

Minutes of the Northampton Health and Wellbeing Forum
1.30 pm on Thursday 8th October 2015 in
Room 15, County Hall, Northampton

Present:

Jane Carr - Chair	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
David Atkinson	(DA)	Chair, Northampton, East and South Locality Group
Kelly Morris	(KM)	Service Relationship and Health Protection Manager, Northamptonshire County Council
Stuart Mallett	(SM)	Strategy and Planning Lead, NHS Nene Clinical Commissioning Group
Joanna Steer	(JS)	Chief Executive Officer, Deafconnect Northamptonshire Healthcare Foundation Trust
Jeanette Pidgen	(JP)	Northampton West Locality support Manager, Nene Clinical Commissioning Group
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
Cllr Anna S King	(AK)	Northampton Borough Council
Pam Law	(PLa)	Chair of North & West Locality Engagement Group
Cllr Robin Brown	(RB)	Chair of the Northamptonshire Health and Wellbeing Board
Frank Earley	(FE)	Service Development Relationship Manager – Adults, Northamptonshire County Council
Jane Finch	(JF)	Locality Support Manager, Nene Clinical Commissioning Group
Tim O'Donovan	(TOD)	Transformation and Service Re-Design Manager, Nene Clinical Commissioning Group
Cllr Stephen Hibbert	(SH)	Northampton Borough Council
Dr Bilal Attique	(BA)	Northampton West Locality Chair, NHS Nene Clinical Commissioning Group
Muriel James	(MJ)	Chair, Central Locality Engagement Group
Lynne Jones	(LJ)	Service Manager, Northamptonshire County Council

Minute Taker:

Cheryl Bird	(CB)	PA, Northamptonshire County Council
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Apologies:

Louise Tarplee	(LT)	Senior Locality Manager, Nene Clinical Commissioning Group
Simon Favell	(SF)	Housing and Community Wellbeing Officer, Northampton Borough Council
Michael Robinson	(MR)	Commissioning Manager, Northamptonshire County Council
Helen Eason	(HE)	General Manager – Adult Services, Rehabilitation & Unplanned Care
Pam Law	(PLa)	Chair of North and West Locality Engagement Group
Maura Noone	(MN)	Assistant Director Health Partnerships, Northamptonshire County Council
Phil Harris	(PH)	Head of Housing and Wellbeing, Northampton

Spt. Mark Evans (ME) Northamptonshire Police
Dr Dipesh Naik (DN) GP Representative, NHS Nene Clinical
Commissioning Group

1. Welcome

JC opened the meeting and welcomed everyone present.

2. Minutes from the previous meeting 16th July 2015

The minutes from the previous meeting of the 16th July 2015 were agreed as an accurate record.

3. Matters arising

- KM confirmed the action plan from the Teenage Pregnancy and Teenage Conception Task and Finish Group has been circulated.
- JC will review the slides completed by SM on the Nene Clinical Commissioning Group's Strategic and Operating Plans and feedback to SM. PL to circulate the presentation to the group.

Action: JC/PL

- KM to liaise with David Loyd-Hearn regarding the pilot work Christopher Hatton School has conducted on improving the aspirations and self esteem of young people.

Action: KM

- JC is awaiting a response from Age UK about nominating a representative for this group. JC will follow up.

Action: JC

- PL is awaiting a response from St Andrews Hospital about nominating a representative for this group. PL will follow up.

Action: PL

- An update on The Care Closer to Home scheme will be given at the next meeting.

4. Review Terms of Reference

JC asked PL to change the priorities on the Terms of Reference to:

- Improving the aspirations and self esteem of young people
- Improve awareness and reduce the increase in cardiovascular mortality
- Improve the health and wellbeing outcomes for local people aged 65+.

The rest of the ToR were approved by the group.

5. Health and Wellbeing Board: Healthier Workplaces Update

FE gave the group a brief update on the Health and Wellbeing Board, Healthier Workplaces sub group. This group is formulating an approach to improving health and wellbeing within the workplace across the county by promoting physical activity and healthy eating, as well as considering emotional wellbeing and the county's health priorities. This is all captured in a Healthier Workplaces charter, drafted for organisations to sign up to and environmental health officers for the county are currently being trained as assessors for the National Healthy Workplaces Charter and to act as a conduit into businesses. FE to circulate the Healthy Workplace Charter to the group.

Action: FE

The vision is for the public sector to lead the way in the healthier workplaces agenda, with 800 NHS staff have signed up to the Global Corporate Challenge.

A Healthy Workplaces microsite is being developed which gives information to employers and staff with the aim to establish good practice and launch healthy workplace initiatives

across the county. FE asked all to review the 20:20 microsite and send any feedback to FE. PL to circulate the website link to the group.

Action:PL/FE

NEP are providing links to other businesses such as The White Company who participated in the 20 million steps initiative and are happy to be used as an example to improve engagement with other businesses.

At the previous Healthier Workplaces meeting, a discussion took place around initiatives for carers and workers who have carer responsibilities and the proposal is to liaise with Unity Leisure around offering discounted gym membership to this cohort.

6. NHS Nene Clinical Commissioning Group Commissioning Intentions 2016/2017

SM gave the group an update on the NHS Nene Clinical Commissioning Intentions for 2016/2017. The commissioning Intentions are designed to show providers the services Nene CCG are considering for 2016/2017, these will then evolve into operational plans around February 2016 and feed into NHS England's overall operational plans for the region.

In order to gain a view on how to ease the stress on the health and social care system and how service users can gain better access to services, public and stakeholder engagement events have been run across the county, with presentations made to the local Health and Wellbeing Foras, and workshops focusing specifically on dementia and diabetes. The key comments that came from these engagement sessions were that there needs to be:

- Better signposting to the most appropriate services,
- More bookable and longer GP appointments,
- Inter service communication, continuity of the GP or service clinicians,
- Better quality of advice from the internet,
- More healthy lifestyle advice,
- Basic first aid advice.

The commissioning intentions have been built around these key objectives:

- To support a sustainable development of general practice, capable of meeting the increasing demand, to help relieve the pressure on acute services,
- Align CQUIN scheme objectives to the key Master Plan initiatives of reducing avoidable Delayed Transfers of Care and reducing Non-Elective admissions,
- To achieve a 3.5% reduction in Non-Elective admissions which is currently proving challenging, as these admissions are rising, particularly within the elderly cohort.
- To reduce contractual spend across Acute and Community contracts by at least 1%, in order to increase the funding available to Personal Health Budgets,
- To ensure a managed reduction in Acute beds to enable delivery of the Care Closer to Home scheme.

BA advised the Northampton GP Federation are working on an avoidance of unplanned admissions schemes, by practices identifying 2% of their patients who are high users of medical services and have multiple chronic conditions. A care plan is developed with these patients, a copy is kept at the patient's home, and regular reviews take place to ensure there is communication between services. JC added lots of people with recurring or chronic health problems have underlying social problems which can be housing, financial or social isolation which also need to be addressed. AB agreed and added there is no point of contact for GPs who have patient with social problems and it would be beneficial to have a pathway to signpost patients to services for social problems. LJ noted a way forward could be to use the 111 number as a single point of contact for both health and social care, but this has not generally been recognised and more engagement would be needed. LJ to send some information across to JC and PL, for JC to discuss with Nene the 111 initiative.

Action: LJ/JC

LJ noted her team supports 4000 people within the community, with a majority being frail and elderly with care packages and some social care staff have minimal training, so the only option is for these staff to ring 999 for medical help. EMAS have a pilot project in place, where a patient can display an emblem to say they have a care plan, so EMAS know that once they have completed necessary health checks and there is no medical emergency a patient can be cared for in their home rather than be admitted into hospital. PL to invite Louise De Groot to attend the next meeting to discuss the patient's pathway care plan pilot. PL to add 111 to the agenda for discussion at the next meeting.

Action: PL

JF advised the GP alliance have commissioned care co-ordinators making links with the GP practices dealing with patients who have complex cases, this is a one year pilot and it is hoped these care coordinators will link into the wellbeing services being provided by the new CIC. JS to ascertain feedback from her service users and bring back to the next meeting for discussion.

Action: JS

AB noted the intermediate care team would be the most appropriate single point of contact, as they facilitate discharges from the hospital, and would be best placed to organise community care and support for underlying social issues. JC asked for the Wellbeing CIC to be discussed at the next meeting, PL to arrange a representative from CIC to attend.

Action: PL

SM to circulate the commissioning intentions to the group.

Action: SM

7. Cardiovascular Disease Update

TOD gave the group an update on the cardiovascular work currently being completed. The aim of the community cardiology clinic is to prevent cardiovascular disease rather than to treat, by commissioning four or five organisations to deliver integrated heart failure/cardiology care in the community. NGH are currently recruiting a Community Cardiologist, and NHFT have recruited a Heart Failure Nurse to help deliver community cardiology within general practice.

8. Forum Priority 1 Update - Improving the aspirations and self esteem of young people, in the 11 – 15 year age group.

JC asked for a task and finish group to set up for this priority, with KM to lead, AK and DA volunteered to be part of this group JC agreed. KM added work being completed around teenage conception will link into improving teenager's aspirations and some work is also being completed with the Children and Families Education Board. RN asked for this task and finish group to link in with the Healthwatch Young Peoples group.

Action: KM/AK/DA

9. Forum Priority 2 Update - Improve awareness and reduce the increase of cardiovascular mortality within Northamptonshire.

FE, KM, RN and DN will be in the task and finish group work for this priority. JC will circulate some information to FE, around work Unity leisure are completing in communities to encourage physical activity, and details of local groups.

10. Forum Priority 3 Update - Improve health and wellbeing outcomes for local people 65+.

JC asked LJ to be the interim lead for this task and finish group, SH will also be a member of this group. PL will chase AgeUK for a representative for this group and to lead on this priority.

Action: PL

DA advised that University of Northampton are seeking funding to complete some research on social isolation. JC asked PL to invite the University of Northampton to nominate a representative for this group.

Action: PL

KM to obtain the contact name for an organisation which is currently competing community profiling and forward to JC and PL.

Action: KM/PL

PL to invite Phil Harris, the Housing and Wellbeing Lead for Northampton Borough Council to become a member of this group.

Action: PL

JC asked each sub group to bring to the next meeting one or two actions that can be taken forward as a group.

11. Healthwatch Overview and Review

RN gave the group a brief overview of the Northamptonshire Healthwatch Annual Report for 2014/2015.

- Healthwatch have completed a study on the quality of homecare within the county involving 126 service users, feedback from the majority of people interviewed found the interaction with their paid carer to be positive. Problems arise with the consistency of information being provided by the service providers, when carers are due to arrive or whether there is a different carer. This report was submitted to the county council and one of the recommendations for carers travel costs to be paid.
- The NGH A&E survey has been repeated, and this survey at has also been completed at KGH and the Corby Urgent Care Centre, with approximately 600 people surveyed, and the majority of people stating they had tried to access medical help from other sources before attending at A&E. This survey report is due to be presented to the Urgent Care Board and as a result of this report NGH are providing better information about the length of waiting times at A&E.
- Healthwatch have completed 73 enter and view visits at KGH to different departments and wards last year, one of the outcomes from the report was that memory boxes were placed in dementia wards.
- Work has been completed around child and young people and adolescent mental health, a young person's conference was held earlier in the year, and this work will continue with children and young people's emotional wellbeing.
- Healthwatch completed enter and view at St Andrew's Hospital. As a result of concerns raised with the CQC, NHS England and St Andrew's about the quality of care at St Andrew's, there is revised guidance on serious incidents, improvement in staffing levels, care planning and quality assurance.
- Healthwatch have approximately seven full time employees and 300 volunteers, who work closely with Adult Social Care to influence the quality of NCC monitoring.
- Healthwatch is fully engaged with the Care Act and runs an active campaign called 'Make your voice count', to raise the profile of Healthwatch and ascertain what the population think about health and social care services within the county.
- Deafconnect have completed some deaf awareness training with some GP practices within Northampton, and work is ongoing to see if this can be rolled out across the county.
- Work has been completed to lobby EMAS to improve response times

The main priority for Healthwatch over the coming year is to track the whole patient experience as they move through the health and social care system to ascertain what is positive about their experiences, and to improve the integrated Care Closer to Home. The biggest challenges for Healthwatch are how to prioritise projects due to the scale of work needed within the county and funding issues and Healthwatch is investigating how to generate income. RN asked all if they could review the Healthwatch annual report and provide feedback to RN.

Action: ALL

12. Any Other Business

DA asked if an item can be added to the agenda for the next meeting, to discuss the work other forums are completing, as Daventry has produced a leaflet on social isolation which could link in with priority 2. JC asked for a standing item to be on the agenda for feedback from the Chairs of the Locality Forum meetings. PL to arrange.

Action: PL

JC agreed for these meetings to be held on a Tuesday afternoon, PL to arrange.

Action: PL

KM confirmed that Spring Boroughs is applying for a community development trust status. JC asked for a representative from Spring Boroughs to come to the next meeting to discuss their work. PL to arrange.

Action: PL

KM reminded the group it is flu vaccination season. KM to send information to JC for circulation to VIN distribution groups.

Action: KM/JC

FE gave the group an update on the town and country planning conference which recently took place. There were constructive discussions between the planning teams across the county, looking at case studies where new builds could incorporate promoting wellbeing and health. KM will get a briefing from Stephen Marks and circulate to the group.

Action: KM

JC advised going forward this forum should think about housing and appropriate housing for an aging population. PL to liaise with Jo Lappin from NEP about a housing presentation and circulate to the group.

Action: PL

MJ advised a joint event is being held by Northampton Locality Group around Mental Health and Addiction in spring 2016. MJ will send information to PL to circulate to the group.

Action: MJ/PL

PL to invite RB to the next few meetings.

Action: RB

PL advised the Health and Wellbeing Board development session scheduled for the 3rd December will be on the theme of Health Inequalities.

13. Date of the next meeting

The date of the next meeting will be on the 14th January 2016, 1.30 pm in the Boardroom at Francis Crick House, Summerhouse Road, Moulton Park, Northampton.