



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 10.50 am on Thursday 20th July 2017
Francis Crick House, 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	(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 Operating Officer, NHS Corby Clinical Commissioning Group
Dr Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Lesley Hagger	(LH)	Director for Childrens, Families and Education Northamptonshire County Council
Cllr Matthew Golby	(MG)	Deputy Leader, Northamptonshire County Council
Maureen Campling	(MC)	Assistant Director for Safeguarding and Quality, Northamptonshire County Council
Fiona Wise	(FW)	Interim Chief Executive, Kettering General Hospital
Dr Roman Babinskyyi Substitute	(RB)	GP, LMC

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Mike Coupe	(MC)	Director, Sustainable Transformation Programme
Tansi Harper	(TH)	Vice Chair, NHS Corby Clinical Commissioning Group
Nicci Marzec	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
Gordon King	(GK)	Deputy Director for Mental Health, Learning Disability and Speciality Services, Northamptonshire Healthcare Foundation Trust
Adam Smith	(AS)	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
Cheryl Leonard	(CL)	Programme Manager, Northamptonshire County Council
Alison Kemp	(AK)	Director of Integrated Commissioning, NHS Nene Clinical Commissioning Group
Michael O'Doherty	(MOD)	One Public Estate Advisor

Minute Taker:

Cheryl Bird	(CB)	Northamptonshire County Council
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Apologies:

Paul Farenden	(PF)	Chair, Northampton General Hospital
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Roz Lindridge	(RL)	Locality Director Central, NHS England
John Wardell	(JW)	Chief Operating Officer, NHS Nene Clinical Commissioning Group
Dr Jonathan Ireland	(JI)	Chair, LMC
Dr Lucy Douglas-Green	(LGD)	Interim Director of Public Health, Northamptonshire County Council

A1 Declarations of Interest:

SH formally requested declarations of interest, none were declared.

A3 Minutes from the previous meeting 18th May 2017:

A3.1 Minutes from the previous meeting of the 18th May were agreed as an accurate record.

A3.2 TD noted at the previous meeting that services supporting carers in the county need to be kept at the same level. Northamptonshire County Council has now awarded the contract for carers, but Carers Voice has written to Cllr John McGhee, Chair of the Health Scrutiny Committee raising concerns that parent carers have been excluded from the contract, and the new contract is open to interpretation suggesting that cuts may occur in future years. TD requested a resolution be found as soon as possible as this contract goes live on the 1st October 2017. LH clarified that in the past there was one carers contract including parent carers and young carers, but this work is now being contracted separately and meetings are taking place to discuss putting suitable arrangements in place.

A4 Board Membership:

A4.1 SH gave the Board an update on the recent changes in Board membership.

- Cambridgeshire and Peterborough CCG have now resigned from the Board and DS has agreed to act on their behalf.
- Dr Peter Barker has retired from Northamptonshire County Council. Dr Lucy Douglas-Green is now Interim Director of Public Health and will become a member of this Board.
- MC has succeeded Dr Carolyn Kus on an interim basis as the lead for adult social services and will become a member of the Board.
- Graham Foster and David Sissling have resigned from Kettering General Hospital (KGH). FW is currently the Interim Chief Executive of KGH. SH noted that GF has been a valued member of the Board and an excellent champion of the Healthy Workplaces workstream. SH will write a formal letter thanking GF for his contribution to the Board.

Action:SH

A4.2 The Board Executive received two formal membership requests:

- That the Chairs of the Northamptonshire Adult Safeguarding Board (NASB) and Northamptonshire Children's Safeguarding Board (NCSB) be invited to become members of this Board. The Executive Board concluded that as LH and MC are members of this Board they are in a position to feedback any relevant information to the NASB and NCSB. The Chairs of the NASB and NCSB are currently constituted special advisors to the Board and can be called upon when special expertise is required.
- The Chair of the STP Scrutiny Committee proposed that the Chair of the STP Board be invited to become a member of this Board. The Executive Board concluded that due to the current uncertainty following the Five Year Forward View refresh document it would not be appropriate to agree this request at this time.

The Board endorsed the decisions of the Board Executive.

B1 Development Session Reports

B1.1 First for Wellbeing (FfW)

The Board noted the report. SH asked members to send any questions to her and she will forward to Janet Doran, FfW Managing director.

B1.2 Housing Planning for Health

B1.2.1 CM gave the Board a brief overview of the Housing & Planning for Health development session held on the 29th June, which proved a well-attended and productive workshop. There is a huge amount of housing growth taking place within Northamptonshire which leads to increased pressure on health services in the county and it is important the health sector try to obtain funding from housing developments to support this larger population growth. The key message from the development session is that there is a real will to ensure the health sector will not be disadvantaged in the longer term leading to a negative impact on the growing population. Good housing and community living along with access to leisure activities improves the health and wellbeing of the population and the health sector needs funding to support the health and wellbeing of people living in these new communities. The job of elected representatives is to ensure when new developments are proposed by developers monies are set aside for these developments to support communities.

B1.2.2 CD noted the need to take account of the new models of care, as health is constantly changing - we need to recognise the differences across health and the different organisations we have, and build on this to ensure everyone contributes. PB added there is also a need to think about the long term implications of Brexit within the county, as Northamptonshire have a high proportion of migrant workers, in particular with the JSNA. TD highlighted the need to remember the community, voluntary and social enterprise sectors when discussing and planning communities to ensure they are involved in the planning. LH requested that conversations are held with adolescent young people about the facilities they would like to see included in new development planning.

B1.2.3 The recommendations from this workshop are:

- For individual organisations to dedicate both workforce and capital to the formation of a joint health, housing and planning workstream group to enable a coherent, consistent approach to planning applications, and engagement in consultation of planning policy documents where input around health and wellbeing is required.
- To endorse and support the writing of a countywide health supplementary planning document by this workstream group.
- To consider the Warwickshire model of having planners employed by the Clinical Commissioning Groups and Public Health. Consider the implementation of the across the county of a protocol of health bodies and planning bodies in relation to how they work together in a cohesive manner.

The board agreed to the recommendations. DO will lead on this workstream which will also include DC, TD, MG, CM. CW will nominate a representative from health and feedback to PL who will coordinate support for the workstream group.

Action: CW/PL

B2 Introduction to HWBB STP Engagement Sessions

DS gave the board an overview of planned STP engagement sessions. The first session will be on the 28th September around the theme of social prescribing, which is an important non clinical mechanism to assist in addressing citizen's social, economic and environmental needs in a holistic way, enabling them to take more control over their health and wellbeing, and encompasses a range of support available in the community to supplement their emotional, mental, health and wellbeing prevention needs through a wide range of non-clinical practical schemes. The second session will be on the 16th November, around the theme of Last of Years of Life, building on the work completed during the development session held on the 29th March.

B3. Northamptonshire Property Partnership (NPP)

B3.1 PB advised on the development of the One Public Estate (OPE) which offers opportunities for integrated facilities and infrastructure across the county in order to deliver positive health and wellbeing outcomes. Development of a managing agent to complete strategic casing, and help with enabling delivery of infrastructure is needed. Districts and boroughs have been contacted regarding a basic agreement, to help deliver this.

B3.2 CL gave the Board a brief over view of Northamptonshire Property Partnership (NPP). Funding has been received from the One Public Estate to deliver projects which are included in the Service and Asset Delivery plan. The NPP steering group meets on a regular basis and includes partners from across the county, but in order to progress collaborative working it needs the high level support which is currently missing. CL asked each partner to nominate a lead from their organisation to liaise with and to work alongside her on this.

Action:All

CL also asked for a Board sponsor for this programme. PB agreed to be the sponsor.

Action:PB

B3.3 MOD gave the Board a brief overview of the OPE Programme. A Northamptonshire partnership led by NCC is already participating in the OPE, which is a Cabinet Office programme in partnership with the Local Government Association (LGA). A regional LGA advisor supports this partnership in conjunction with Susan Betts, Cabinet Office GPU Advisor. Although this programme is property based it is also about services and how we can use property, assets and land as a catalyst to enable public sector reform. The programme started in 2012, has £31 million in revenue funding and the target is to reach 95% of all local authorities by March 2018. Currently there are 250 councils in 61 partnerships, 13 government departments, and over 350 projects, which has already delivered capital receipts of over £25 million, £7 million in running costs savings, created 935 jobs and released land for 532 homes. The OPE is about bringing partners together, mapping assets and using this information alongside transition programmes to generate ideas and a vision on how services can change and how these services are provided. This is to provide short term funding to enable project management on individual projects to provide capacity and support to a business case position, as well as longer term support for the wider transformational approach across the whole public sector.

B3.4 The Northamptonshire partnership has high level ownership and now needs the governance to sit underneath this to drive individual projects, there will be a number of additional funding rounds to a maximum of £500k - the next one is due to launch on the 1st August with a closing mid November. MOD will liaise with PB and CL to confirm these dates.

Action:MOD/PB/CL

CL advised the OPE Board decide how much funding each project will get and are held with CL as the programme manager and distributed as required and CL must be able to demonstrate this funding has been utilised appropriately. PB asked for greater engagement with partners to identify projects that will involve multi agency working. SS suggested linking with the Sir Robert Naylor review on NHS Property and Estates, as hospital estates will be able to benefit from the OPE programme funding and NPP project management to help develop projects with a structured approach. CL will map the projects currently being proposed in the county to see which projects partners would like to priorities for the next round of bidding.

Action:CL

B3.5 SH advised that as all the main partners across the county sit at the Health and Wellbeing Board, it is best placed for overview and governance on the NPP schemes operating within the county, and asked that regular updates against the programme of works be brought before the Board. PB and CL agreed.

Action: PB/CL

B3.6 SH asked the Board for blanket endorsement for NPP to enable successful delivery of meeting partners aspirations through delivery of collaborative projects for the benefit of local communities within Northamptonshire. The Board endorsed this proposal.

C1 Update Report: Board Member Organisations and Activity

Partners Strategic Partner update reports were taken as read. SH stated that if any Board member has questions, they should liaise directly with the appropriate board member.

C2 Mental Health Crisis Concordat (MHCCC) Annual Report:

C2.1 GK gave the Board an update on the MHCCC Annual Report. The national team closed in 2016, however Northamptonshire has continued with the work started nationally, and is a good example of collaborative working that has been used a vehicle for partnership change across the county. There was good input from the national team, Jim Symington who has been very proactive in working with the county and the support received from this Board as an exemplar in terms of partnership working.

C2.2 The crisis house provision (The Warren), is a seven bedded crisis unit which is a non-hospital facility, is now operational, the maximum length of stay is 5 days with a 75% occupancy rate. GK is liaising with Corby CCG to create a similar provision in the north of the county. There is also a Crisis Café operating from MIND premises in Northampton, this has operational since October 2016 and has been extremely successful, a mental health nurse operates from inside the café, enabling those in crisis to access NHFT mental services without attending A&E or GP Practices. This provision will be to be rolled out in further MIND premises in Kettering, Corby and Wellingborough, as well as the developing systems for self-referrals through these cafes to help those in crisis can get quick and easy appropriate access to mental health services. Acute Liaison Mental Health Teams are also in place in the A&E departments at NGH and KGH and there is a street triage car operational seven days a week manned by a mental health nurse and police officer, reducing the number of A&E admissions and S136 detentions and a mental health nurse is directly employed within the Criminal Justice Unit. Work will be ongoing with police colleagues, in particular with high intensity users, and pilots will continue to run with EMAS throughout the year.

C2.3 Work for this year includes the introduction of a prevention concordat, led by the NCC Specialist Public Health Team (SpPHT) - GK is liaising with FfW and others around the governance for this, specifically how it will link to and supplement the work completed on the MHCCC. More work is needed around how we can engage with people at an earlier stage to try and prevent those entering crisis, improving links with primary care to make the experience with GPs and primary care more effective and efficient. Work is ongoing to develop a specific place of safety for children and young people this year, this county already

has a good provision for places of safety for 136 detentions which are not located on police premises.

C2.4 Suicide prevention work across the county is being progressed, which is an original action from the MHCCC. NHFT have an internal Suicide Prevention Strategy, but due to an ongoing restructure within the SpPHT the development of a Countywide Suicide Prevention Strategy has been delayed. GK noted the suicide rates in Northamptonshire are slightly higher than the national average, but although Northamptonshire is not identified as an outlier it is acknowledged by partners that work is needed on this area.

C2.5 SM highlighted that Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service will be including mental health provisions as part of the review of services at the end of 2017. The board endorsed the recommendation for the MHCCC meetings to continue and the action plan to remain relevant to all partners across the county. CW thanked GK and his team for their work on the MHCCC.

C3 STP Update

C3.1 MC gave the Board an update on the STP Programme. A dashboard will be created at the end of this month for the STP to give a consistent view on how the plan is progressing, and this will be widely circulated to all partner organisations. The STP is now being used as a vehicle by NHS England for reporting performance against a set of targets around urgent care, primary care, mental health and cancer. JW will shortly stand down as the STP lead for the County, and his successor may elect to redefine the STP programme to some degree. The STP Programme Board meeting in May received a piece of diagnostic work undertaken by the SRO's which highlighted some key messages:

- The 16 projects within the STP programme will not deliver clinical and financial sustainability for the health and social care system,
- There is no clear description for the future state of services of care being delivered,
- There is a need to improve the way we work together,

C3.2 The STP has been restructured to align with the Four Big Questions:

- What initiatives to prevent ill health and increase wellbeing and community engagement, and produce changes in patient behaviour will reduce demand, where, by how much and when?
- What is the new local primary, community and social care 'offer? What is the future size and shape of the community, social and primary care sector? What reductions in demand for acute/secondary care will it effect and when?
- What is the future shape and size of the acute/secondary care sector? What is the most cost and quality effective configuration?
- What will an Accountable Care System look like in Northamptonshire?

The 16 projects contained within the STP have been grouped into four portfolios:

1. Health and Wellbeing,
2. Primary, Community & Social (PCS) Care,
3. Acute & Secondary Care,
4. System Development.

C3.3 The workplan for remainder of 2017/2018 is:

- Business cases are being developed within the health and wellbeing portfolios which will offset the pressures currently being felt in other parts of the system.
- Primary, Community and Social Care: The Clinical Leaders Group are developing a higher level model by the end 2017, but have yet to decide what the output will be. This will move into the implementation process in 2018.
- Acute and Secondary Care: The Clinical Leaders Group are conducting a similar process where a new model will be developed by the end of 2017, before moving into the implementation process early 2018.

- **Accountable Care System:** There is a stakeholder event scheduled for September where attendees will explore the how, what, when and wherefore when of the accountable care system

C3.4 Some of the risks currently being faced by the STP:

- **Resources** – this programme is operating on a shoestring.
- **Leadership** – all work to date undertaken has been sponsored by, reviewed by and led by JW. The STP Programme Board is not a statutory body, has been operating on a collaborative model and there is concern about how this will be recognised.
- **Staff engagement** – the Clinical leaders Group is keen to see a collaboratively led management enabled approach to service re-design in the county, but this will need support from providers and commissioners in terms of finance, resources and estates, and as yet we do not have a defined process.
- **Public Engagement and political ownership**– the programme will struggle if this is not right, and the earlier the involvement the better. Work needs to be progressed on the consultation with the public. TD noted Healthwatch are willing to help with the public engagement for the STP and it is Healthwatch priority for the next year.

C3.5 It was acknowledged that we are at the point where we need to quickly reboot the STP with a change in the approach from all partners. The public engagement message needs to focus on getting the best quality services across the county with the resources available, and on the basis if services are more efficient there will be opportunities to invest in the quality of services. There is a need to recognise Northamptonshire as a system, and for the system collectively to be completely signed up to the direction of travel, otherwise the STP will not be sustainable. SH asked the Board to note the re-structured approach to further development and delivery of Northamptonshire's STP. The Board endorsed this recommendation.

C4 Update on the BCF and iBCF:

C4.1 AK gave the Board an update on the progress of the BCF and iBCF. AK confirmed BCF guidance has only just been received from central government. There are some differences from previous year's guidance, in particular with the iBCF which is a new source of funding to help with social care that allows a different response to pressures currently being faced. There have also been some new requirements around discharge process and how this links in with performance within the system, and there is a requirement to submit trajectories jointly with partners. The fresh BCF guidance covers a two year period, and the assurance will come together in a more integrated process.

C4.2 AK discussed some of the work currently ongoing:

- There has been a significant amount of progress made around the investment coming in from the iBCF, ideas are being tested through shared governance structures and individual governance structures. Work is still progressing on this and AK and AE have been invited to provide more detail around the iBCF and urgent care.
- Work has been reviewed specifically around allocation flows through to social care, ensuring we meet the requirements set out nationally and investment is delivering the outcomes and outputs intended.
- The opportunity has been taken to draw from the Integrated Transformation Programme last year to ensure that health elements that go into the BCF reflect the programme of work. There is a need to develop a strong support around complex care in the community and how we ensure the care needs of the people are met when they start to are escalate, for a rapid and urgent care response particularly with vulnerable people and vulnerable communities.
- Work is progressing with the submission, particularly working on the narrative and how information around the BCF can be simplified.

C4.3 The Health and Wellbeing Board must sign off the BCF and iBCF which needs to be submitted by the 11th September. The intention is to ensure all partners have sight of the

completed submission during August. SS noted that as well as signing off the BCF submission, all partners must sign off specified trajectories relating to the reduction in delayed transfer of care, and bed occupancy, but these trajectories are dependent of schemes contained within the BCF. If these trajectories cannot be delivered, there needs to be a clear, honest and transparent response as to why they cannot be delivered on a specified date and the date we can deliver. AK acknowledged that as the next Health and Wellbeing Board meeting is not until the 14th September two options are being explored:

- Make a draft submission subject to sign off before a formal sign off at the Health and Wellbeing Board, but we need to clear the governance arrangements, and all partners would need to have sight and input, and be in agreement with the draft submission.
- Call an Extraordinary Health and Wellbeing Board meeting before the 11th September.

The Board agreed for AK to explore the first option, before calling an extraordinary meeting.

Action:AK

C5 DFG (Disabled Facilities Grants) Update:

DO gave the Board an update regarding DFG. Districts and boroughs are subsidising funding from the DFG by £1.3 million a year to provide services and this is not enough to keep up with demand. There is also a need to have a more proactive approach conducting risk assessments on frail and elderly rather than a reactive process, and the challenge is to free up resources to invest in preventative measures, as this would result in significant savings by reducing pressures on the acute sector. DO agreed to bring a report to the November meeting evidencing outcomes from DFG investment in order to facilitate a longer discussion.

Action:DO

The Board endorsed the following recommendations:

- Approve the passporting of the funds to the District and Borough Councils in respect of DFGs; and
- Note the opportunity for significant savings to be made across social care and the wider health system from investment in DFGs, and consider how partners might best work together to take advantage of this opportunity

F2 Take Home Messages

CW gave the take home messages from today's meeting.

- Choosing Adverse Childhood Experiences for all to work on collaboratively in the earlier meeting is positive step forward as this will involve all partners and will recognise the focus on prevention and long term benefits.
- Sharing of learning points around health and housing and the emphasis on recognising the infrastructure needs and new models of care coming into place was incredibly valuable - a sub group will be established to take this forward.
- The MHCCC is a great example of how partners in the county can work collaboratively, and the work around the crisis house and crisis café is very innovative and has been recognised nationally, but there is a need to focus on suicide prevention as a county.
- It is important to remember leadership, resources and engagement are a key part of our focus on this going forward in respect of the STP reset.

Date of the Next Meeting

The date of the next meeting will be on the 14th September 2017 10:00 in the Council Chamber, East Northants Council.

Signed.....

Dated.....