



## Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting  
held at 9.30 am on Thursday 10<sup>th</sup> November 2016  
Room 15, County Hall, Northamptonshire**

**Present:**

Cllr. Sylvia Hughes - Chair	(SH)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Professor Akeem Ali	(AA)	Corporate Director for People Commissioning Northamptonshire County Council
Carole Dehghani	(CD)	Chief Commissioning Officer, NHS Corby Clinical Commissioning Group
Graham Foster	(GF)	Chair, Kettering General Hospital
Dr Jo Watt	(JWt)	Chair, NHS Corby Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Cabinet Member for Childrens, Northamptonshire County Council
Professor Will Pope, John Wardell	(WP), JW)	Chairman, Healthwatch Chief Commissioning Officer, NHS Nene Clinical Commissioning Group
Dr Jonathan Ireland	(JI)	Chair, LMC
Wendy Hout Substitute	(WH)	Better Care Fund Implementation Fund, NHS England
Cllr Bill Parker	(BP)	Cabinet Member for Adults, Northamptonshire County Council
Paul Farenden	(PF)	Chair, Northampton General Hospital
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Dr Carolyn Kus	(CK)	Managing Director, Olympus Adult Social Care Services
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Deborah Needham Substitute	(DN)	Chief Operating Officer and Deputy Chief Executive, Northampton General Hospital

**In Attendance as observers:**

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Tansi Harper	(TH)	Vice Chair, NHS Corby Clinical Commissioning Group
Pat Haslam	(PH)	Locality Team Administrator, NHS Nene Clinical Commissioning Group
Martin Lord	(ML)	Chief Executive, Central and East Northamptonshire Citizens Advice Bureau
Mark Ainge	(MA)	Area Manager, Head of Prevention and Community Protection, Northants Fire and

Gordon King	(GK)	Rescue Deputy Director of Mental Health, Northamptonshire Healthcare Foundation Trust
Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council

**Minute Taker:**

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

David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
Tony Ciaburro	(TC)	Corporate Director for Place Commissioning, Northamptonshire County Council
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Lesley Hagger	(LH)	Director for Childrens, Families and Education
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Catherine Mitchell	(CM)	Acting Director of Primary Care and Integration, Cambridgeshire and Peterborough Clinical Commissioning Group

**A1. Declaration of interest**

SH formally requested if any member of the board has any declaration of interest. No declarations were made.

**A2. Minutes from the previous meeting of 15<sup>th</sup> September 2016**

The minutes from the previous meeting of the 15<sup>th</sup> September 2016 were agreed as an accurate record.

**B1 Health and Wellbeing Development Sessions**

**B1.1** SH advised the next Health and Wellbeing Board development session will be held on the 8<sup>th</sup> December, with the theme being Alcohol Licensing. Alcohol plays an important part in the local economy and the social lives of many residents, yet excessive alcohol consumption continues to be a major health and wellbeing issue for the County. Affecting physical and mental health, whilst also being a significant factor in incidents of crime and anti-social behaviour. As such this contributes to the pressures being faced by public services and partner organisations, with an important aspect of this being the availability and sale of alcohol which is controlled through the alcohol licensing process. This development session will explore the alcohol licensing process and legislation, ensure that attendees have an understanding of licensing process, legislation and to look for opportunities of collaborative working to ensure alcohol licensing contributes to the wellbeing of the community.

**B1.2** SH gave the Board an overview of the previous development session held on the 17<sup>th</sup> August hosted by Chris Holmes (CH), 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. SH added this Health and Wellbeing Board has an opportunity to act as a central point and to take the lead to increase physical activity within the county. DS always stresses during patient

appointments the importance of physical activity in achieving and maintaining good health and asked All to promote this message. DS added work completed by Nsport is an exemplar and encouraged All to read the Dr Birds presentation circulated to Board members. PB noted CH presented at a previous Chief Executives Board meeting, the NSport plan for 16/17 and initiatives moving forward. The Chief Executives Board have asked CH to think about how sport and exercise can play an important role in the prevention agenda and to feedback any proposals to a future Chief Executives Board meeting.

## **B2 Service User Story: Work on Armed Forces Covenant**

**B2.1** DS advised that it would be beneficial to have Service User Story on the agenda, to enable the Board to ascertain how the impact of decisions made at the Board can affect service users and be able to strengthen decision making.

### **B2.2 Armed Forces Covenant**

**B2.2.1** PH gave the Board a brief overview of work being completed around the Armed Forces Covenant (AFC) signed by all 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 gave 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.

**B2.2.2** Currently there are 64500 veterans within the county, and Nene CCG is undertaking an initiative with GP Practices to identify and to code 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 has 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. PH 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. PH added 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. PH added it needs to be promoted that veterans need to come forward with health issues and seek the appropriate help early, as symptoms of PTSD may not surface until five or six years after a conflict or discharge.

**B2.2.3** In April 2017 a campaign will be launched called 'You are not alone' with the backing from the Royal British Legion. The aim of this campaign is to highlight support available for veterans and it is hoped that there will be support and involvement from the Royal Family and the Military Wives Choir. A military charity are helping with the promotion and funding, reducing the cost attached to the campaign.

**B2.2.4** PH noted the aspirations for this county is to have:

- A veteran house located within the county
- Reduction in the number of suicides amongst veterans
- To have Practice Veterans Liaison Officers within every GP practice.
- No homeless veterans living on the streets

PH added that Nene CCG have been shortlisted for an Health Service Compassionate Care Award for work completed around the AFC. PH commented NHFT have recently 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. HS offered her and NCC's support in helping to promote the message. JI offered the help of the LMC in promoting this work, PH and JI to discuss outside the meeting.

**Action:JI/PH**

MG is the NCC Veterans Champion and regularly attends meetings with the Armed Forces Reserve, PH and MG to discuss outside the meeting.

**Action:MG/PH**

WP will discuss the possibility of setting up a Veterans Healthwatch with PH.

**Action:WP/PH**

PH to meet with GK to discuss linking in with the Mental Health Crisis Care Concordat.

**Action:GK/PH**

SH asked All to discuss the work linked with the AFC with their individual organisations.

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

### **C1.1 Cold Homes Partnership**

ML briefed the Board on some of the work being undertaken with First for Wellbeing (FfW) 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 Health and Wellbeing Board has a statutory response to oversee the work and ensure the implementation of the NICE recommendations, a strategy is developed to address the health consequences of cold homes and ensure there is a Single Point of Contact (SPOC) for health and housing referrals. ML advised that collaborative working is crucial and FfW needs to be supported in identifying people who are affected by cold homes, with a coherent strategy and to have tangible interventions to address the problem. ML asked for the Citizens Advice Bureau to be commissioned to undertake this work. NICE Excess Winter Death and NHS England Cold Weather Plan are available on the links below.

[NHS England Cold Weather Plan](#)

[NICE Guidance Excess Winter Deaths](#)

BP noted there was no mention within the report of the work being completed by Adult Social Services. ML added the SPOC will be able make referrals and enable the provision of existing services to be aligned and mobilised. AA commented that we need to be aware of funding available, feed this into work already in place within the localities, and ensure the districts and boroughs are involved, to ensure work is aligned. AA suggested using the joint commissioning arrangements in place and for a report to be brought to the Urgent Care Board outlining the work currently ongoing and future work proposed. ML will liaise with commissioners to bring a paper to the Urgent Care Board.

**Action:ML**

### **C1.2 Hope centre**

NP gave the Board a brief update on the work currently being completed by the Hope Centre. The Hope Centre help to improve lives of people affected by severe and multiple disadvantage, and this work aligns with the Health and Wellbeing strategy, helping to reduce drug and alcohol misuse, providing skills and training for hard to reach individuals. The funding the Hope Centre receive is mainly from a Big Lottery grant and private donors, although their work helps to reduce the costs of and need for health and social care services provided by partners. Work completed by the Hope Centre also links in with the AFC as their services regularly support veterans. NP explained the purpose of this brief is

to ask the Board members to support the Hope Centre and act as ambassadors for its work within the community. PB noted that NCC will soon have an Emarket place portal operational, which will be able to signpost people to services for health and social care. AA added that FfW could also be used as a link into services provided by the voluntary sector, and FfW also have Wellbeing Advisors hosting session in GP practices across the county.

## **C2 Mental Health Awareness**

**C2.1** GK gave a brief update on the Mental Health Crisis Care Concordat. The national team has now finished work on the Crisis Care Concordat, and in Northamptonshire a robust steering group is in place which has been effective in delivering improvement to services for those in mental health crisis. The Steering group has created an ambitious action plan with a key set of deliverables, identified via a series of workshops held with service users and carers. There is still a need to address the challenges in recognising the demand for places of safety under S136 and GK thanked Northamptonshire Police for their work in reducing the number of S136 held in custody suites. Due to the special requirements for children and young people there is a need to have a designated S136 suite or suitable alternative where children and young people can be assessed. There is a focus on multi agency responses to S136's, including EMAS, police, primary care and acutes.

**C2.2** The EMAS and Police triage cars are working effectively in managing a crisis on the street, reducing admissions to A&E departments and the demand for S136 places of safety. Resources are currently being identified to have these triage cars operational during the day. It is hoped to have a SPOC to signpost people to appropriate services, Ask Norman and NHS 111 will be used. SE noted in the Police Control Room a triage assessment takes place once a call is received to ensure it receives the best response and officer's deal with approximately 20 mental health calls a day. SE added The College Policing of website has recently published guidance for dealing with those in a mental health crisis (see link below). <http://www.app.college.police.uk/app-content/mental-health/?s>

**C2.3** Work is ongoing to identify a small number of people who have repeated episodes of crisis, in order to try and break the cycle and reduce demand on services. GK commented good partnership working needs to continue, to enable gaps in services to be identified, addressed and to enhance and develop primary care input.

**C2.4** AH thanked GK for the completing the work to enable a crisis house to be established and noted that a similar facility is needed in the north of the county. JW added work on the Crisis Concordat has been helpful for clinicians and there must be a seamless handover from crisis to non-crisis services. GK agreed. AA noted there is a need to consider how we stabilise people earlier to prevent further crisis and to revisit the care system to manage change effectively.

## **C3 Health and Wellbeing Forums**

SH asked for a Task and Finish group to be set up, to review how the Forums can feed into the Health and Wellbeing Board, as well as the possibility of being used as a resource for becoming wider engagement and participation vehicles to support the STP implementation. JC, SH, CM and DS will form part of this group.

**Action:JC/SH/CM/DS**

## **C4 Update from Task and Finish Groups – newly established**

**C4.1** JC advised an initial meeting was held between PL, JC and Stephen Marks to discuss the formation of the Social Isolation Group. JC will discuss with Janet Doran to ensure there is a joined up response regarding prevention, the social prescription pathway and to ensure the right people are engaged.

**Action:JC**

**C4.2** AA advised initial meetings have taken place across the county to discuss the ongoing work with Adverse Childhood Experiences (ACE), and there is a development session planned for the 9<sup>th</sup> March 2017.

**D1 Understanding Costs and Options on Acute and Community Care Systems**

PB advised the County Council Network has announced that briefing key messages of the STP into the public domain should be made through partner Boards. A short summary will be produced to describe the STP, its impact and cost, for public engagement, which will be disseminated through partner organisations.

**E1 STP Programme update**

JW advised a draft STP plan was submitted on the 21<sup>st</sup> October, and awaiting formal feedback from the NHS England before this can be translated into an operational plan. The STP Board will meet next week to agree a timeline and resources needed to begin engagement over the next few weeks.

**E2 BCF Update**

AA gave the Board a brief update regarding the progress of the BCF. The BCF plan for 16/17 was signed off earlier in the year, but due to additional pressure with budgets the plan has moved from approved to not approved. National support advisors have been working with the main partners to help resolves issues and have a 17/18 plan ready for submission next year. The plan for 16/17 is agreed in terms of commissioning and risk sharing and there is a list of schemes contained within the plan that can be implemented. National guidance for 17/18 is expected soon and then discussions can take place in January 2017 about allocations and continuation of schemes. JW added there is a requirement within the BCF submission for 17/18 plan that the Five Year Forward View will feed into the operational plan. AA recommended the board endorse this plan and focus on the refresh for 17/18. GF asked for the finalised plan to be shared with members of the board. AA will arrange for this to be circulated.

**Action:AA**

**F1 Take Home Messages**

- WP noted it has been beneficial for mental health to be a major focus at this Board meeting and helps towards demonstrating parity of esteem.
- HS advised the new Emarket place portal will be vital in signposting people to health and wellbeing services.
- DS asked for a standing item to be included on the agenda to show the progress being made around the Health and Wellbeing Strategy.

**Date of the Next Meeting**

The date of the next Health and Wellbeing Board meeting will be on the 19<sup>th</sup> January 2017 at 9.30 am in Newton Room, University of Northampton.

Signed.....

Dated.....