



Northamptonshire Health & Wellbeing Board

Minutes of the Health and Wellbeing Board Meeting held at 10.00 am on Thursday 14th September 2017 Council Chamber, East Northants Council

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
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Jo Watt	(JWt)	Chair, NHS Corby Clinical Commissioning Group
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Teresa Dobson	(TD)	Chair, Healthwatch
David Oliver	(DO)	Chief Executive, East Northants Council
Dawn Cummins	(DC)	Interim Chief Executive, Voluntary Impact Northamptonshire
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Carole Dehghani	(CD)	Chief Executive, NHS Corby Clinical Commissioning Group
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Fiona Wise	(FW)	Interim Chief Executive, Kettering General Hospital
Lucy Douglas-Green	(LDG)	Interim Deputy of Director of Public Health, Northamptonshire County Council
Nicci Marzec Substitutue	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
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
John Wardell	(JW)	Accountable Officer, NHS Nene Clinical Commissioning Group
Alan Burns	(AB)	Chari, Kettering General Hospital
Cllr Bill Parker Substitute	(BP)	Cabinet Member for Adults, Northamptonshire County Council

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Adam Smith	(AS)	Northamptonshire Healthcare Foundation Trust Head of Service, Crisis Pathway, Northamptonshire Healthcare Foundation Trust

Mark Ainge	(MA)	Area Manager, Head of Prevention and Community Protection, Northants Fire and Rescue, Northants Police
Alison Kemp	(AK)	Director of Integrated Commissioning, NHS Nene Clinical Commissioning Group
Richard Twees	(RT)	Community Services Manager, Crisis Care Pathway Team
Tom Weeks	(TW)	Northamptonshire Police

Minute Taker:

Cheryl Bird	(CB)	Northamptonshire County Council
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Apologies:

Dr Jonathan Ireland	(JI)	Chair, LMC
Dr Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Cllr Matthew Golby	(MG)	Deputy Leader, Northamptonshire County Council
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner

A1 Declarations of Interest:

SH formally requested declarations of interest, none were declared.

A3 Minutes from the previous meeting 20th July 2017:

Minutes from the previous meeting of the 20th July were agreed as an accurate record.

A4 Matters Arising

A4.1 CD gave the Board a brief update on the situation relating to the Corby Urgent Care Centre (CUCC). There has been an ongoing situation relating to a contract dispute with the provider Lakeside +, this has been taken to expert determination and as yet is to fully conclude. There has been a partial conclusion which has resulted in an in year financial issue for NHS Corby Clinical Commissioning Group including making retrospective payments dating back to 2014. As a result of this Corby CCG will therefore need to look at the savings across the whole of their spend, which will impact across the system.

A4.2 Following results from a recent GP access survey, work is needed to engage with patients to ensure they understand the definition of urgent care, as currently patients in the system are not using the most appropriate services. Data analysis has shown of those using the CUCC 80% were primary care patients who could self-manage or wait for a GP appointment. In order to bring about this change the current model of care needs revamping, commencing in September there will be a programme of engagement with the local population and stakeholders, with the aim to develop a model of care which is suited for patient needs whilst delivering the efficiencies needed. It is hoped that from November a three month consultation will take place, where a variety information will be shared through the Health and Wellbeing Board to partner organisations and CD asked All to work together as a system to undertake the difficult decisions that need to be undertaken.

A4.3 JW advised the national mandate is for 50% of patients to have access to primary care services 8 till late from April 2018 and 100% of patients to have access by 2019, so it is vital there is capacity within primary care services to meet the new demands. As part of the

engagement and consultation service there will be a focus on the wider range of primary care services and helping the public to recognise there are other healthcare professionals who might be better placed to help. AH confirmed the models of care and same day access to primary care is aligned with the STP new models of care.

A5 Board Membership:

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

- SH welcomed Alan Burns, Chair of Kettering General Hospital to the Board.
- Maureen Campling (MC) was an interim member of this Board representing DASS. Anna Earnshaw has now been appointed to that role and will become a permanent member of the Board. SH thanked MC for her contribution to the Board.
- Dr Peter Barker has retired from Northamptonshire County Council, and Lucy Douglas-Green as interim Deputy Director of Public Health, will become a Board member.
- JW has resigned as Chief Accountable Officer from NHS Nene Clinical Commissioning Group and thanked JW for his valuable contribution to the Board.

The Board endorsed the decisions of the Board Executive.

A5.2 The Board reviewed the amended Terms of Reference. The board endorsed the refreshed Terms of Reference.

B1 Board Partnership Opportunities

B1.1 SH advised as this is a partnership Board, there is a need to consider the opportunities going forward to complete collaborative working and each partner's contribution. SH asked All to consider how to work together on cohesive partnerships.

B1.2 TD noted Healthwatch champion the voice of the population, and is an important partner of this Board. Healthwatch is currently undergoing a procurement process, the current contract is managed by the Connect Together CIC. Healthwatch are experts in data collation, community engagement, representing the population and partners and core funding helps Healthwatch remain impartial. The Healthwatch Annual Report is available on the Healthwatch web site, and TD asked All to review and provide any relevant feedback.

Action:ALL

B1.3 NP advised the Department of Health has made funds available for grants up to the value of £200k for the Voluntary and Community Enterprise sector, for those interested in social prescribing. The deadline for these bids is November 2017, and it would be beneficial for partners to collaborate and submit coordinated bids as some opportunities for additional funding may be missed. DC is currently in discussions with FfW and other voluntary sector organisations that may be interested in pursuing this and will discuss with partners interested outside the meeting.

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 RL gave a brief update from NHS England:

- All GPs have been asked to put forward their Five Year Forward View plans to the appropriate CCG and NHS England is working with CCGs to establish their workforce requirements, primary care development and new models of care. NHS England are working with Nene and Corby CCGs to recruit additional expertise to look at developing different models of primary care and how these models can be brought forward.

- Corby CCG is now fully delegated, but NHS England still has a joint commissioning responsibility with Nene CCG.
- Additional resources are now available with a dedicated premises team working with local authorities to drive through opportunities, work is also ongoing around a rent review and there is a new framework in place to help GPs who may have problems with rent reimbursement.
- Three practices submitted bids for the General Practice Resilience programme, two bids were successful, and the practice that wasn't successful has been signposted to a more appropriate funding stream.
- Work is ongoing with commissioning for pharmacy arrangements and proposals are being put forward for extensions of clinical pharmacists.
- Procurement for the Kings Heath practice was launched on the 13th September.
- The Local Resilience Forum is undertaking a self-assessment for emergency planning to ensure coordination for an effective response in terms of critical or serious incident and ensuring all winter plans are in place.

C1.3 The Board endorsed the report.

C2 Mental Health Crisis Concordat (MHCCC):

C2.1 The Mental Health Crisis Care Pathway team gave the group a brief overview of what is the Crisis Pathway and the work completed by the team. The Crisis Care Pathway consists of a Police Officer, Social Worker and Mental Health Nurse with the aim to help with early intervention, prevention and admission avoidance. The Crisis Pathway was developed around the Mental Health Crisis Concordat which involves partners from across the county looking at improving the outcomes and experiences for service users and how it helps them manage their crisis. The 'I statements' listed below were also taken into consideration:

1. My care was coordinated by someone who listened and took me seriously. They took time to understand my situation and if at all possible I knew them.
2. Staff worked with me and my carer (if I wanted them involved) to co-produce a care plan that met my needs and helped me to move quickly to recovery
3. If I had a co-produced crisis plan staff paid attention to this and followed the plan. If the plan could not be followed for any reason, this was explained to me
4. I was listened to and my voice was heard; at the point of crisis I may not have been thinking clearly, able to make decisions or say everything I was feeling but I was still treated as a person and was not ignored
5. My future steps from here are helpful, reliable, easily accessible and local, they cover my wider needs, support my wellbeing and will help me reach my full potential.

C2.2 Listed below are some of the services developed within the Crisis Pathway:

- Police Liaison Nursing Service- a community mental health nurse is based in the police control room, 7 days a week, 9am to 5.00 pm. Any calls received in the control room which has a mental health code are assessed by the nurse before an officer is despatched to deal with the incident. Also if an officer is attends an incident and suspects there is a mental health element, advice will be sought from the nurse before the officer proceeds. This nurse can also speak to people over the phone and attend incidents with officers.
- Crisis Café – started on January 2017 located in Mind premises in Northampton, Kettering, Corby. These are open four evenings a week, operate an open referral system, staffed by a Mental Health nurse and offers peer support. Discussions are underway to open Crisis Cafes in Wellingborough and Rushden.
- Local NHS 111 Mental Health Pilot, if a person is unwell with a mental health issue, the call is forwarded to the nurse on duty at the Crisis Cafes who will be able assist or refer to appropriate services. Corby MIND will be operating a specific model for their local area where all lower level mental health NHS 111 calls will be forwarded to

them. The intention is to have all lower level mental health NHS111 calls be forwarded to MIND and for higher level to be put through to NHFT mental health nurses.

- Police Triage Car – this is available 6.00 pm to 12.00 pm seven days a week, manned by a police officer and community mental health nurse, attending incidents and have access NHS and police IT systems, with the aim to reduce the number of S136 detentions.
- Ambulance Triage car – this ran during the winter months of 2016, funded from the winter funds, manned by a mental health nurse and paramedic and attended all 999 calls coded to mental health. This scheme saw a reduction of 25% of cases avoiding hospital admittances. This month in conjunction with EMAS, Mental Health Connect is launched, where a paramedic attending a mental health crisis will be advised of other services that may available and more appropriate for the patient.
- Crisis House (The Warren) – This is seven bedded non-hospital alternative to supporting those in crisis, which is service user led and encourages service users to offer peer support. There has been a reduction in mental health admissions to hospitals by 74% since The Warren has been open. Discussions are taking place about opening a crisis house provision in the north of the county.
- Acute Hospital Liaison Teams – these are multi-disciplinary teams based in the A&E departments in NGH and KGH operational 24/7, and they cover the entire hospital. These teams provide a risk assessment within one hour of a patient presenting in A&E and within four hours in general wards, there are also physiological outpatients departments to ensure patients are not re-admitted to A&E after being discharged.
- Work is ongoing on a quality improvement programme with the aim to generate care plans to deal with frequent attenders, by liaising with services such as GPs and EMAS to ascertain why people attended A&E and what can be put in place to stop them attending in the future.
- Transformation funding will be available in 2018 for services within the mental health pathway enabling staff more time to focus at pre hospital interventions such as the Crisis Cafes.

C2.3 DS advised NHS Nene Clinical Commissioning Group are piloting a scheme where a GP sits with reception staff to re-direct patients to a more appropriate service for those that do not need to see a GP. One large practice which is trialling this pilot has seen an increased capacity of 40%.

C2.4 SE advised the College of Policing have made resources available on authorised professional practice for mental health, providing online triaging portals and information for staff.

C3 STP Update

AH gave the Board a brief update on the progress of the STP. There are currently 16 projects in place and the progress been made on detailed plans for each project. AH has taken responsibility as the STP lead, and is working closely with Paul Watson from NHS England to address the challenges and opportunities. AH believes partner organisations have a key role to play in terms of strategic development and the chief executives from these organisations have met with Paul Watson. The Northamptonshire STP has a wide range of metrics which are wide ranging and there needs to be a collective understanding of the system metrics, with a stronger governance mechanism. There is an engagement event with stakeholders on the 27th Sept which is an opportunity to focus on how the STP should progress, the governance structure and models of care. TD asked for financial issues partners are currently facing be incorporated into the STP.

C4 JSNA Update

C4.1 LDG gave the Board a brief update on the JSNA. The Health and Wellbeing Board has a statutory duty to assure a JSNA is produced and LDG reminded partners that this is a Joint Strategic Needs Assessment and their support is needed for the contributions and development for each chapter. Listed below are the chapter priorities for 17/18 which are aligned to the risk factors highlighted in the STP:

- Smoking
- Hypertension
- Obesity
- Physical Activity
- Mental Health
- Air Quality
- Alcohol & Drug misuse
- Mental Health
- Screening & Immunisations
- Staying Safe

One of the first chapters to be focused on is mental health and a Prevention Concordat is being launched later in the year, which information from the JSNA will be vital in taking this forward.

C4.2 The recommendations are:

- That Public Health reinvigorate the working groups for each chapter
- That Health and Wellbeing Board members reinforce the importance of contributing to the JSNA process in their own organisations
- That the Health and Wellbeing Board receive regular updates on JSNA chapter progress

The Board endorsed these recommendations.

C5 iBCF Update:

AE gave the Board a brief update on the iBCF. The iBCF funding has been provided to the County Council, to help meet the demand for social care and address the sustainability issues currently in the market and nationally. £11.5 million will be received in 17/18 and £15.5 million in 18/19, and as this is linked nationally to how well Northamptonshire perform around DTOCs so there is a risk if targets are not met iBCF funding will be suspended. Plans are underway to start using the iBCF monies. One third will be used to support hospital interfaces with staff recruitment and capacity to help with patient discharges and to prevent admissions. £3million will also be invested in Home Care services as the demand in this area continues to grow.

C6 Childrens Company Briefing

C6.1 LH gave the Board an update on the new Childrens Company. In October 2016 NCC Cabinet gave approval to an outline business case to establish an organisation which would focus on statutory and local authority services to vulnerable children and their families. The draft business plan was developed in consultation with staff and sets out services that will be commissioned into the new company separated into three arms:

- Operational
 - Locality based multi professional teams placed within communities.
 - Countywide teams based at One Angel Square,
 - Building strategic capacity to be engage more effectively
- Commercial
 - Developing opportunities to help generate efficiencies in using resources
 - Attract new income

- Working with NHFT and investors to create more local activity to use more local investment to provide more local provision for children and young people with complex health needs.
- Infrastructure
 - Completing a review of all business support functions with the aim to for these to be centralised in One Angel Square
 - Developing strategies for the county to properly engage and complete statutory duties for NCC more effectively.
 - Assurance is still being worked through, looking at best practice from across the country and feedback will be at a later meeting.

C6.2 Work is still on ongoing on how the statutory role of Director for Children Services (DCS) will be fulfilled, how the delivery of services will be conducted by the arm's length organisation, how the relationships with elected members and the Childrens Safeguarding Board will work and how the role of the DCS will operate within the NSCB. All the review activity has been completed and work is ongoing with external lawyers to ensure effective due diligence is completed. A paper will go to NCC Cabinet at the end of this year for final approval, highlighting the TUPE arrangements for staff and budgets.

C6.3 The organisational design is being refined and there will be consultation with staff regarding this in October, the business design for urgent care and targeted early help offer is also being re-designed. Once the next round of engagement with staff is completed it is anticipated that stakeholder engagement will begin in October/November, sharing proposals and obtaining views from stakeholders and service users.

C6.4 The new Childrens Company will be fully operational by April 2018, and will have charitable status which will enable additional activity to be generated and income for children in care. £4.5 million has been received from the department of Education to help establish the Childrens Company which has enabled programme transformation staff to be brought in and Sussex University are working alongside as value chain to evaluate work being completed.

C6.5 SH advised the Health and Wellbeing Board Executive group are looking at developing an action plan that this Board can recognise organisational outcomes against the Health and Wellbeing Strategy. The Board agreed to have Childrens Company as a standing item on the Board agenda moving forward.

C7 ACES Task and Finish Group update

LDG advised an informal meeting took place before the Health and Wellbeing Board around Adverse Childhood Experiences, to look at taking this priority forward. Nikala Elliot a Community Safety Officer in Public Health will refresh the Task and Finish Group, get nominees from all the organisations represented at this Board, and collate information around best practice to address the issue and John Bewick will attend a private session on the 9th November to formulate an action plan to address some of the gaps.

C8 Pharmaceutical Needs Assessment

LDG advised it is a statutory duty of this Board to publish a bi annual Pharmaceutical Needs Assessment, this has just gone out to re-procurement and has been awarded to Primary Care Commissioning. They are currently collating background information to assess the current provision and this will be completed by March 2018, where it will come back to this Board with a set of recommendations for endorsement.

D1 BCF Ratification

D1.1 AE gave the Board brief overview of the BCF ratification. AE confirmed an overview report, a summary statement of the 17/19 plan and the full narrative plan based on the guidance from NHS England have been submitted to the Board for review. The funding arrangements and contributions of all organisations are contained within the papers and aligned with guidance issued by NHS England in July 2017.

D1.2 Work has been ongoing to meet the national 3.5% target reduction in delayed transfer of care (DToC), and how to manage the bed flow approaching the winter season, as last winter there was an increase in acute admissions in the over 65's by 13%. It is unrealistic to expect to be able to meet the national reduction target of 3.5%, so a target of 4% has been included in the submission with the caveat that work is progressing to reach 3.5%. There is a risk in setting the trajectory at 4% as the plan may not be approved, also demand through winter may be higher than forecast, but contingency schemes will be in place to help mitigate this if necessary. There is also a risk that the funding model will not be agreed to sustain the schemes contained within the plan. Included in the plan is a continuation of the work specifically around care focus for patients who are vulnerable and have complex needs, as well as picking some of the wider work around learning disabilities. There are a number of metrics used to measure the reduction in DToCs, non-elective admissions, admissions to care homes and increase the number of people who go through re-enablement plans.

D1.3 DO added in the plan there is no mention of the districts and boroughs being consulted over the revised DToC trajectory yet the districts and boroughs are vital component in these reductions by arranging for adaptations to be made properties to enabling patients to return home. AE acknowledged the concern highlighted by DO and confirmed that no assumptions have been made in the BCF plan regarding DFG spend apart from what was brought to the Health and Wellbeing Board meeting in July. A core focus is to switch from acute care to community care, which the districts and boroughs are a crucial partner, and more prevention work needs to be completed in the community. BP asked if there are any concerns relating to the BCF or iBCF to contact himself or AE.

D1.4 The BCF plan will be submitted to NHS England after this meeting, and NHS England will evaluate and award approved, approved with conditions or not approved, having a not approved award will mean national escalation with NHS England and the CQC. With the submission of the BCF plan to NHS England there will be a covering letter stating the current position, the progress anticipated to be able to reach the DToC trajectory and the wider plan to deal with winter pressures. The initial outcome of the submission will be known on the 21st September, and the date for the formal notification of the submission will be at a later date.

D1.6 The board is asked to:

- Note the significant progress in re-aligning the BCF and iBCF to achieve key outcomes
- Note the BCF plans, schemes and expenditure
- Note the agreed 2017-18 DToC trajectory
- Approve the BCF Plan for submission to NHS England, with the 4% DToC target.

The Board endorsed the recommendations.

E1 Director Public Health Annual Report

LDG gave the Board a brief update on the Director of Public Health Annual Report. It is a statutory duty for the Director of Public Health to publish an annual report, to reflect on the state of the county's health each year. The Annual Report for 16/17 was produced by Dr Peter Barker who has now retired, and focuses on a place based approach to healthcare, with most of the chapters written by partner organisations. This report shows there are

clear relationships between the population's health, air quality, travel, individual wealth and health outcomes. The report emphasises the large amount of work ongoing outside of health which contributes to health outcomes. The Board approved the distribution and publication of the report.

E2 Health and Wellbeing Board Annual Report

SH asked the Board to endorse and note this report before it is presented to NCC Full Council. CM asked to ensure this report is distributed to all local authorities and forums. JW asked for NHS Corby Clinical Commissioning Group to be included in the report, PL to make the amendments.

Action:PL

F2 Take Home Messages

JW gave the Take Home Messages from today's meeting:

- Demonstrated today is the strength of the partnership, which has matured over the years.
- Partnership is about leadership and people,
- Partnerships and collaborations are strong and there are opportunities for improvement with wider partnerships.
- All partners have staff who are committed to the wider health and wellbeing agenda and the workforce issues around recruitment retention is a key challenge.
- National refresh of STP will over the next 12 to 18 months have more emphasis on the system and system plan.

Date of the Next Meeting

The date of the next meeting will be on the 9th November, at the Innovation Centre, University of Northampton.

Signed.....

Dated.....