HEALTH & WELLBEING FORUM FOR EAST NORTHAMPTONSHIRE  
27 April 2015 at 10.00am  
The Boardroom, Spire Homes, Crown Way, Rushden, NN10 6BS

<table>
<thead>
<tr>
<th>Attendees</th>
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<tbody>
<tr>
<td>Rosemary Hadaway (RH)</td>
<td>Chair (NVCA)</td>
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<td>Mike Deacon (MD)</td>
<td>ENDC</td>
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<td>Louise Tarplee (LT)</td>
<td>Nene CCG</td>
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<td>Tracey Angus (TA)</td>
<td>Nene CCG</td>
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<td>Peter Lynch (PL)</td>
<td>NCC</td>
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<td>Amy Callaway (AC)</td>
<td>Longhurst Group</td>
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<td>Cllr Marian Hollomon (MH)</td>
<td>EN Council</td>
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<td>Ann Rackham (AR)</td>
<td>NHfT</td>
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<td>Joanne Davis (JD)</td>
<td>Healthwatch</td>
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<td>PS McEwan (DMc)</td>
<td>Northants Police</td>
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<td>PC Doug Brown (DB)</td>
<td>Northants Police</td>
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<td>Jessica Slater (JS)</td>
<td>Serve</td>
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<td>Frank Earley (FE)</td>
<td>NCC Public Health Team</td>
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<td>Joseph Pryce (JP)</td>
<td>Nene CCG</td>
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<td>Debbie Abbott (DA)</td>
<td>Nene CCG</td>
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<tr>
<th>Apologies</th>
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<tr>
<td>Catherine Mitchell (CM)</td>
<td>Cambs &amp; P’bro CCG - Apologies</td>
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<td>Janet Hathaway (JH)</td>
<td>Locality Engagement Chair - Apologies</td>
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<td>Inspector Julie Mead</td>
<td>Northants Police – Apologies</td>
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<td>Cllr Jeremy Taylor</td>
<td>Apologies</td>
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<td>Lorraine Day</td>
<td>Nene CCG – Apologies</td>
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Welcome and Health and Safety  
RH opened the meeting and welcomed everybody.

Apologies  
As shown above

Introductions  
Introductions were made. PS McEwan and PC Brown attended on behalf of Inspector Julie Mead from Northants Police.

Minutes of Meeting held on 16 February 2015  
Frank Barley should have been Frank Early, Marian Hollomon should have been marked as apologies.

The minutes were then agreed as a true record.
Matters arising from minutes

Page 4 – Public Health Outcomes Framework – 4.15 – excess winter deaths - The spike that appeared in the November figures has now disappeared.

Page 7 – AOB - Future meetings will be held at 2 – 4pm at East Northants Council Chambers, Cedar Drive, Thrapston, NN14 4LZ.

RH thanked AC for the Board Room at Spire Homes for today’s meeting.

Partner Updates

Healthwatch – JD

14 May 2015 amended22415RN amended (1) ms.docx

JD mentioned the Workshop which is being held on 14 May 2015. DA to circulate to LEGS in Nene.

**ACTION: DA to circulate poster**

Young Persons event on 18 February 2015 – collating data and will feedback at next meeting.

Nene CCG– LT

Debbie Lole has moved from East Northants and LT introduced TA as the new Locality Support Manager (LSM) and link for East Northants.

The Collaborative Care Teams (CCT) are struggling to employ senior staff. The work in care homes is continuing but are unable to support Closer to Home care.

Integrated Care Closer to Home (ICCTH) held a Health and Wellbeing day. Have received good feedback on how to use services and support. The feedback will be sent to the ICCTH Board and to Janet Soo-Cheung (Deputy Chief Executive and Director of Strategy & Primary Care Nene CCG). Clinical partners will also feed in to the model of care.

**ACTION: LT to feedback to next meeting**

Co-commissioning started on 1 April 2015. Nene is working with GPs and commissioning services. Board development to support GP services. GPs are providers as well as commissioners. There will be more responsibilities to GPs to offer services and ensuring they are commissioning services that support localities. There are changes in structures and leadership. Stuart Rees is Interim Accountable Officer. They are recruiting the senior positions currently. The aim is to have a decision on the positions by the end of June 2015.
Nene have recommissioned 111 and Out of Hours. They are identifying what service are needed. The algorithms sent patients A&E or to call for an ambulance. There is not always a clinician at the end of phone.

**Update Cambridgeshire & Peterborough CCG**

CM was unable to attend the meeting. RH asked if the attendees had any questions which they did not.

**ENC Priority Updates**

**Update from ENLPEG**

JH was unable to attend the meeting. RH read out a statement from JH:

> The last LPEG meeting appreciated an informational and helpful ‘Dementia Friends Awareness session’ from Lloyd Bunday. Members learnt about important environmental factors which could affect those living with dementia, and the important of developing a positive approach from all of us in the community.

> Among matters raised by PPG’s there were two issues over mediation.

> The first concerned patients discharged from hospital at weekends, sometimes without sufficient medication to last until such time as they could secure a GP appointment.

> The second was the requirement for patients with long-term conditions to renew their prescription exemption certificates. Many of these patients were unaware that they had such a certificate, as they had been in receipt of medication for many years, and others were not aware of the new requirement. One member has incurred a substantial charge as a result. LPEG has alerted PPGs to the need to publicise this matter.

> Several members have been confused over the duplication of appointment letters for Endoscopy and other outpatient services. Letters are sent from KGH and from MK and it is unclear to which the patient should respond. This matter is being taken up by our rep at the Patient’s Congress, Shelia White.

> Many members are very active in PPGs and elsewhere in supporting our work. Some plan to attend the stand at Rushden Asda arranged by NVCA for 16 June as part of Diabetes week.
With Paul Crofts of Wellingborough LPEG I attended Kettering LPEG recently to discuss our ways of working. The meeting provided an opportunity for a useful exploration of ideas.

Out next full meeting will be on May 21 2015. All visitors welcome.

Public Health Outcomes Framework - MD

MD stated he has received an update on the Public Outcomes Framework when a revised profile was recently received. The spike in excess winter deaths has gone and there are no new red zones. There have been issues on how indicators are calculated and reported as the noise complaints are incorrect. A couple of indicators have picked up environmental health fuel poverty and obesity. PL has no comments with this.

MD has recently seen documents from Public Health and it is difficult to see the golden thread out of the indicators. Priorities for counties should be on county Health and Wellbeing Board. PL to take back.

Additional Items

Updates from NHfT

AR presented the NHfT updated. Jayne Scanlon has now left. AR is Head of Community Services, Adults and Older Persons. The consultation around Older Person Services has concluded and been settled. An Assistant Psychologist is now in post. There are four across the county who can carry out the memory assessment services. The older people services are developing dementia training within the care homes.

We have new CQUIN’s (year projects to develop quality) first is Psychological input for Stroke working with the general hospitals and with community beds and psychological services. The second is maternal mental health this is working around training and bringing together Health Visitors, midwives and Mental Health workers looking at training and development and also information for mother and partners and access to services. These have just commenced.

The acute liaison service for mental health needs is now in place and the positive impacts can be seen.

There is a recruitment date in June. There was a recruitment day last month which was more locality based at Berrywood Hospital which was aimed particularly at newly qualified nurses.

Community Interest Company (CIC)

A briefing from County Council with regard to a Community Interest Company (CIC) went through Cabinet last week.
December there was a tender process around bring partnerships together for Health and Wellbeing. This was then pulled by the County Council. The proposal is now to have Wellbeing Community Interest Company (please see below)

At this point AR declared an interest. It was discussed and AR remained in the meeting.

Concerns raised around housing as there is a 9 months wait for a house. Voluntary sector contracts that were already in operation are being extended for between 9 – 12 months but most with a 17.5% funding cut. Centre for independent living is in phase 2. No consultation has happened although decisions have been made. Sectors are trying to get their own solutions.

It was queried whether home improvements were under Social Services. There needs to be an alignment in outcomes of the Care Act and work together for an integrated service. A proposal needs to be looked at and put together. Voluntary Sector can assist in low level prevention by providing services that help.

**Future direction of the Forum - Workshop**

The group were split into 3 groups to discuss the following. (Verbalisations are listed below each bullet point)

- **Public Health Outcomes Framework indicators for discussion**

- **Current priorities:**
  - Frail and Elderly
    - Reduce admissions to hospital
    - Include Long Term Conditions
    - Should be Frail or Elderly as ‘Frail’ can refer to any age
    - Links into isolation
    - Prevention of patient crisis/deterioration
    - Focus on key communities including ACARE and Sheltered Housing

  - Isolation
    - Links to frail and elderly
    - Negative and positive consequences of the virtual culture
    - Mental wellbeing
    - Influencing planning of new developments

- **Pre-Diabetes**
  - Obesity
  - Weight management
• Question one – Have we got the right priorities?
  • Ensure group is aware of the priorities
  • Need to understand what the issues are and define.
  • ‘Obesity’ Is ‘Pre-Diabetes’ the correct title?
  • Isolation – associated with Mental Health and Wellbeing – includes young people too

• Question two – Have we got the right people?
  • School nurses (NHfT)
  • GPs
  • Faith Groups
  • Workplace employers/Unions/Regulators/Apprenticeships
  • Police (Student Support Advisors)
  • Education – influencing children’s health

• Question three – How do we take this forward?
  • Develop and action plan
  • SMART
  • What is the issue?
  • How can we measure?
  • Give actions to organisations and making them responsible
  • Identify leads and sub-groups for each priority
  • Access to funding
  • Regular reporting at Forum
  • How to influence commissioning strategies.
  • Steering Group to develop action plan
  • Develop small, topic based partnerships, eg smoking
  • Consider cadets and NCS (National Citizens Scheme) to develop networks
  • Consider partnership funding bids
  • Share information and learning across areas
  • Avoid duplication
  • Training for volunteers and carers
  • Collaborative working with NHS professionals
  • Improved skills and freeing up of clinical time

The group listened to each other’s suggestions and concluded the following outcomes:

• MD, RH and TA meet
• Decide on a lead to take this forward

Items for meeting with Cllr Brown 13th May

The following were points were raised for the meeting

• Available funding for priorities. Wellingborough have a paid member to support this. Daventry council has put money in.
Admin support for various meetings.

AOB

FE is looking at workplace health. Information will be coming out shortly. This will be a focus over the next 6 months.

LT will feedback regarding obesity. This is a workplace challenge.

MH Rushden Mind have started 6-7 courses at the local job centre for Health in Workplace

**POST MEETING NOTE:** Next meeting date has been moved to Monday 27 July 2015 @ ENDC from 2.00pm to 4.00pm