Minister of State for Care and Support, congratulating them on agreeing the declaration to support the Mental Health Crisis Concordat. In December 2014, Northamptonshire’s local submission of the Crisis Concordat Declaration of Support (for the process) was agreed and uploaded to the national website with a supporting action plan continuing to be developed. Organisations supporting the Declaration of Intent were:

• Cambridgeshire & Peterborough Clinical Commissioning Group
• Corby Clinical Commissioning Group
• CRI Independent / NHS provider of Substance Misuse Services
• East Midlands Ambulance Service
• East Northamptonshire Council
• Kettering General Hospital
• Nene Clinical Commissioning Group
• NHS England Local Area Team
• Northampton General Hospital
• Northamptonshire Carers
• Northamptonshire County Council Local Authority
• Northamptonshire Healthcare Foundation Trust
• Northamptonshire Mental Health Collective
• Northamptonshire Police
• Northamptonshire Police and Crime Commissioner
• Richmond Fellowship Voluntary Sector
• St. Andrew’s Healthcare Voluntary Sector

In March 2015, the Northamptonshire Health and Wellbeing Board (HWBB) agreed the supporting action plan, subject to amendments to reflect Deprivation of Liberty and Best Interest Assessors. With amendments made, the plan was submitted, which was reflected on the national website. One key improvement was the reduction in the use of police cells as a place of safety for those in crisis, strengthening the learning from the recovery side of the intervention and making the experience of an intervention the best it can be for those going through a crisis. Through the Care Act, NCC have a social responsibility for prisons, and a large number of prisoners are leaving prison with mental health issues. Work continues with partners including the national lead on the Concordat, Jim Symington. Oversight is now in the hands of a Steering Group chaired by Gordon King, Deputy Director for Mental Health, NHFT. There is good engagement from partners across the county, but the HWBB retains oversight and receives regular updates. The Board supports an approach to wellbeing that focuses on mental as well as physical wellbeing and the importance of parity of esteem for both. The Board has also provided assurance for the Better Care Fund submissions.
The national Crisis Concordat support team concluded on 31st October 2016. This team was always intended to be time limited as the Crisis Concordat aligned with local mainstream future planning for mental health services within the context of the outlined vision in the five year forward view. Prior to the conclusion of the support group the support team updated the national plan highlighting the need for a continuously evolving improvement plan that supports local interagency working and aligns with existing and emerging services. The national team advocated a further refresh of all local plans and advise a key element should be learning from progress. With this objective in mind the August 2016 Concordat meeting commenced a full and robust review of their action plan. A workshop held at the end of August developed a number of key priorities going forward:

**Children and Young People in Crisis:** Development of place of safety for children and young people in crisis that offers an alternative to A&E and ensures availability of an appropriate safe space for children and young people detained on S136. Implement 24/7 crisis response for children and young people equal to that available for adults. **Lead –** Nene and Corby CCG’s. NHFT are currently exploring business options to develop 24/7 CAMHS provision in conjunction with enhanced acute hospital provisions from the Acute Liaison Mental Health Services. This will aim to ensure that all child and adolescent service users in crisis that attend A&E are assessed in a timely manner and referred out of the acute hospital to a specialist pathway.

**Multi-Agency Response:** Carry out a review of Street Triage function to look at performance of current model. Review will include looking at all agencies current response to mental health crisis. Following review of Street Triage Function design and implement best option for future model and identify baseline measures to benchmark improvements again. Northamptonshire Police intend to commission a university review of the Triage service during 2017. Since January 2017 the Police Street Triage resource has become firmly embedded within the NHFT Crisis Pathway. NHFT have provided additional mental health workers into the Force Control Room in order to provide tactical advice and liaison seven days a week from 08.00-16.00. The Street Triage post has also been recruited into and now ensures that specialist mental health provision is available to the police until 00.00 seven days a week. In 2016/17 NHFT have twice supported a triage pilot with East Midlands Ambulance Service (EMAS) colleagues to mirror the work of the police triage resource. This venture brought a mental health professional and paramedic together three evenings a week to provide specialist assessment at incidents, improve service user pathways and reduce transfers in to A&E. NHFT and EMAS continue to work together to explore joint working options around the availability of specialist mental health tactical advice and improved A&E streaming in the coming months. NHFT and Northamptonshire Police are working towards commencing an NHS England pilot project around a collaborative approach to the support and management of the counties ‘High Intensity users of police resource’. This project will fall in line with the combined acute hospital and NHFT Commissioning for Quality and Innovation (CQUIN) targets for 2017-19 which look to make a 20% reduction in attendance to A+E for the top 0.25% of service users who frequently use this resource. **Lead –** NHFT and Police.

**Information** Develop information for service users, carers and professionals about support available in a crisis, utilising AskNormen as a single, well publicised resource. Ensure effective assessment algorithms and Directory of Services within 111 to direct people to the most appropriate support based on their needs. Pathfinder meetings are ongoing between EMAS the CCGs and will also be attended by NHFT to ensure that the directory
of services accessible to EMAS colleagues is full and up to date. Derbyshire 111 service are working with NHFT and MIND to pilot a local response to 111 mental health calls in the county. Based from the developing crisis cafes, 111 calls are transferred directly to a mental health professional who can provide advice and liaison. This service looks to provide the service user with the most timely intervention for their concerns and queries whilst reducing the demand on partner services such as A&E and EMAS. The county is now developing three Crisis Cafes as a collaboration between the third sector and statutory services. These evening cafes based at MIND venues across Corby Kettering and Northampton provide peer support, guidance and signposting for service users who gain direct access without referral. NHFT mental health professionals support these Cafes and provide further specialist advice and access to NHFT resources as required. These cafes will also take direct referrals from EMAS and the Police as required. Lead - Nene and Corby CCG’s and NHFT.

**Complex Individuals** Review and update Information Sharing Agreements (ISA) between partner organisations that will enable seamless support for complex individuals presenting in crisis. ISA have been adjusted in collaboration with Northampton General Hospital Trust (NGH) and have been shared with Kettering General Hospital Trust (KGH) and partner organisations. Once signed, these will support the continued sharing of information to allow all frontline services to meet the requirements of the local CQUIN for 2017-2019 for the management and reduction of frequent attenders to the A&E departments within the county. This CQUIN has just completed its first quarter and has brought together names of the individuals to be supported and all partner organisations have come together to discuss the management of these complex cases.

Alongside this, NHFT and Northamptonshire Police intend to pilot a one year High Intensity User project which will see a police officer seconded to work within NHFT. This officer will case manage some of the most complex individuals in the county to develop supportive relationships and encourage therapeutic engagement with mental health services. The officer will work alongside existing mental health care co-ordinators and use their experience and legal powers to encourage and direct users to work with services in a positive way and drive down inappropriate and unhelpful community engagements such as section 136 detentions of the mental health act. Newly appointed nurses in the police force control room are already improving links between the police and NHFT resources and improving service user pathways at the point of crisis.

All relevant agencies are linked into appropriate groups. At each Crisis Care Concordat Workstream Group meeting the relevant task groups provide feedback on progress. As well as actively working on the projects identified above, the Crisis Care Concordat Workstream Group receives feedback from all mental health crisis services and provides governance for partnership working groups, such as the section 136 review group. The meeting provides oversight and accepts escalation from any exception reporting by providing a partnership review body. The meeting also provides a forum for oversight and sign off for relevant national requirements. These will be reported through HWBB reports as required.

It was also agreed that a bidding process for a Northamptonshire hosted Time to Change Hub would be undertaken, and would be led by the CCG’s. The application was submitted, but was ultimately unsuccessful. Feedback suggested it was too health oriented. There is a meeting arranged for early September with Health, Local Authority, the VCS, FiW and Mental Health partners in attendance to construct another bid.
Following receipt of a ministerial letter sent on 1st November 2016 regarding requirements for local scrutiny of the use of Taser in mental health settings, it has been agreed that the Crisis Care Concordat Workstream Group will receive regular report from police colleagues. Northamptonshire Police have reviewed all practices in Northamptonshire against the guidance and there are no current areas of concern. Northamptonshire Police will provide ongoing scrutiny and report any use of Taser at each Crisis Care Concordat Workstream Group meeting. St. Andrews Healthcare will also report to each meeting. The use of Taser figures in the county within mental health establishments from January 2017 are as follows:

- One incident in St. Mary’s, Kettering – no use of Taser,
- Three incidents in St Andrews, Northampton – no use of Taser,
- One incident in St Andrew’s, Northampton – (fired twice).

NHFT has begun work on its own, internal suicide prevention strategy. This is distinct from, but related to, the countywide, multi-agency work on suicide prevention which is being developed by NCC Specialist Public Health. An internal, suicide prevention group has been formed which has reviewed local and national guidance and evidence, analysed five suicide-related serious incidents from the past five years, and has provided comment and advice relating to new serious incidents as they arise. The group has also devised an internal communications strategy and programme name for the Trust approach which is summarised by the acronym “PROTECT – Sharing Responsibility for Keeping Safe – NHFT Suicide Prevention Strategy”. Preliminary communications and branding work has already been undertaken around this with the intention to launch this internally in the coming months. The group has also identified priority areas for development relating to suicide prevention. These include measures to increase the priority and visibility of the issue across the Trust and to encourage conversations and consideration of the issue at every level – from Board strategy to direct clinical work. There are also specific actions relating to developing the use of collaborative safety plans to supplement existing risk assessments, and also to further involving families in both the assessment and management of risk that relates to suicide. Finally, there is also work taking place to enhance the process of analysing and learning from serious incidents, utilising a human factors approach. This strategic work has already received support from the Trust Executive and is due to go to the full Trust Board.

**Prevention Concordat**

It is now intended, under the auspices of the Health & Wellbeing Board, to develop a Prevention Concordat Workstream Group to be led by NCC Specialist Public Health. Meetings will be followed in linear fashion by Crisis Care Concordat Workstream Group meetings, as similar agencies need to be involved with both, and it is recognised that ideally there should be one pathway that encompasses both prevention and crisis. [http://preventionconcordat.com/](http://preventionconcordat.com/) describes some of the opportunities herein.

Locally the universal offer is to promote Action for Happiness - GREAT DREAM, this will be developing a hub café and then pop up cafes as well as school resources, information for GPs, faith communities and workplace: secondly a well-being education network promoting peer psycho education (including into long-term conditions). The scope this will be addressed locally is yet to be determined, however there is PHE guidance on prevention that suggests a life course approach including suicide prevention, children, perinatal, workplace, social isolation and criminal justice as particular target areas. It is also recognised as important to address wider determinants.
In December of 2014 the Northamptonshire Health & Wellbeing Board endorsed the principles of the local sign-off for the Better Care Fund (BCF) [formerly the Integration Transformation Fund]. The final sign-off subsequently undertaken by the Chair and Vice Chairs of the HWBB along with Chief Officers of the providers and CCGs was completed on 9th January 2015, and subsequently submitted to Department of Health. The plan was fully approved without conditions.

Better Care Fund (BCF)

The BCF Plan for 2017-19 will be presented to the Health & Wellbeing Board on September 14th 2017 for formal sign off as part of the statutory responsibility to do so before submission to NHS England’s assurance processes. Prior to that the plan and narrative will be formally circulated to board members and discussions will be put in place to discuss and agree the content with key stakeholders impacted by the plan, and we will offer the chance for other board members to have oversight of the plan content and approach. This is the approach being taken by other boards across the country given the late release of the detailed BCF guidance on 4th July, and the fact that many Health & Wellbeing Boards are meeting in September or very close to the formal NHSE submission deadline in September.

Safeguarding Boards

The Board receives Annual Reports from the Northamptonshire Safeguarding Adults Boards and the Northamptonshire Safeguarding Children’s Board. Both Boards will be presenting their reports to the Health & Wellbeing Board on September 14th for consideration.

Review of Selected Board Business

June 2016:

The Board was given an overview of the proposed governance structure for the Northamptonshire Integrated Care Board (NICB). The joint arrangements for monitoring the BCF and S75 arrangements have been agreed with providers and commissioners, although a bigger piece of work is still to be completed around the Sustainable Delivery Plan. The first meeting was held on the 16th May 2016 and attended by all Chief Executives across the county, where the terms of reference and schedule of these meetings were agreed. The NICB has an oversight role in relation to the changes that need to take place within the BCF, along with the development of the programme for next year. Reporting arrangements will first be to the respective organisations, then to the Health and Wellbeing Board which has an oversight on delivery of the BCF.

The Board was also given an overview of the work being completed around the Sustainable Transformation Plan (STP). By the end of July sustainable governance arrangements need to be in place to focus on the delivery of the STP, with the aim to provide services for health and social care in a more integrated way. There are three gaps within the plan that need to be addressed going forward:

- How will we address the health and wellbeing gap?
- How will we drive the transformation to close the care and quality gap?
- How will we close the finance the efficiency gap?

This plan must be population health focused, with the footprint as Northamptonshire.
The main elements of transformational work taking place are:

- Hospital transformation, to have an acute function within the county which can be delivered in a sustainable and systematic way,
- Sustainable Care System transforming primary care, linking in with mental health services, community health service and adult social care service,
- Urgent care, working with primary care around improving same day access and working through the challenges of delivering domiciliary care and increased integrated care,
- Complex care and long term conditions, to have a sustainable plan that will have risk stratification approach to look at the 20% of the population which account for 80% of cost in the system,
- Prevention and wellbeing need to emphasis tertiary and secondary prevention, by using public engagement to articulate the prevention agenda and encourage patient participation.

On 18th July 2016 Chief Executives from the county met with Simon Stevens to discuss and receive feedback on the submission. The Board emphasised the need to focus on implementation of the plan to ensure it is not organisationally bound, and use the collective resources across the health and social care system.

The frequency of the Health and Wellbeing Board meetings changed to bi-monthly from September 2016.

September 2016:

The Board received an update on the STP Governance arrangements. A paper had been presented to the STP Board, and the feedback was that careful thought was needed about the statutory requirements, how they fit into the system and STP Board. A Memorandum of Understanding will be taken to the next STP Board for sign off. The STP plan needs to be finalised before the governance arrangements can be completed, once completed, the governance arrangements will be formalised and brought back to this Board. The need was recognised to establish a framework of principles on decision making and to ensure members of the STP Board have the mandate of their individual boards to make decisions on behalf of their respective organisations. The STP Board has a robust governance structure and there is a need to understand how this will align to the HWBB.

Work has been ongoing on the granular plans that sit behind the STP, and an SRO group meets regularly to ensure the plans are aligned and feed into the STP Board. Workstreams are being used to highlight critical areas that need to be tackled, to address the pressures currently being faced in the system and reduce the stress in the system. The high level draft Communication and Engagement Plan has been completed and there is guidance and support for this nationally. There is a Local Digital Roadmap (LDR) group working through the IT element of the STP, which would need significant capital investment and be part of the bid going forward. The LDR process is about making sure systems start to get connectivity across the wider health and social care system within communities.

The Board received a report on completed research looking at Adverse Childhood Experiences (ACEs) from Dr. Peter Barker. ACEs refer to physical or mental abuse directly involving a child or a family where a child is present and could involve substance misuse,
mental health problems, incarceration, and separation. Research was conducted by Liverpool John Moores University across Hertfordshire, Luton and Northamptonshire to measure prevalence of ACE’s adults experienced as a child in order to ascertain links between these and those adults who experienced ACE’s developing an increased risk of adopting unhealthy behaviours, and to measure the burden of harmful behaviours that would be prevented if ACEs were reduced. If ACEs can be prevented in future generations then the levels of unhealthy behaviours in adults could potentially be reduced, thus reducing costs.

The survey showed:

- 10% of adults have had four or more adverse childhood experiences,
- Females are more likely to report four or more ACEs,
- Asian respondents were less significantly to have or report any number of aces,
- Those in deprivation were 1.4 times more likely to have four or more ACEs
- Those with no qualifications were 1.5 times more likely to have four or more ACEs.
- Those who have four or more ACEs, more likely to have poor lifestyle choices, and eight times more likely to be a victim of violence and 10 times more likely to be a perpetrator of violence,
- 6% of adults within the Northamptonshire population have been sexually abused.

Some of the recommendations resulting from the survey were:

- To have an ACE inspired service delivery within existing services to promote and develop resilience in children,
- To develop further how the existing work in the Early Help Families Future in Mind can complement the ACE work,

The Board agreed to a task and finish group being set up to take this work on.

The Board received reports from the Health and Wellbeing Board development sessions held in March to discuss the new JSNA Process and in June around the theme of Social Isolation.

Following the Social Isolation Development session held on the 30th June 2016, a meeting between Janet Doran, Jane Carr, Stephen Marks, Lucy Douglas-Green and Peter Lynch regarding the Board’s proposed Social Isolation workstream concluded that rather than using time and resource setting up another specific group, this would be addressed via the STP since it will be a part of wider approach to social prescribing. Social Prescribing will happen across all levels of need, although the initial focus will be on discharge (i.e. working with people in ‘discharge lounges’ to identify need) in order to take pressure off the acute trusts.

The interim Chair of the Northamptonshire Safeguarding Adults Board (NSAB) gave the Board a brief overview of the NSAB report. The NSAB was made statutory by the Care Act, and the Board will move forward with the new roles and responsibilities following on from the Care Act.

The NSAB has three core duties:

- To publish a Strategic Plan for each financial year, and for this current year, it is expected in October this will be consulted, published and will be brought to this Board later in the year,
To publish an annual report,
- Carry out any safeguarding adult reviews in accordance with S44 of the Care Act.

The NASB also has a responsibility for the governance and oversight of the safeguarding activates within the council and has good support from partners to achieve this.

The work and contribution made to the Board by the former Chair, Marie Seaton, and the work and commitment of staff and partners in playing a vital role in safeguarding adults at risk in Northamptonshire was acknowledged.

The Northamptonshire Safeguarding Childrens Board (NSCB) report highlighted the areas that the partnership are working on, post OFSTED inspection and challenges moving forward. The Children’s Improvement Board had had its final meeting and all further work will be taken up by the NSCB.

The Board considered the Director of Public Health Annual Report for 2015/2016. The report highlights all the key work that has been happening within the county to improve population wellbeing and inform the populace of the work public health are conducting around the county. Although children only make up 20% of the population, work completed with them in the present will have benefits in the future to improve their health and wellbeing in adult life.

November 2016:

The Board received an overview of the development session held on the 17th August hosted by Northamptonshire Sport around the theme of physical activity. This session discussed the science and psychology behind the importance of physical activity, as physical inactivity is the fourth leading cause of death worldwide. The Board felt that much of the work completed by Northamptonshire Sport is exemplary and encouraged all present to read the presentation from Dr. William Bird that had been circulated to Board members [all Development Session presentations are available on the Health & Wellbeing Board website].

The Board received a presentation on work being completed around the Armed Forces Covenant (AFC) signed by AFC partners in 2013. There is a realisation that service personnel leaving the armed forces can have problems adjusting back into society, accessing housing and the appropriate health care or finding employment. The mission following the signing of the AFC is to ensure veterans within the county receive recognition and help accessing services. Dr Dominic Murphy had recently given a presentation on Post Traumatic Stress Disorder (PTSD) at a Countywide Protected Learning Time event for GPs outlining the importance of early identification of mental health issues in veterans.

Currently there are 64,500 veterans within the county and Nene CCG is undertaking an initiative with GP Practices to identify and to code veteran patients. In April 2016 the correct coding of veterans registering or registered with a GP practice was included in Quality Contract for GP Practices, as a result of this there had been a 155% increase of registered veterans within practices. There are now Practice Veterans Liaison Champions working in some GP Practices across the county, which play a vital role in identifying the needs and helping veteran’s access services, which alleviates some of the pressure from GPs.

It was noted that there are high suicide rates amongst veterans and a greater risk of them developing mental health issues. There has been a 71% increase in referrals to health
services due to PTSD over the previous five years and five veterans have been detained under the Mental Health Act in 2016. It was reported that due to the difficulty in getting medical records for veterans released from the Ministry of Defence, it is difficult to get the exact number of veterans within the county who might need medical help. NHS England are liaising with the MoD to try and rectify this as symptoms of PTSD may not surface until five or six years after a conflict or discharge.

NHFT have opened a crisis house where veterans in crisis can attend on a short term basis. Work is ongoing with Northamptonshire Police regarding veterans being detained in custody suites and Oasis is helping veterans who are homeless get registered with GP practices to ensure they have access to medical services. It was noted that Cllr Golby is the NCC Veterans Champion and regularly attends meetings with the Armed Forces Reserve.

The Board was briefed on some of the work being undertaken with FiW as part of a collective response to the Cold Homes Partnership and preventing excess winter deaths. It is estimated that treating the health impacts of living in cold homes costs the NHS £1.36 million each year and in 2014/2015 there were 43,900 excess winter deaths in England and Wales, which some can be attributed to living in cold homes. The National Institute for Health and Care Excellence (NICE) has produced twelve guidelines with the aim to:

- Reduce preventable excess winter deaths,
- Improve the health and wellbeing amongst vulnerable groups,
- Reduce pressures on health and social care services,
- Reduce fuel poverty,
- Improve the energy efficiency of homes.

The HWBB has a responsibility to oversee the work and ensure a strategy is developed to address the health consequences of cold homes, and ensure a Single Point of Contact (SPOC) for health and housing referrals. It was noted that collaborative working is crucial to a coherent strategy and to enable tangible interventions.

**January 2017:**

The Board received a report on the most recent HWBB Development session on the theme of Alcohol Licensing. Alcohol plays an important part in the social lives of many of the County’s residents, whilst contributing to the local economy via the manufacture or retail of alcohol. But excess alcohol consumption is a health and wellbeing issue for this county, affecting physical and mental health as well as being a significant factor in crime and anti-social behaviour. The impact of excess alcohol consumption affects all organisations represented at the Board, in particular increased hospital admissions.

An important aspect of alcohol is availability, and sale of alcohol is controlled through the licensing process managed by the districts and boroughs. Other responsible organisations involved include Police, Fire and Rescue, Director of Public Health, Director of Children’s Services, Trading Standards, Environmental Health and Planning. In 2013, following a change in legislation, the Director of Public Health became a responsible authority in relation to licensing and as such NCC’s Specialist Public Health Team (SpPH) have been working with district colleagues and wider partners to ensure that wider wellbeing considerations are addressed through the licensing process and decisions.
The purpose of the workshop that formed the second part of the session was to generate a shared understanding as to how local agencies can work together. The Northamptonshire County Licensing Group would discuss the outputs of the event at a future meeting to enable a more cohesive approach in partnership, address community wellbeing, and develop some local alcohol licensing guidance. The SpPH Team will continue to offer to speak to licensing committees in each district as part of an ongoing dialogue and further engagement will take place with Children’s Services.

The Board supported ongoing partnership working, endorsed future actions and agreed that individual board members should, through their own organisations, continue to address wellbeing through alcohol licensing.

The Board considered a letter from David Mowat MP around creating high quality personalised care at end of life. End of life care is woven into the STP and steps would be taken to ensure the STP Board are made aware of the letter from David Mowat.

The Board considered the use Tasers in a mental health setting. Whilst the Taser is a useful device in policing, there is clear published guidance around the use of Taser and officers are trained and deployed to use this device through the national policing model. Tasers are used in mental health settings, and quarterly reports showing the number of incidents in mental health settings are sent to police mental health leads, who report on these figures to the Mental Health Crisis Concordat Group on behalf of the Chief Constable. Across four forces there have been 12 incidents of Tasers being deployed in a hospital setting in the three months prior to the meeting. Tasers were only deployed when the situation could not be resolved by any other means. There are occasions when Tasers are used on under 18’s, however all factors are considered before use, and people are protected by the Human Rights Act. It was requested that when any child that has been Tasered, a report be sent to the Northamptonshire Safeguarding Board.

Dr. Peter Barker gave a presentation to the Board on prevention. The main driver for ill health comes from lifestyle, although other factors play a part such as genetics, age, lifestyle choices and healthcare a person receives. Primary and secondary prevention is about preventing ill health and detecting early departures from good health, as well as introducing appropriate treatment and interventions. Tertiary prevention is about measures to reduce long term impairments, disabilities and minimising suffering caused by existing conditions. More resources are needed to manage secondary and tertiary prevention rather than primary, but if work is completed on prevention, this will have an impact on moving treatment away from urgent care to community care.

The aim of the prevention programme is to:

- Build resilient communities through volunteering and social action,
- Improving population mental health and wellbeing through social prescribing,
- A systematic, personalised and proactive prevention at scale,
- Further develop clinical preventative services.

A priority is to use social prescribing to improve health and wellbeing, with the need to spend money wisely to get the maximum benefit for a large number of people recognised. Engaging with clinicians to manage long term conditions is crucial, with targeted and universal prevention being developed specifically for the different risk categories. The key theme is that prevention is everyone’s business.
FfW will be a key focus in delivering preventative services, to make certain information about prevention services available and who provides them is available. There is a need to ensure workplace advisors make the use of existing resources, FfW are driving this forward to ensure the offer available is equitable and being driven by the primary care programme. There is a need to enable development of services to reduce demand and to ensure the screening and immunisation programmes maintain uptake, particularly with the most at risk and vulnerable in society. FfW are using Octigo to enable people to complete online assessments, which will help with the tracking of data and identify service needs whilst giving more understanding of human behaviour. FfW have prioritised areas with the most deprivation and people with life limiting illnesses, to help support GPs to support patients. Services offered by FfW will include access to libraries, parks and registration services to help get wellbeing messages to people during life transitions.

The Board discussed the draft Carers Strategy. Northamptonshire Carers were involved in the drafting of the this document, however there have been a number of challenges around aligning contract retendering as the timescales differ between NCC and the CCGs. The publication of the STP has started to help get services aligned and the draft carers strategy been signed off by NCC. NCC and the CCGs will go out for separate Carer Contract tenders, but these and the strategies will be aligned at a later date.

The Board received an STP Programme update. More work is needed with communication and engagement to capture people’s views and to complete a high level strategy document which will outline the direction of travel, prevention workstreams and initiatives to be put in place to allow a stabilisation over the winter period. Work is ongoing on the triangulation and aspiration of the financial element.

March 2017:

The Board received two Development Session Reports:

The Early Intervention session held on the 9th February considered the development of community hubs and gave the opportunity to apply thinking and solutions. Following on from this session there is a need to progress a strategy around embedding early intervention. Due to the current financial constraints partners face, there is a need to pool capacity and resources to jointly deliver early intervention. The Board will continue to support early intervention.

The Adverse Childhood Experiences (ACE) session held on the 9th March discussed ongoing mapping of existing work and the steps each organisation should take in progressing this work. The aim is for Northamptonshire to become an ACE aware county. The Chair of the Board noted that Northamptonshire are leading the way and the work completed to date has been recognised nationally.

The Board received the Health Protection Committee Annual Report. Health Protection is a Public Health function within NCC. The priorities for this year are:

- To address the high prevalence of HIV within the county,
- To improve bowel cancer screening,
- To ensure arrangements are in place for NCC to be able to respond to major incident,
- To improve the update of seasonal flu vaccinations for children and at risk groups,
- To carry out initiatives around early diagnosis of TB infections,
• To develop work around Anti-Microbial resistance.

During the District & Borough’s report, David Oliver, Chief Executive of East Northamptonshire Council advised there is likely to be an increase in homelessness over the next few months, particularly for families. This has previously been flagged by the Daventry District Council Welfare Reform Group who report to the Daventry Health & Wellbeing Forum.

The Board were advised that the University of Northampton has opened a national centre for training nurses from oversees in Northampton, which includes delivering an aptitude test for nursing and allowing nurses from oversees to register for a licence to work in the UK. Two more centres will developed in Oxford and Ulster in conjunction with University of Northampton.

The Board received an update on the STP. Work is continuing on granular and detailed work within the STP, in particular around workforce. Feedback from the regulators will provide insight on additional areas to focus upon as well as reviewing the finished assumption and bridge work required. Work progressed on the STP will be reviewed and approved by the Finance Director from each partner organisation. Reviews of governance arrangements for the STP Board are being completed to ensure the right people are able to deliver and that there is sustainable directive to deliver this programme going forward.

The Board received a brief update from Janet Doran, Managing Director of First for Wellbeing, on the opportunity afforded by Sport England to become one of the 10 National Pilots. Sport England are looking for organisations who would be able bring new and innovative approaches to exercise and the main focus will be on 16-25 years who are outside the school system. The Board endorsed the bid.
6. Consultation and Scrutiny

Internally, the Acting Deputy Director of Public Health (Ms. Lucy Douglas-Green) has been consulted and approved the content of the report. The Chair of the Board and Cabinet Member for Public Health and Wellbeing (Cllr Sylvia Hughes) has been consulted and approved the content of the report.

Externally, Members of the Health & Wellbeing Board have been consulted on this report.

The report has not been subject to scrutiny.

7. Equality Screening

7.1 The proposal has not had an Equality Impact Assessment undertaken.

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<thead>
<tr>
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<tr>
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<td>The proposal/activity/decision has no impact on customers or the service they receive</td>
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<tr>
<td>The proposal impacts upon staff but the proposed staffing changes will not affect the service that customers receive*</td>
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<td>Other (please explain further)</td>
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Public Health & Wellbeing:

8. Alternative Options Considered

8.1 No option other than presenting this report to Council has been considered.

9. Financial Implications

9.1 There are no financial implications arising from this report.

10. Risk and Business Continuity Management

a) Risk(s) associated with the proposal

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b) Risk(s) associated with not undertaking the proposal

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<tr>
<td>Council not informed of the progress of the Health and Wellbeing Board</td>
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<td>Health and Wellbeing Board Annual Report not agreed by the Council</td>
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11. List of Appendices

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<thead>
<tr>
<th>Author:</th>
<th>Name: Peter Lynch</th>
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<tr>
<td>Team:</td>
<td>Specialist Public Health Team</td>
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### Background Papers:
Cabinet report 12 April 2011

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<td>Does the report include delegated decisions? If so, please outline the timetable here</td>
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<td>Have the financial implications been cleared by the Strategic Finance Manager (SFM)?</td>
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<td>Have any capital spend implications been cleared by the Capital Investment Board (CIB)</td>
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<td>Name of Director:</td>
<td>Ms. Lucy Douglas-Green</td>
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<tr>
<td>Has the relevant Cabinet Member been consulted?</td>
<td>YES</td>
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<tr>
<td>Cabinet Member:</td>
<td>Councillor Sylvia Hughes</td>
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<td>Has the relevant scrutiny committee been consulted?</td>
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<td>Has the report been cleared by Legal Services?</td>
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<td>Solicitor's comments:</td>
<td>[Laurie Gould]</td>
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<td>Have any communications issues been cleared by Communications and Marketing?</td>
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