



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 10.30 am on Thursday 9th November 2017
Innovation 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
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Teresa Dobson	(TD)	Chair, Healthwatch
Dawn Cummins	(DC)	Chief Executive, Voluntary Impact Northamptonshire
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Lucy Wightman	(LW)	Director of Public Health, Northamptonshire County Council
Cllr Bill Parker Substitute	(BP)	Cabinet Member for Adults, Northamptonshire County Council
Dr Jonathan Ireland	(JI)	Chair, LMC
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Chris Pallot Substitute	(CP)	Director of Strategy and Partnerships, Northampton General Hospital
Wendy Hoult 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
James Andronov Substitute	(JA)	Assistant Chief Constable, Northamptonshire Police

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council Northamptonshire Healthcare Foundation Trust
Nicci Marzec	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
Gordon King	(GK)	Deputy Director for Mental Health, Northamptonshire Healthcare Foundation Trust
Mike Coupe	(MC)	STP Director, NHS Nene Clinical Commissioning Group
Tim Bishop	(TB)	Chair, Northamptonshire Safeguarding Adults Board
Keith Makin	(KM)	Chair, Northamptonshire Safeguarding Childrens Board

Minute Taker:

Cheryl Bird (CB) Northamptonshire County Council

Apologies:

Cllr Matthew Golby	(MG)	Deputy Leader, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
David Oliver	(DO)	Chief Executive, East Northants Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Carole Dehghani	(CD)	Chief Executive, NHS Corby Clinical Commissioning Group
Fiona Wise	(FW)	Interim Chief Executive, Kettering General Hospital
Paul Farenden	(PF)	Chair, Northampton General Hospital
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Roz Lindridge	(RL)	Locality Director Central, NHS England
Alan Burns	(AB)	Chair, Kettering General Hospital

A1 Declarations of Interest:

SH formally requested any declarations of interest. CP advised he is Chair of Voluntary Impact Northamptonshire.

A3 Minutes from the previous meeting 14th September 2017:

One amendment is to be made to the minutes from the previous meeting held on the 14th September, paragraph A4.3 change initials from JW to JWt. The rest of the minutes were agreed as an accurate record

Action:CB

A4 Matters Arising

A4.1 CP gave the Board an update on the recent CQC inspection which took place at Northampton General Hospital (NGH). Inspection visits in previous years classified NGH as needing improvement, and in some areas as providing inadequate care. Following two CQC inspections this year NGH was assessed against 5 domains, whether the care is safe, effective, caring, responsible and well led. NGH has now received a classification of good across all domains and outstanding in well led and A&E provision. CP praised the work of all the staff at NGH and thanked partners for their support throughout the process. The focus for NGH now is to maintain and improve on these classifications during the current challenging environment.

A4.2 DS confirmed that following consultation with NHS Nene CCG and NHS Corby CCG Boards a proposal has been submitted to the Secretary of State for Health for approval for CD to be the interim Chief Accountable Officer for Nene CCG whilst she remains the substantive Accountable Officer for NHS Corby CCG.

A4.3 SH advised that Simon Weldon has been appointed as Chief Executive for Kettering General Hospital and will start in his new role April 2018. FW will continue as interim Chief Executive until then.

A4.4 SH gave an update on the Library re-design consultation undertaken by Northamptonshire County Council (NCC). The footfall for people attending libraries to borrow books is in decline, but footfall is increasing for people accessing library premises for community activities. NCC has considered the geography, social dimensions and footfall of the current libraries and recommended three options for the consultation. Currently there have been 1500 enquires and 21 of the libraries under consultation have asked for additional information. Meetings have been scheduled with communities to discuss the opportunities for operating community libraries and there have been some offers of sponsorship. SH asked All to review the consultation and provide feedback.

Action:All

A4.5 SH confirmed the next Health and Wellbeing Board meeting on the 18th January 2018 will commence at 8.00 am, beginning with a private session facilitated by John Bewick, to review partnership working and development of the Board objectives.

A5 Board Membership:

A5.1 SH gave the Board an update on the recent changes in Board membership:

- Damon Lawrenson (DL) the Interim Chief Executive of Northamptonshire County Council will become a Board member,
- LW has now been appointed as Director of Public Health and will sit as a permanent member of this Board,
- EMAS had requested to join the Board, but this was not approved over concerns around the suitability of the nature of role proposed as their representative.

The Board endorsed the decisions of the Board Executive.

B1 Health and Wellbeing Board Development Day Report: Mental Health

B1.1 GK gave the Board a brief overview of the Health and Wellbeing Board Development session held on the 12th October 2018 and thanked the Board for its continued support for mental health and its wider context. The development session focused on the crisis concordat moving forward, showcasing recovery focused work and the concept of co-production. The following presentations were delivered:

- Paul Flecknoe and Sharon Gibbard on what does recovery mean,
- A service user on the employment IPS services,
- Chris Berry on the Northants Personality Disorder Hub,
- Housing, as housing and employment are key elements in maintaining good mental health and helping with recovery and preventing relapse.

A workshop session was then held on the Recovery College and how this links into the wider network. The presentation from this development session will be circulated with the minutes and asked all to review.

Action:CB/All

B1.2 JI has discussed the Recovery College work with Dr David Smart and asked if this concept could be made available to a wider group, for patients attending general practice who are suffering from poor mental health but who do not necessarily want to be referred to another level of care. GK noted people enrol on the Recovery College as students whether staff or service users and GK is looking to roll this concept out into primary care either through IAPT referrals or from conversations with GPs or voluntary sector. GK added some of the discussions and decisions made during the development session will become part of Prevention Concordat work.

C1 Update Report: Board Member Organisations and Activity

C1.1 SH noted the Partners Strategic Partner update report will be taken as read and asked if any Board member has questions, they should liaise directly with the appropriate board member.

C1.2 DC gave a brief update from the voluntary sector. Work is been undertaken by the voluntary sector through the prevention workstream of the STP and this work is fundamental in bringing extra funding into the county. The voluntary sector does have access to apply for extra funding from different avenues that partner organisations do not. The voluntary sector is also engaged with European Social Fund (ESF) and membership of the Commsortia are developing proposals to attract ESF funding into the county.

C1.3 WH gave a brief update from NHS England. Following the submission of the Northamptonshire BCF to NHS England an escalation meeting was held in London and attended by partners within the county. The outcome of this meeting was the recognition of the good partnership working which has taken place and an approval of a local trajectory to address DToC and this is awaiting formal sign off. AE confirmed following the escalation meeting, all the schemes contained within the BCF have agreement on who will take ownership, how to deliver and where the risk will sit. NHS England is focusing on DToC over the next few months and are having weekly reporting on numbers people expect to achieve across the region.

C1.4 LW gave an update on the uptake of flu vaccinations for children. Last year there was variable uptake on flu vaccinations across the county, but this year there has been good partnership working this year to increase the uptake, involving communication teams, health visitors, and school nurses. JI noted a key initiative is to ensure NHS Frontline staff are vaccinated but there has been confusion around the vaccination of locums within primary care which has now been resolved. But there is still an issue with GP Practices having no claim back mechanism for vaccinating their staff.

C2 STP Update

C2.1 MC presented a reported on the progress of the STP and highlighted some key points:

- MC will be overhauling the reporting process of the STP in 2018.
- The STP reset which has taken place over the previous few months will be completed by the end of December 2017.
- In order to resolve the governance issues a draft governance structure has been completed and was discussed at the first meeting of the new STP Partnership Board on the 24th October. It is expected to be signed off once clarity has been reached about the most appropriate way of engaging with general practice and primary care.
- The Fighting Fund is in the process of being confirmed which will target supporting the implementation of new models of care and for project change managers to support each of the key priorities contained within the STP.
- The Chief Executives have agreed in principle who will be leading on each of the key priority workstream and the process of identifying senior responsible officers for each workstream has begun.
- Recruitment is underway for a part time clinical lead who will focus on enabling clinical driven management.
- The STP Partnership Board has now replaced the STP Programme Board, and Tansi Harper will continue to chair the Stakeholder Board. A future workshop is planned to identify a process of co-designing and get stakeholders to identify how they should be involved in the STP.

- In early 2018 there will be a planning process for each of the workstreams and key performance indicators and metrics will be used to give assurance on performance of each of the workstreams.

MC raised two concerns, there is still no clear relationship between STP and the Health and Wellbeing Board (HWBB) and as the CCGs develop their QIPP programmes this could lead to a danger of overspill and duplication of work, but it is hoped this will be mitigated once the clinical lead is recruited to and a system strategy created.

C2.2 SH asked the Board to discuss the Boards relationship with the STP, as currently in the STP governance structure there is a dotted line between this Board and the STP, which is not in line with other areas of the country. The following comments were noted:

- Concerns were raised about where prevention sits within the STP, as it is not seen as a priority workstream, and as the voluntary sector has now been moved to sit on the Stakeholder Board, this indicates a direction of travel away from prevention to clinical outcomes. As prevention is needed in order to reduce the costs and numbers of admissions to hospital.
- The current governance structure is not clear and all partners contribute to acute outcomes, with both urgent care and community care elements of the STP have a social prescribing support element to them. Partners need to re-align to new priorities and understand what the facilitating factors are to achieving outcomes.
- There needs to be clear articulation about what the HWBB wants to see reported from the STP programme regarding how the STP is contributing to Health and Wellbeing Strategy key priorities and what are the gaps, ensuring no duplication is taking place.
- Within the documents of the STP is patient's constitutional rights and one of these is for the public/patients to have the right to make choices about the services commissioned.

C2.3 MC confirmed there is no loss of commitment to the health and wellbeing agenda, there are national and local priorities and the first set of priorities is set by the NHS England around the Five Year Forward View. The real test is how to get the system as a whole to invest in health and wellbeing when providers are facing serious financial challenges. The Five Year Forward View and the STP have more NHS focused priorities, and public engagement is key to finding solutions and need to consider how this can be achieved going forward.

C2.4 The Board agreed on a preference of a solid line to show the positive working relationship between the HWBB and STP, highlighting the good partnership arrangements already in place across the county. The HWBB could act as an enabler to bring about change, provide oversight and accountability which would be in line with the BCF governance arrangements. SH will meet with AH, to discuss this in more detail.

Action: SH

C3 Corby Urgent Care Centre

JW gave the Board an update on the Corby Urgent Care Centre. The financial impact of the expert determination process is approximately £3.5 million pounds which has resulted in an overall evaluation of healthcare provision in Corby, ensuring this is completed as soon as possible. There is a period of pre consultation and engagement with a wide variety of groups across Corby, once this process is complete a period of formal consultation will begin with identified agreed models of care. LW offered the support of the public health team in terms of research to Corby for the evaluation and consultation process if needed. CP also offered support from Northampton General Hospital. JW confirmed conversations have taken place with providers across the system to make them aware of the possible implications for the service re-design in Corby. LH suggested as Northamptonshire County Council undertake their own consultation on proposed changes to services within Corby it would be beneficial to exchange learning. JW confirmed that NHS Nene and NHS Corby CCGs have approved a joint dis-investment and de-commissioning policy which is led by the joint quality team.

C4 JSNA Update

LW gave the Board a brief update on the Joint Strategic Needs Assessment (JSNA). A number of chapters have been prioritised in the JSNA and these are reliant on the STP clinical priority areas around prevention. The Prevention Concordat has been launched and work on the mental health JSNA needs assessment has begun which is fundamental in underpinning the plan as it develops. An oral health chapter is also being added to the JSNA and a needs assessment is being undertaken by a dental therapy fellowship post and is joint funded with public health and Health Education England. TD raised the issue of people not being able to access oral healthcare when in care homes or are housebound.

C5 iBCF Update

AE gave the Board a brief update on the iBCF and highlighted the following areas:

- Currently awaiting approval for the overall BCF plan and DToCs remains the key focus for this winter.
 - Joint work is being completed with the CCGs regarding admissions to hospital from care homes, care homes are facing extreme pressure and 70 care home places have been lost in recent months due to care home closures. Nursing provision within care homes is a big challenge within the county. The smaller private care homes are suffering more, mainly due to staffing issues, recruitment and retention. SOB noted with the cap on the number of student coming through universities lifted it is hoped this will lead to more qualified nurses coming through.
 - Continuing to look at other options such as step down care with CCGs for assessments out of hospital.
 - There is a big issue with the level of frailty in patients when admitted to the acutes as in some cases people are leaving it too late to seek medical health when ill resulting in a hospital admission. CP noted although NGH emergency admissions are not increasing, the numbers of those who are extremely frail is, which increases the number of patients admitted staying in hospital for over 20 days.
 - JI added people will always get ill and reach the last stages of their life and there is a need to ensure whilst we do our utmost with the prevention agenda, secondary care services are available for this eventuality.
 - Work is ongoing in trying to prevent admissions into care homes and Northamptonshire have one of the lowest admission rates to care homes in the country.
 - There has been a 15% increase in capacity for home care this year, but there is still a 1000 hours waiting for home care due to capacity issues. AE is hopeful working with the voluntary and community sector can help improve this provision across the county.
 - A key focus this year work jointly with NHFT and CCGs is to improve outcomes for people with a mental health learning disability, to move away from traditional residential care placements.
 - iBCF money will be used to improve interventions within the community such as expanding the re-enablement teams, working with the intermediate care teams and looking at community based care around families.
 - LW advised as part of NCC consultation a proposal is for First for Wellbeing Wellbeing Advisors to focus and support patients who are at highest risk of being frail, with multiple clinical issues and social issues.
 - JA noted 30% of calls received by Northamptonshire Police are public sector welfare incidents where there is a concern for someone's safety, in particular with dementia patients which adds pressure to services on a relatively small police force. JA will share the data on missing persons with LW to assist with the preventative workstream and asked if this work could be discussed in more detail at a Board meeting in the future.
- The Board agreed.

Action:JA

C6 Housing and Planning Workstream Group update

C6.1 CM gave the Board an update from the Housing and Planning Workstream Group. This workstream was established following a Health and Wellbeing Board Development session on the 29th June 2017. It was recognised the health sector needs to be part of the planning processes particularly at the beginning, to ensure they achieve optimum funding and facilities needed for the anticipated population growth. The group was developed to ensure a more co-ordinated approach for planning and health, to ensure the correct infrastructure for health and wellbeing is included in the planning process and ensure positive health opportunities are built in.

C6.2 At the first meeting in October it was agreed for two sub groups would be established to design a protocol for health and planning, based on an existing document drawn up in Nottinghamshire, and to lead on the work of a case study (a Sustainable Urban Extension [SUE] in Kettering). This work will not just be about formulating the health infrastructure required for planning new developments, but will also relate to formulating an evidence base for, and the delivery of, preventative aspects which will contribute to building healthier communities. The group will produce a “Who Does What?” document, designed to inform organisations about the inner workings of the planning system where it pertains to health and well-being. There is a proposal to second a planner for a year to work within the health sector to work with planners and develop a countywide Health Supplementary Planning Document. TD noted that we need to be mindful it is about building communities and ensure parks, leisure facilities and community groups are taken into consideration. DS added that NHS England have appointed a dedicated Estate Manager for Northamptonshire.

C7 Northamptonshire Safeguarding Adults Board (NSAB) Annual Report

TB gave the Board an overview of the Northamptonshire Safeguarding Adults Board (NSAB) Annual Report. Key highlights from the report are:

- Prevention is a priority for safeguarding adults at risk,
- Need to ensure there is enough quality staff within these care homes and ensure they are well trained.
- The importance of good housing to ensure people are kept safe.
- There are some national issues around the Mental Capacity Act and the Deprivation of Liberty Safeguards which Northamptonshire are having to put a lot of resource into managing the impact to ensure the customers get the outcomes they want.
- The role of the safeguarding should be included within the STP.
- There is a clearer membership structure, and changes have been made to the NSAB board structure due to the implementation of the integrated business office for safeguarding across children and adults.
- The priorities for this year are around making safeguarding personal, focusing on what customers think about the interventions and support offered, what has the experience been? Have the interventions made a difference?
- The Care Act has created new categories particularly around self-neglect - there is a need to become more aware of self neglect which impacts on housing and the fire service due to dangers around fire.
- A National survey on how safe people feel in their own homes gives the ability to correlate a range of indicators to give a sense of how prevention is working.

DS added it would be beneficial to incorporate some of the indicators collated by NSAB from partners into the Health and Wellbeing Strategy, to ensure we have traction.

C8 Northamptonshire Safeguarding Childrens Board (NSCB)

C8.1 KM gave the Board a brief overview of the Northamptonshire Safeguarding Childrens Board (NSCB) Annual Report, which has been made accessible to several groups this year and the annual report for 2018 will produce a version accessible to children and young people. Key highlights from the report are:

- The NSCB has been restructured to have fewer sub groups to become more focused and making better use of data, by having a complete comprehensive data set the NSCB can help contribute to having countywide data set.
- The quality assurance process has been tightened up, six audits a month are completed on various topics to ensure we have a clearer picture in the county. Every agency must produce a section 11 audit return enabling people to have comprehensive discussion about their safeguarding approach.
- A review will take place on NSCB operations, including frequency of meetings, how to be more strategic and link across to planning processes and ensuring there are good links with partners and their reporting boards.
- Northamptonshire has a high level of looked after children as there isn't sufficient early intervention for prevention taking place through tier 4 services.
- There is some inconsistency around child protection planning, inconsistent attendance in conferences and producing reports, although police attendance has improved.
- Work is ongoing to reduce the high turnover in staff and reducing the number of agency workers.

JW asked for clarification on who the other primary health care referrers are, KM will clarify and feedback to Health and Wellbeing Board to be circulated with the minutes.

Action:KM

C8.2 The Board discussed the issue of children with lower level issues who have regular contact with services but with no interventions in place. The following comments were noted:

- Work around ACEs is not just about financial gains it is about improving lives for the young people and improving their outcomes for adult life.
- LH has completed some work this week about the direct correlation between poor housing and leading to poor education outcomes for children
- There are few tier 2 services for interventions in the county and children need to get worse before they can meet a threshold for interventions to be put in place, particular with mental health conditions.
- The work from ACEs task and finish group, will show links that a high proportion of those involved in violence offences, poor mental health and substance misuse, suffered ACEs and were involved in childrens social care.
- There is a need to coordinate the statutory boards effectively, SM, LH and LW will meet to discuss proposals on how statutory boards can be more aligned for discussion at the next meeting.

Action:SM/LH/LW

- Primary care often see the transition between adults and childrens services and children do fall through gaps in services and these are often hard to reach families.
- LW asked partners to ensure their representatives attend the ACEs sub group meetings. LW will circulate information regarding current membership of the ACEs task and finish group to the Board and asked All to review feedback to LW any gaps.

Action:LW

C10 Changes to Local Safeguarding Arrangements

KM gave the Board a brief overview of the Changes to Local Safeguarding Arrangements consultation currently taking place, which finishes in December 2017. There are three elements to the consultation:

- Safeguarding Children’s Boards would be replaced by three safeguarding partners: local authorities, Police and Clinical Commissioning groups. There would also be associated partners/relevant agencies. This would be a permissive piece of legislation and boards are not required to make any changes but it could present new opportunities, for instance the NSCB could join up with other areas/counties.
- There would also be changes to the child death overview panels, based on the population size and moved to a health operation but it is still unclear exactly where they would sit in health.
- A national board would determine which cases go on to a serious case review and all data correlations and analysis on a serious case review would be carried out within 5 working days which is unreachable.

E1 Prevention Concordat

LW gave a brief overview of the work taking place around the Prevention Concordat. Currently a needs assessment is underway and there is a Health and Wellbeing Board Development Session on Prevention Concordat taking place on the 16th November.

F1 Take Home Messages

CP gave the Take Home Messages from today’s meeting:

- It is important to recognise senior leadership changes taking place and we all need to be mindful of this.
- All need to provide feedback on the consultation of the service review of libraries.
- The recovery for mental health is a good example of partnership working.
- The updates from the BCF and iBCF show progress is being made on delivery
- The Board should note the broad discussion on how important prevention is for all of us and for its inclusion within the STP.
- Need to think about the input and impact from reports and how we link the work we do to safeguarding.

Date of the Next Meeting

The date of the next meeting will be on the 18th January 2018, at Sunley Management Centre, commencing with a private meeting at the earlier time of 8.00 am.

Signed.....

Dated.....