



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 9.30 am on Thursday 19th January 2017
Newton Grand Hall, Avenue Campus, 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
Carole Dehghani	(CD)	Chief Accountable 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 Accountable Officer, NHS Nene Clinical Commissioning Group
Dr Jonathan Ireland	(JI)	Chair, LMC
Wendy Hoult Substitute	(WH)	Better Care Fund Implementation Manager, NHS England
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Dr Carolyn Kus	(CK)	Corporate Director for People Commissioning, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Deborah Needham Substitute	(DN)	Chief Operating Officer and Deputy Chief Executive, Northampton General Hospital
Dr Peter Barker	(PBr)	Assistant Director Specialist Public Health, Northamptonshire County Council
Lesley Hagger Crishni Waring	(LH) (CW)	Director for Childrens, Families and Education Chair, Northamptonshire Healthcare Foundation Trust
Norman Stronach	(NS)	Chief Executive, Corby Borough Council
Dawn Cummins	(DC)	Acting Chief Executive, Voluntary Impact Northamptonshire
Stephen Mold	(SM)	Police Crime Commissioner, Northamptonshire

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Teresa Dobson	(TD)	Vice Chair, Healthwatch
Mark Ainge	(MA)	Area Manager, Head of Prevention and Community Protection, Northants Fire and Rescue
Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Janet Doran	(JD)	Managing Director, First for Wellbeing
Suzanne Binley	(SB)	Business Manager, Northamptonshire Safeguarding Childrens Board

Keith Makin (KM) Chair, Northamptonshire Safeguarding Childrens Board

Minute Taker:

Cheryl Bird (CB) Northamptonshire County Council

Apologies:

David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Roz Lindridge	(RL)	Locality Director Central, NHS England, Local Area Team
Tony Ciaburro	(TC)	Corporate Director for Place Commissioning, Northamptonshire County Council
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Catherine Mitchell	(CM)	Acting Director of Primary Care and Integration, Cambridgeshire and Peterborough Clinical Commissioning Group
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Paul Farenden	(PF)	Chair, Northampton General Hospital
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust

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 10th November 2016

The minutes from the previous meeting of the 10th November 2016 were agreed as an accurate record.

A3. Follow up actions and matters arising

SH confirmed there is one action outstanding for Martin Lord (ML) to present the Cold Homes report to the Urgent Care Board, the HWBB secretariat are awaiting confirmation from ML that this has been completed.

A4. Change in Board Membership

SH advised there have been a number of changes to Board membership:

- Roz Lindridge replaces Trish Thompson as the representative from NHS England.
- Dawn Cummins replaces Jane Carr as the representative from Voluntary Impact Northamptonshire.
- NS is attending his last Health and Wellbeing Board meeting and David Oliver will be the new representative from the Districts and Boroughs.
- WP will be retiring from Healthwatch and this Board from end of March 2017 and will be replaced by Teresa Dobson.
- Chief Inspector Mark Evans will replace Sally Trattle as deputy for SE.
- A request had been received asking for Stephen Mold, Police and Crime Commissioner to become a member of the Board. The Board agreed.

B1 Development Session Alcohol Licensing Report

B1.1 SH advised that the most recent Health and Wellbeing Board Development session was held on the theme of Alcohol Licensing, which was well attended by partners from across the county. Alcohol plays an important part in the social lives of many of the County's residents, whilst contributing to the local economy via the manufacture or retail of

alcohol. But excess alcohol consumption is an health and wellbeing issue for county, affecting physical and mental health as well as being a significant factor in crime and anti social behaviour. An important aspect of alcohol is the availability and sale of which is controlled through the licensing process managed by the districts and boroughs. But other responsible authorities are involved including Police, Fire and Rescue, Director of Public Health, Director of Children's Services, Trading Standards, Environmental Health and Planning. In 2013 following a change in legislation, the Director of Public Health became a responsible authority in relation to licensing and as such NCC Public Health Team has been working with district colleagues and wider partners to ensure that wider wellbeing considerations are addressed through the licensing process and decisions.

B1.2 The purpose of the workshop was to have a shared understanding and contribute ways local agencies can work together. Future actions from this development session is for the Northamptonshire County Licensing Group to discuss the outputs of the event at a future meeting, to continue to work tighter in partnership to address community wellbeing and develop some local alcohol licensing guidance. The Public Health Team will continue to offer to speak to licensing committees in each district as part of an ongoing dialogue and further engagement will take place with Children's Services. DS added the impact of excess alcohol consumption affects all organisations represented at this Board, in particular the impact of increased hospital admissions.

B1.3 SH asked the Board to support ongoing partnership working, endorse future actions and for individual board members through their organisations to continue to address wellbeing through alcohol licensing. The Board agreed.

B2 Letter from David Mowat MP, on creating high quality personalised care at end of life

B2.1 JW advised end of life care is woven into the STP, JW will review the work programmes contained within the STP to ensure end of life care is present and ensure the STP Board will be made aware of the letter from David Mowat.

Action:JW

WP noted current end of life care within the county is currently at Gold standard, there is a need to ensure this is maintained and for future funding to be available to protect this standard. JWt commented that hospice care is important, and a lot of skill and a huge amount of work is undertaken in trying to ensure people's preference for end of life care is met. Communication with patient's, carers and staff is key, and working with the voluntary sector would be beneficial

B2.2 WP advised more work is still needed to enable people to die in their place of choice and proposed an additional development be hosted on end of life care, to enable a more in depth discussion about services and collaborative working in this area. JW noted this would be beneficial in being able to describe some of the key aspirations and developments and enable a wider discussion. WP added the East Midlands End of Life Care Group might be interested in attending and providing input into this session. CK commented from the social care perspective specialist domiciliary care and end of life domiciliary care involvement in this workshop would be beneficial. SH agreed and asked PL and CB to organise a development session around this.

Action:CB/PL

C1 Update Report: Board Member Organisations and Activity

C1.1 Northamptonshire Police

C1.1.1 SE gave feedback about a Leadership and Wellbeing event hosted by Northamptonshire Police on the 17th January. A key note speaker was Matthew Syed (MS) the author of 'Black Box Thinking', MS asked organisations to be adaptive in their thinking towards wellbeing. Another speaker Dr Ceri Jones from Cardiff University discussed how to get organisations to learn to feel better. SE added that this conference was deliberately

classed this as a leadership and wellbeing conference, as if leadership and wellbeing is in place the rest will follow. Once feedback from the conference is collated, SE will forward to Board members.

Action:SE

C1.1.2 LH highlighted the pilot being carried out by the Northamptonshire Police Early Intervention team, working with schools who have children at risk of exclusion, to enable these children to continue studying at school and having a police presence has helped children to see the impact of exclusion. This work involves collaborative working between the Police, Children's Services and schools and it is hoped to roll this pilot out across the county.

C1.2 Use of Tasers in a Mental Health Settings

SE discussed the use Tasers by Police in a mental health setting. A taser is a hand held device which Police use to disable offenders by delivering an electrical current into the nervous system. Whilst taser is a useful device in policing, there is clear published guidance around the use of taser and officers are trained and deployed to use this device through the national policing model. Tasers are used in mental health settings, and quarterly reports showing the number of incidents in mental health settings are sent to police mental health leads, who report on these figures to the Mental Health Crisis Concordat Group on behalf of the Chief Constable. SE confirmed across four forces there have been 12 incidents of tasers being deployed in a hospital setting in the previous three months and tasers were only deployed when the situation could not be resolved by any other means. SE added there are occasions when Tasers are used on under 18's, all factors are considered before use, and people are protected by the Human Rights Act. SE will try and obtain data on the number of under 18's where a taser has been deployed and send to LH. SE will also try to find data to show how Northamptonshire compares with other police forces and circulate to the group.

Action:SE

LH asked that when any child that has been tasered, a report be sent to the Northamptonshire Safeguarding Board, SE will look into this.

Action:SE

C2 Health and Wellbeing Forums

C2.1 SH advised the Health and Wellbeing Forums are a valuable resource within the county, in particular by helping to communicate the implementation of the STP and BCF schemes, and there is a need to establish a way of involving them more with promoting health and wellbeing across the county. A task and finish group has been established to review the current communication arrangements and identify ways of increasing engagement, whilst recognising these forums receive no funding from the Health and Wellbeing Board. SH chairs the Forum Chairs Group (FCG), where the Chair of each of the local forums attends to discuss projects, initiatives or issues that arise within their area.

C2.2 At the previous FCG meeting there was a discussion about the processes the forums would like to see regarding feedback to the Health and Wellbeing Board. It was agreed for issues affecting the Forums be raised at FCG meetings and for SH to have delegated authority to liaise directly with the partner/provider to get a resolution. But if it is an issue that SH believes should be raised at the Health and Wellbeing Board meetings, SH will add to the agenda for discussion. SH would also like to use this process to feedback information from the Health and Wellbeing Board to the Forums. SH asked the Board to agree to this proposal. The Board agreed. PB asked if SH could give a brief update at each Board meeting to discuss issues the forums are facing even if they have been resolved to enable the Board to have an overview. SH agreed. SH will discuss at the next meeting with the Chair and Vice Chairs procedures for when SH is unavailable to attend the FCG meetings.

Action:SH

D1 Update from Health and Wellbeing Strategy/Service User Story: Prevention

D1.1 PB gave a presentation to the Board on prevention. The main driver for ill health comes from lifestyle, although other factors play a part such as genetics, age, lifestyle and healthcare a person receives. All aspects are important but not all equally important, the importance of social determinants sets at approach about pre risk development and that people have a lifestyle choice. Primary and secondary prevention is about deterring and preventing ill health and to detect early departures from health, introducing appropriate treatment and interventions. Tertiary prevention is about measures to reduce long term impairments, disabilities and minimising suffering caused by existing conditions, more resources are needed to manage secondary and tertiary prevention rather than primary. But if work is completed on prevention, this will have an impact on moving treatment away from urgent care to community care, so prevention needs to be included in the STP from the outset.

D1.2 The aims of the prevention programme is to:

- Build resilient communities through volunteering and social action,
- Improving population mental health and wellbeing through social prescribing,
- A systematic, personalised and proactive prevention at scale
- Clinical preventative services.

A big priority is to use social prescribing to improve health and wellbeing, with a need to spend money wisely to get the maximum benefit for a large number of people. Engaging with clinicians to manage long term conditions, with targeted and universal prevention being developed specifically for the different risk categories. To have multi specialist providers to manager long term conditions, for the key theme of prevention to be everyone's business, to ensure to make the most of every opportunity in each organisation and not to lose sight of the fact that some aspects of prevention currently have no investment. Currently the key prevention priorities are:

- Breastfeeding,
- Early diagnosis of HIV,
- Alcohol brief intervention but more work is needed on this
- LHC but work on this is patchy development but on the whole working well.

D1.3 First for Wellbeing (FfW) will be the main focus in delivering preventative services, to ensure information about prevention services available and who provides them, to enable this the possibility of increasing social marketing/media will be explored. There is a need to ensure work place advisors make the use of existing resources, FfW are driving this forward to ensure the offer available is equitable and being driven by the primary care programme. There is a need to develop a First for Wellbeing Education Network to enable development of services to reduce demand and to ensure the screening and immunisation programme maintains uptake, particularly with the most at risk and vulnerable in society. FfW are using Octigo to enable people to complete online assessments, which will help with the tracking of data and identify service needs whilst giving more understanding of human behaviour. JD advised that FfW have prioritised areas with the most deprivation and people with life limiting illness, to help support GPs, to support patients. Services offered by FfW will include access to libraries, parks and registration services to help get wellbeing messages to people during transitions during their life. There is also a need to make every contact count and linking the universal service provided in the communities. JD added practitioners from FFW link with health and wellbeing forums, with each health and wellbeing forum and the Forum Chairs Group having a FFW representative attending.

D1.4 Moulton surgery has become an exemplar for their work on prevention, developing local resources, looking at integration of commissioning, whilst also involving patient participation groups, parish councils and working with the offer from FfW.

D1.5 The Board discussed the prevention agenda and the following comments were made:

- JI highlighted concerns about whether there will be enough funding available to deal with proposed workload changing from secondary to primary care, and the infrastructure and resources need to be clearly identified.
- MG believes communities are an untapped asset, helping with the prevention agenda and the challenge is how FfW can be held to account on the services they are commissioned to deliver.
- NS advised Corby Borough Council have a huge impact on the wider determinants of health, including physical, social and mental and the Corby CSP are working with police and CCGs to help improve the wellbeing of the population.
- CD commented there is a need to channel into the voluntary sector more effectively, to capture and utilise this cohort to help deliver resources.
- JD advised FFW will be sent data to help provide an evidence base that these interventions are working and to help support VIN apply for lottery funding.

D2 Carers Strategy

AE gave the Board an update on the draft Carers Strategy. Unfortunately there have been a number of challenges around aligning contract retendering as the timescales differ between NCC and the CCGs. The publication of the STP has started to help get services aligned and the draft carers strategy been signed of by NCC. NCC and CCGs will go out for separate Carer Contract tenders, but these and the strategies aligned at a later date. CK advised Northamptonshire carers have been involved in the drafting of the Carers Strategy.

E1 STP Programme Update

E1.1 JW gave the Board a brief update on the STP. The STP plan was submitted to the National Team on the 21st October, the operational plans for the next two years was submitted on the 23rd December and are currently awaiting formal feedback. More work is needed with communication and engagement to capture people's views and to complete a high level strategy document which will outline the direction of travel, prevention workstreams and initiatives to be put in place to allow a stabilisation over the winter period. JW and WP will meet to discuss public engagement outside the meeting.

Action:WP/JW

A number of roadshows are taking place with partners to ascertain what is right for the county and what the service provision will look like. Work is ongoing on the triangulation and aspiration of the financial element, but there needs to be a realisation that existing resources need to be used and ensure initiatives on reducing activity has the right balance between provider and commissioner. Partnership working remains strong, further work is continuing around cross development and an additional resource of £10.5 million has been obtained for Local Digital Roadmap. CK and JW will meet to discuss the cost of council care beds outside the meeting.

Action:JW/CK

E1.2 JI noted the Prime Ministers announcement about improving patient's access to GPs to help reduce the current pressures felt by A&E departments was unhelpful. JW advised in order to strengthen the project management arrangements for the STP and a deputy lead has been appointed and will be in post from April 2017.

E2 BCF Update

E2.1 AE gave an update to the Board regarding the 16/17 BCF programme. In May the Health and Wellbeing Board signed of the BCF plan, but the plan was moved to unassured in August, since then a number of service changes and work completed on the review of schemes and in October the BCF moved back to assured. The challenge is to ensure schemes contained within the BCF can dovetail into the STP plan. The main concern continues to be the number of non-elective admissions, as shown in the Quarter 1 and 2, this continues to be more challenging, but some improvement is starting to show during the

end of quarter 2. The Urgent Care plan summarises some of the issues being faced, a number of schemes are being undertaken and a key action is the home care provision to ensure enough domiciliary care provision is available for when people are discharged from hospital. In Quarter 2 a number of activities around delayed transfer of care and non-elective admissions has started to be implemented.

E2.2 Community equipment is a key financial risk for this year, and is forecast to overspend by £800k, but this is a preventative activity and there will be a joint contract on community equipment will hopefully mitigate the challenge next year. Carers services is a challenge in terms of timing and getting the strategy agreed, but work is continuing on getting outcomes aligned within the carers strategy. CK has reviewed the domiciliary care market and 90 new domiciliary care providers will be coming to Northamptonshire to help with demand and CK is currently looking at having an integrated model for DFG.

E2.3 GF commented the key that needs to be addressed is admissions and discharges from hospitals and it is not acceptable for acutes to fund the cost. GF is hesitant to approve the BCF RAG rating, as outcomes may not be achieved, even though actions are being completed and GF believes tending towards red rather than green and yellow would be more realistic. WP will send specific points to AE about the BCF for AE to answer and raised concerns about the data in the report not as up to date as it could be.

Action:WP

E2.4 WH advised that guidance for 17/18 BCF scheme has yet to be issued, so a draft plan will not be ready for presentation at the next Health and Wellbeing Board meeting, with some agreement to be reached on Adult Social Care funding before the 17/18 plan is submitted. Alison Kemp and AE are working on shaping the direction of travel for 17/18 whilst awaiting guidance and the submission for 17/18 will look different from previous years. The Health and Wellbeing Board has governance and responsibility for the BCF and there needs to be a more scrutinised update on BCF in Northamptonshire.

E3 Childrens Services, SEND, Northants Local Offer

E3.1 LH advised as a result of the SEND reforms, OfSTED and the CQC will jointly deliver an inspection of individual and corrective services for children and young people with specific disabilities and educational needs during 2017, and a peer review will take place in May 2017 in order to prepare for the inspection. JW added the self evaluation will identify where we are before the inspection and help to identify any gaps that need bridging. Once the peer review is completed LH will bring an update back to the Board. SH advised there is a need to ensure children is on every agenda. LH asked the Board to note that the Health and Wellbeing Board will have oversight and governance of SEND. WP noted that Healthwatch have produced a SEND report and WP will arrange for this to be circulated to Board members.

Action:WP

E4 Northamptonshire Health and Wellbeing Board: Self Evaluation.

SH advised in 2014 the Board discussed completing a self-evaluation and the APSE process was used, but this proved cumbersome which led to poor responses from partners. SH proposed completing another self-evaluation process, but using the LGA Stepping Up to the Place, Integration self-assessment tool. This tool focuses on four questions:

- Do you have the essentials for the integration journey
- How ready for delivering integration is your health and care systems
- What is effective governance for delivering integration
- What is effective programme management for delivering integration

John Berwick is happy to do complete some facilitation and the timelines for this will be discussed at the next Board meeting.

F1 Take Home Messages

PB summarised the five things responses received following the discussion at the previous Board meeting. Whether people are at end of life, suffering alcohol issues or self-worth, there is a need to recognise and to identify individuals who may require help, and this must link into individual communities moving forward. There is a need to discuss burning issues, and a need to firefight on the hard work being completed across all services and organisations to market a more sustained and transformed system. There is a need to self-reflect as leaders and systems of the organisations we represent.

Date of the Next Meeting

The date of the next Health and Wellbeing Board meeting will be on the 23rd March 2017 at 9.00 am in the Sunley Management Centre.

Signed.....

Dated.....