



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 15th September 2016
Leather Centre, University of Northampton**

Present:

Cllr. Sylvia Hughes - Chari	(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
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Professor Akeem Ali	(AA)	Director of Public Health and Wellbeing Northamptonshire County Council
Carole Dehghani	(CD)	Chief Commissioning Officer, NHS Corby Clinical Commissioning Group
Graham Foster	(GF)	Chair, Kettering General Hospital
Paul Bertin	(PB)	Chair, Northamptonshire Healthcare Foundation Trust
Trish Thompson	(TT)	Director of Operations and Delivery, NHS England, Local Area Team
Jane Carr	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Dr Jo Watt	(JWt)	Chair, NHS Corby Clinical Commissioning Group
Cllr Matthew Golby	(MG)	Cabinet Member for Childrens, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Professor Will Pope,	(WP),	Chairman, Healthwatch
Anna Earnshaw Substitute	(AS)	Strategic Director for Adult Commissioning and .Transformation, Northamptonshire County Council
Deborah Needham Substitute	(DN)	Chief Operating Officer, Deputy Chief Executive Northampton General Hospital
Clare Culpin Substitute	(CC)	Director of Strategic Development and Corporate Governance, Kettering General Hospital

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Janet Doran	(JD)	Managing Director, First for Wellbeing
James Murray	(JM)	
Alison Kemp	(AK)	
Dr Peter Barker	(PB)	Assistant Director Specialist Public Health Services, Northamptonshire County Council
Teresa Dobson	(TD)	Vice Chair, Healthwatch

Minute Taker:

Cheryl Bird (CB) PA, Northamptonshire County Council

Apologies:

Paul Farenden	(PF)	Chair, Northampton General Hospital
John Wardell	(JW)	Chief Commissioning Officer, NHS Nene Clinical Commissioning Group
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Dr Carolyn Kus	(CK)	Managing Director, Olympus Adult Social Care Services
Dr Jonathan Ireland	(JI)	Chair, LMC

A1. Declaration of interest

SH formally requested if any member of the board has any declaration of interest. The following declarations were made:

- SH is a governor on the University of Northampton Board
- JC has been appointed Associate Non-Executive Director for Northamptonshire Healthcare Foundation Trust.

A2. Minutes from the previous meetings of the 2nd June 2016

One amendment is to be made to the minutes from the previous meeting held on the 2nd June 2016. In paragraph B1.2 the date is to be changed to 15th September. The rest of the minutes were agreed as an accurate record.

A4 Terms of Reference

SH advised the Terms of Reference have had two small updates to reflect the current Board membership:

- The appointment of the Health and Wellbeing Board Vice Chairs has been removed from the full council and now sits with the Health and Wellbeing Board.
- The appointment of the Chair of the Board can be made by the Health and Wellbeing Board if the Full Council is unable to appoint a chair to ensure the business of the Board cannot be delayed in the event of Full Council being unable to decide upon an appointment to the chair.

B1 Governance Update

B1.1 JM gave the Board a brief update on the Governance arrangements. A paper was 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. JM is compiling a Memorandum of Understanding on how this will work and will be taken to the next STP Board for sign off.

B1.2 JM added the STP plan needs to be finalised before the governance arrangements can be completed, once completed, the governance arrangements and how the STP board will work across organisations will be formalised and brought back to this Board. AA noted one of the key debating points is around the need to streamline decision making and the amount of time used to make decisions quickly. There is a need 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. PB noted the Scrutiny Committee has seen draft documents and is the right place to ensure robust governance arrangements are in place. AH commented the STP Board has a robust governance structure and there is a need to understand how this will align to the Health and Wellbeing Board and can add value to this and streamline decision making. AH will ask JW to circulate the governance framework to the Board.

B1.3 JM advised the STP Plan will be submitted on the 26th October, there will be an assurance process and JM is waiting for regional and national guidance on this and then it will move into the operational process.

B2 STP Programme

B2.1 JM gave the Board an update on the STP Programme. There will be a second submission of the STP plan on the 21st October, work has been ongoing on the granular plans that sit behind the STP and SRO group meets regularly to ensure the plans are aligned and feed into the STP Board. JM is awaiting the national planning guidance for operational plans on the 20th September and the STP will drive these operational plans. JM noted identified 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. GF raised concerns on the timescale to implement the STP and the timescales are unrealistic to expect to fully worked plans agreed by all agencies before submission in 31st December. AH advised the STP is a national challenge and in drafting the STP plan an assurance process has been used and good feedback was received. One of the biggest priority is urgent care and there is a need to have to get every partner within the county behind urgent care in order to transform this.

B2.2 PB noted the Communication and Engagement plan should be fully developed at the beginning of the project, to include all the organisations represented at this Board and how this can be achieved. JM advised in developing the STP plan a high level draft Communication and Engagement Plan has been completed and there is guidance and support for this nationally. GF added there needs to be a good communication plan which can relay the messages about what the STP is trying to do, to avoid escalation with the workforce which have not been involved in the preparation of these workstreams.

B2.3 JM advised there is a Local Digital Roadmap (LDR) group that are working through the IT element of the STP, which would need to have significant capital investment and be part of the bid going forward. TT noted the LDR process is about making sure systems start to get connectivity across the wider health and social care within communities and there is some funding linked to the LDR bidding process for development. JM commented the LDR group will be looking at where there may be some short term cost effective approaches that can support service delivery and manage capital limitation.

B2.4 WP advised there has not been any significant engagement and there will be challenging delivery issues, and asked if an extraordinary Board meeting can be scheduled to discuss the STP further before the submission of the plan. The Board agreed. The session will discuss the governance, timescales, key deliverables, workforce and community engagement.

B3 BCF Update

AA gave the Board a brief update on the current review of the BCF. Discussions have been ongoing with partners across the county, regarding the BCF programme. The process of redesigning programmes is being completed and this will have an impact on the choices made about services delivered as well as making sure the footprint of the BCF is aligned with the STP. There are critical challenges about reducing costs and transforming services. There is no final agreement yet reached about the costs and service redesign but by the time the STP plan is submitted there should be a BCF which is streamlined and aligned with the STP plan.

B4 Adverse Childhood Experiences

B4.1 PB gave the Board an overview of the research completed looking at Adverse Childhood Experiences (ACEs). 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 the Liverpool John Moores University across Hertfordshire, Luton and Northamptonshire to measure prevalence of ACE's adults experienced as a child. To ascertain the link of 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.

B4.2 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.

If ACEs can be prevented in future generations then the levels of unhealthy behaviours in adults and thus reducing costs.

B4.3 PB give the Board some of the recommendations which resulted from the survey:

- 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.
- Create an E learning module for routine enquiries to Make Every Contact Count (MECC), to improve engagement with housing providers.

B4.4 PB is proposing to take this workstream forward and bring an update back to the Health and Wellbeing Board in six months time. LH welcomed this work, and added work with housing is already underway within the Children's Improvement Plan, and would like to see this taken forward and to think about evidence based interventions. JC is interested in Making Every Contact Count, as the voluntary sector and third sector have a lot of contact with children, young people, parents and carers and this could be used to reach a wider audience. JC would like to be involved in conversations around this to ensure the voluntary sector and third sector are used. WP proposed to have a task and finish group set up to take this work forward and Healthwatch would like to be a part of this and there is a young healthwatch who could be used in testing approaches. SE agreed and supported the work in ACE's but has concerns that work currently with children and young people is not being conducted in a joined up way. Work is ongoing in MASH and in Wellingborough in Safer Stronger Partnership initiative but there is not a solid infrastructure in place to support this, such as risk assessment, triage, performance management and these processes should be joined up and have one team made up of different agencies in the same location to progress this work. NP advised this work would align with the Health and Wellbeing Strategy, and would be beneficial to tackle the top 10% as this cohort that take up the most resource. JC noted it is good to use early intervention organisations to help with this work. LH the intergenerational issue is key and most families are already known to services, the Task and Finish Group will need to be multi agency to identify these families and ensure the resources are available. The Board agreed to a the task and finish group to be set up and will include WP, LH, JC and representatives from public health team. The Terms of Reference will be brought to the next meeting in November for review and will ensure it is aligned to the Health and Wellbeing Strategy.

B5 Social Isolation

SH advised a Health and Wellbeing Board development session was held in June under the theme of social isolation which was attended by partners and charities involved with social isolation. SH asked for a task and finish group to be set up to deal with this area of work.

JC will chair this Task and Finish group and will also include representatives from housing, healthwatch, NHFT, Nene CCG, FfW and Public Health. MG will also be involved in. CM asked for this task and finish group not to be limited to the over 50s as social isolation affects age groups, JC agreed.

C1 Update Report – Board Member Organisations

The Board noted the partner updates contained within the Update Report and the following comments were made:

- 8.3.2 – CM advised that Danetre Hospital is a good facility that is underused and has the capacity to offer more services to the residents.
- JC advised there has been a bid has come through from the European Funding to help get people back into employment in particular focus, carers, those with drug and alcohol issues, and those 50 plus and VIN is looking for referral pathway from partners have a full programme through the Voluntary Sector and the University.
- NP gave an update from the University of Northampton, there is now a Faculty of Health and Society and there are two now appointments Dr Steve O'Brien is the Dean of Faculty and Helen Poole who is the Associate Dean.
- AH advised there is a new Associate Director of Strategic Partnerships, Lucy Dadge.

D1 JSNA Process Feedback Update

PB gave the Board feedback from the Health and Wellbeing Board Development day held on the 24th March to discuss the new JSNA process. Breastfeeding has been chosen as an exemplar chapter, it identifies the current picture, links to a detailed needs assessment and focuses on who is at risk, the current services in place for Northamptonshire, the evidence base, and identifies the gaps within the service. The Board agreed the new JSNA process is more user friendly.

E1 Northamptonshire Safeguarding Adults Board

E1.1 ML, the interim Chair of the Northamptonshire Safeguarding Adults Board, gave the Board a brief overview of the NSAB report. Tim Bishop is to become the new Chair of the NSAB in October. 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 activities within the council and NSAB has good support from partners to achieve this.

E1.2 ML acknowledged the work and contribution Marie Seaton has made to this Board and the work and commitment of staff and partners in playing a vital role in Safeguarding Adults at risk in Northamptonshire.

E1.3 ML will ask a representative from NSAB to answer the question why Northamptonshire has the highest proportion of referrals per 100,000. ML added the highest number of referrals are from the Police, Acutes and GP practices and have been working with the Police to reduce the pattern of referrals to ensure they are appropriate. JWt noted is happy to work with NSAB to ensure there is training to educate health colleagues on making appropriate referrals. JC noted due to the financial cuts in public services, the voluntary sector is experiencing people attending their organisations and ML will take this forward to see if training can be made available.

Action:ML

E2 Northamptonshire Safeguarding Childrens Board

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

E3 Health and Wellbeing Annual Report

The Board reviewed the Health and Wellbeing Board Annual Report. The report includes the history of the Board and highlights various activities being undertaken by the Board. The Board approved the report.

E4 Directors of Public Health and Wellbeing Annual Report

AA gave the Board a brief overview of the Directors of Public Health Annual Report for 2015/2016. AA thanked the Specialist Public Health Team for compiling this report. AA has tried to highlight in the report all the key work that has been happening within the county to improve people’s wellbeing and get people to focus on the same priorities and inform the population of the work public health are conducting around the county. AA commented 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. CM offered to have a feature on this in the Council magazine which is published quarterly. AA advised annual report will be promoted and distributed via local newspapers.

F1 Any Other Business

JC asked the Board how the Forums can feed questions into the Health and Wellbeing Board. SH asked for this to be considered at the next meeting.

F2 Take Home Messages

SH advised that work being completed by the Healthy Workplace sub group is being taken forward nationally.

Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 10th November at 9.30 am in Room 15, County Hall, Northampton.

An Extraordinary Board meeting will be held on the 13th October at 9.30 am in Grendon Hall, Northampton.

Signed.....

Dated.....