

**Minutes of the Northampton Health and Wellbeing Forum
1.30 pm on Thursday 14th January 2016 in
The Board Room, Francis Crick House, Nene CCG, Northampton**

Present:

Jane Carr - Chair	(JC)	Chief Executive, Voluntary Impact Northamptonshire
David Atkinson	(DA)	Chair, Northampton, East and South Locality Group
Cllr Robin Brown	(RB)	Chair of the Northamptonshire Health and Wellbeing Board
Dr Dipesh Naik	(DN)	GP Representative and Chair of Northampton Central Locality, NHS Nene Clinical Commissioning Group
Cllr Stephen Hibbert	(SH)	Northampton Borough Council
Kelly Morris	(KM)	Service Relationship and Health Protection Manager, Northamptonshire County Council
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
Pat Haslam	(PHa)	Locality Administrator, NHS Nene Clinical Commissioning Group
Jane Finch	(JF)	Locality Support Manager for Northampton Central, Nene Clinical Commissioning Group
Jeanette Pidgen	(JP)	Northampton West Locality support Manager, Nene Clinical Commissioning Group
Pam Law	(PLa)	Chair of Northampton West Locality Engagement Group
Muriel James	(MJ)	Chair, Central Locality Engagement Group
Spt. Mark Evans	(ME)	Early Intervention Lead, Northamptonshire Police
Deborah Hope	(DH)	Frail and Elderly Liaison Officer, East Midlands Ambulance Service,
Derry Miller	(DM)	Services Director Age-UK
Susan J. Pinnington	(SJP)	St. Andrews
Phil Harris	(PH)	Head of Housing and Wellbeing, Northampton Borough Council
Simon Favell	(SF)	Wellbeing Partnership Officer, Northampton Borough Council
Lisa Bryan	(LB)	Home Safety Team Manager, Northamptonshire Fire Service
Helen Eason	(HE)	General Manager – Adult Services, Rehabilitation & Unplanned Care, Northamptonshire Healthcare Foundation Trust
Jo Davis	(JD)	Healthwatch Officer leading on Adult Social Care
Lauren Humber	(LH)	Strategic Planning Officer, Business Intelligence and Performance, Northamptonshire County Council
Janet Doran	(JDo)	First For Wellbeing Lead, Northamptonshire County Council
Katie Jones	(KJ)	Institute of Wellbeing Manager, University of Northampton
Daniel Ash	(DA)	Researcher, Northamptonshire Police

Minute Taker:

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

Louise Tarplee	(LT)	Senior Locality Manager, Nene Clinical Commissioning Group
Debbie Lole	(DL)	Locality Support, NHS Nene Clinical Commissioning Group
Anne Villegas	(AV)	Healthwatch
Mathew Foulsham	(MF)	Smoking Cessation Service, Northamptonshire Healthcare Foundation Trust
Joanna Steer	(JS)	Chief Executive Officer, Deafconnect Northamptonshire Healthcare Foundation Trust
Lynne Jones	(LJ)	Service Manager, Northamptonshire County Council
Dr. Bilal Attique	(BA)	Northampton West Locality Chair, NHS Nene Clinical Commissioning Group
Michael Robinson	(MR)	Commissioning Manager, Northamptonshire County Council
Lynn Lavender	(LL)	Northamptonshire Association of Local Councils
Karina Wearmouth	(KW)	East Midlands Ambulance Service,
Cllr Anna S King	(AK)	Northampton Borough Council
Louise De Groot	(LDG)	East Midlands Ambulance Service.

1. Welcome

JC opened the meeting and welcomed everyone present.

2. Minutes from the previous meeting 8th October 2015

The minutes from the previous meeting of the 8th October 2015 were agreed as an accurate record.

3. Matters arising:

- The action for LJ to circulate the commissioning intentions for Nene Clinical Commissioning Group is to be carried forward to the next meeting.
Action:LJ
- The action for JS to ascertain feedback from her service users and bring to the next meeting is to be carried forward to the next meeting.
Action:JS
- Updates on the Care Closer to Home update, EMAS 111 Pathway Pilot and Challenges Re:111 Service will be carried forward to the next meeting.
Action:LJ/LDG
- The action for LJ to send information across to JC for JC to discuss with Nene the 111 initiative is to be carried forward.
Action: LJ
- It has not proved possible to move the Northampton Health and Wellbeing Forum meetings to Tuesday afternoons, so a sub-group including JC and PL had been formed to meet with the GPs each Tuesday after a forum meeting to ensure consistent GP engagement with the forum.
- A representative from Spring Boroughs has been invited to attend a meeting to discuss the work ongoing within their borough. This item will be on the agenda for the next meeting.
- A housing presentation by Jo Lappin from Northamptonshire Enterprise Partnership will be on the agenda for the next meeting.

4. Forum Chairs Group (FCG) Meeting Feedback & Adult Safeguarding

JC gave the group feedback from the previous Forum Chairs meeting chaired by RB which JC attends. Marie Seaton, Chair of the Northamptonshire Safeguarding Adults Board attended and discussed how adult safeguarding plays a part in the wider communities and voluntary sector. JC asked for this item to be on the agenda for a wider discussion at the next meeting. PL to arrange.

Action:PL

DM sits on the subgroup of the Adult Safeguarding Board, Users and Carers Safeguarding and offered to feedback any items of interest from this sub group. JC agreed.

RB advised at the Forum Chairs meeting it was agreed that Adult Safeguarding be added as an item to the local fora agendas, as it was felt the forums could be a valuable vehicle in reaching culturally diverse and harder to reach ethnic groups.

5. First For Wellbeing (Wellbeing CIC) - Update

JDo gave the group a presentation on the First For Wellbeing (FFW) Community Interest Company.

JDo noted there may be people who do not have enough personal resilience to deal with the challenges in life and this can impact on wellbeing. Physical and mental health should have parity of esteem and FFW is a big step forward in recognising this. There are five primary objectives for FFW:

- **Preventative** – the focus for FFW will be on prevention, there will be an overarching framework to bring together all prevention services/support to a one stop shop to avoid confusion and duplication on how to access prevention services.
- **Seamless** – residents would like to have the ‘Tell Your Story Once’ concept, although there are some data protection issues that need to be overcome, systems are being built from scratch and customers permission will be obtained before any information is shared.
- **Social meets medical** – A persons social life impacts on their physical condition. Quality of life for the longest period of time is the aim FFW aims to achieve.
- **Combining Skills** – FFW are looking to work with people and organisations that are already providing services within the community.
- **Countywide** – It is important that people across the county understand the service they can expect to receive. This might be different in individual localities as each community is different and the existing services will be different.

JDo added FFW was established on the 1st December and will become fully operational from the 1st April. FFW will be a holistic person centred model, working with individuals to encourage a change in unhealthy behaviours, assess how support can be given to individuals and understand if there is something driving these unhealthy behaviours. Whilst also ensuring there is access to services for older people or people who have learning disabilities and might have access issues. It will be an integrated service with multi skilled wellbeing specialists who will be able to deal with a range of issues to reduce the amount of referrals and recruitment is underway for these posts.

Professor Akeem Ali has sent a letter to all GPs asking for their support in establishing FFW. DN added FFW must have GP backing to be successful and DN feels FFW would be beneficial for patients to improve their wellbeing. LB noted that healthy living environment should be included, as poor living conditions can affect the health and wellbeing of individuals.

JDo is to attend the next Forum Chairs Group meeting with RB to discuss FFW and how the localities can help get FFW established. JD will arrange for representative from FFW

to give regular updates to this group and the group agreed for First For Wellbeing to be invited to become a permanent member of the forum. PL to arrange.

Action:PL/JD

6. Veterans Support

PHa delivered a presentation on the veteran's support services within the county. The definition of a veteran is a person who has completed one day service or more in the regular armed forces or reserves or who has served as a merchant sea farer or fisherman on a vessel which has operated during military operations. As of 2014 there are over 3000 veterans within Northamptonshire, with 935 within the Northampton locality. Information has been circulated to GP practices asking to ensure when patients register it is recorded if they are a veteran, as veterans should receive priority medical treatment for a medical condition if it relates to their physical service in the armed forces. An Armed Forces Directory has been created and distributed to all practices, listing all the services available to veterans.

A presentation was made by Dr Dominic Murphy in November 2015 to 200 GPs across the county highlighting the symptoms of post traumatic stress (PSTD) and combat stress. The army is currently going through a restructure with the aim to reduce regular service personnel and recruit more reservists; these reservists will train within integrated units and take part in six months active service within a five year period. Upon leaving the army regular and reservist's servicemen feel there is a lack of support by the Ministry of Defence and the highest rates of PTSD are recorded within the reservist cohort. It has been evidenced that reservists do not respond to regular treatment as well as regular servicemen, as they have difficulty transitioning into normal life once a tour of duty has ended and this can lead to an increased risk of mental health issues. Over the next few years there will be a steady rise in PTSD and combat stress disorder, so mental health services will be stretched to. PHa will give an update to the group next year.

Action:PHa

PH confirmed there are obligations under The Armed forces Community Covenant to prioritise veterans for re-housing as rough sleeping is a big problem for ex servicemen, and Northampton Borough Council are developing a new Rough Sleeper's Strategy. PH to meet with PHa to discuss further. PL to organise.

Action PL

JC advised that Corby has compiled a 'Welcome to Corby' booklet listing all the services and information within the town, which was a joint venture between the Corby Clinical Commissioning Group and Corby Borough Council. PH acknowledged if it would be beneficial if a similar booklet could be compiled for Northampton. PL has sent a copy of this booklet to Helen Potton (HP), but received no response. JF will follow up with HP and meet with PH, PL, and JC to discuss further.

Action:JF

ME advised the police can come across veterans who turn to alcohol which can lead to unhealthy behaviours. ME is happy to circulate information to the police to raise awareness of the issues veterans face and the support services that may be available to ex servicemen. PH to send more information about services that are available to vulnerable ex servicemen for PL to circulate to the group.

Action:PH

It was agreed that the forum should undertake an initiative to push awareness of veterans issues to coincide with Armed Forces day, and a sub group will meet to create a proposal as to what this forum can offer collectively to support this initiative. The sub group will include JF, PL, PH, and the proposal will be brought to the next forum meeting for agreement.

Action:JF/PL/PH

7. Northamptonshire Health & Wellbeing Strategy Consultation

KJ gave the group a presentation on the draft re-freshed Health and Wellbeing Strategy. The University of Northampton were asked by the Health and Wellbeing Board to lead on the process of refreshing the Health and Wellbeing Strategy with input from organisations across the county. This strategy is a high level strategy which will have a series of operational plans feeding into the strategy. The vision for this strategy is to have a preventative approach, for people to be able to take responsibility for their own health and wellbeing, working with people, families and communities to empower them to look after their own health and wellbeing and reduce health inequalities across the county.

The following methods were used to decide upon the priorities contained within the strategy:

- All the organisations that sit on the Board sent through their relevant operating and strategies plans to the University of Northampton to complete a mapping exercise.
- Using data from the PHOF, NHS and Adult Social Care Outcomes Framework, and Office from the National Statistics.
- A Health and Wellbeing Development day was organised and people who have a role in health and wellbeing were invited to attend. Attendees were asked to think about the wider determinants of health, and identify issues that could only be tackled by collaborative, to reduce health and inequalities and to have a long term impact after 2020.

The four priorities decided upon:

1. **Giving every child the best start** – recognising that to prevent ill health in later life, good health advice must start with pre-conception and to have healthy adults in the future there must be healthy children now. The proposal is to take a family based approach, developing the resilience of children and young people so they are better prepared for transitions both planned and unplanned and reducing the effect of adverse childhood experiences. To ensure that children are listened to, that their voices count and provide them with the skills and tools to cope with life challenges, recognise when they need help and where they can access it and to create healthy environments for children. The Forum agreed there needs to be an emphasis on support for families as a child is the product of its environment it is living in. ME noted 50% of domestic abuse incidents have children present, and most perpetrators were exposed to domestic abuse as children, so measures need to be in place to address this and break the cycle of domestic abuse. ME is hosting a seminar in a pilot area with high domestic abuse, child victims and offender criminality, where population can meet to discuss resources required to align and map with existing services in the area. KJ added as a county children, gain weight during their primary school years and there is a rise in children becoming obese by year 6. KM confirmed for the Northampton locality the problem is with underweight children but the reasons behind this are unclear.
2. **Taking responsibility and making informed choices** – To create and enable environments where people will want to make more informed choices about their health and wellbeing. To develop the skills to help themselves and to lead full enjoyable lives and they know how and where to access that support. FFW and community pharmacies will be a key resource.
3. **Promoting independence and quality of life for older adults** – The highest population growth in the county is in the age group over 70's, to ensure our older people lead happy healthy lives in a home environment that supports them to be independent. Whilst also ensuring older people are valued as members of the community and not left in isolation.
4. **Creating an environment for all people to flourish** – in order to take a proactive approach in preventing and reducing ill health, it needs to be recognised that there are connections about where people live and the choices they make. The local fora have a role to play in enabling communities to identify their issues, take ownership of those

issues and implement solutions. The aim of this priority is that everyone within the county has a warm, safe affordable home, with people in employment and to create an enabling environment within the workplace, schools and broader environments. RB added there is a need to create jobs which pay the living wage. KJ commented there is a need to think about health and wellbeing needs for those on or below the poverty line. KM noted that health protection elements and community safety elements are missing from the Health and Wellbeing Strategy.

An Effective Governance section has been included in the strategy to ensure the Health and Wellbeing Board and Board member organisations can, should and want to work together to achieve this strategy. The strategy is evidenced based and this will continue to inform where and how resources are used, although there needs to be flexibility in recognising the different needs and cultures across needs across the districts and boroughs.

The strategy is open for consultation until the 15th February, each Chair of the local foras will ensure the draft strategy and consultation documentation is forwarded to fora members and service users and coordinate a response on behalf of the local fora. Feedback from the consultation will be used to influence the final strategy before it is taken to the Health and Wellbeing Board on the 10th March for final approval.

RB advised the NED's and Chairs of health organisations across the county met on the 12th January and the governing boards that were in attendance all adopted the draft strategy. The chief executives in attendance were tasked with how their respective organisations will be using their operational plans to fit within the overall and overarching strategy.

ME commented violent crime affects attainment, health and employment, and there are wider issues such as alcohol and substance misuse, mental health issues, and relationship issues. ME added there needs to be a link included in the strategy to reduce violent crime through preventative measures. ME will bring a presentation to the next meeting on violent crime and domestic abuse.

Action:ME

8. Adult Social Care Accommodation Sufficiency Strategy

LH gave the group a presentation on the Older Person Social Care Accommodation Strategy 2016-2020. LH is developing two strategies one for older persons and one for younger people, to inform the market of the accommodation adult social care customers need going forward.

The aim of the strategy for younger people is to have extra care facilities, suitable sheltered housing and to steer away from residential care for younger adults to enable them to have their own homes and improved independence. LH is in discussions with NBC and Northamptonshire Partnership Homes regarding the high needs placements out of the county, to get these people suitable housing solutions within the county. Discussions are ongoing with developers and housing associations to create specialist core cluster schemes, which are sustainable, fully adaptable and suitable for people with autism or have challenging behaviour. LH to forward the Younger Persons Strategy to PL for circulation to the forum.

For the Older Persons Strategy, LH reviewed the accommodation already available, assessing whether the existing sheltered stock is fit for purpose and by working with partners to create accommodation which would be suitable to maintain older persons independence. An increase in extra care and sheltered accommodation is needed, as well as residential care and nursing care. Another priority is care and support in the home and

to become more outcome focused to make people more independent, and also looking at assistant technology providers and technology can help people to stay within their home.

For both strategies there will be an action plan to work with all the districts and boroughs to try and influence their strategies for housing and Northamptonshire Partnership Homes are developing their own older persons accommodation. Once the strategies are completed and loaded onto the ASC website with a market position statement, NCC will develop its own tender business case/plan.

The forum agreed LH may be able to make a valuable contribution to the work of the Forum Priority 3 Task and Finish Group, and LJ will be asked to include LH in this work.

Action: LJ.

9. NBC Wellbeing I.T. System

The forum received a brief presentation on the Northampton Wellbeing Partnership's plans to procure a new IT system in conjunction with NCC, to enable more joined up/partnership working and coordinated discharge plans. SF will discuss this further at the next meeting.

Action:SF

10. Introduction to EMAS Frail and Elderly Persons Liaison Officers

DH gave the group a presentation regarding the Frail and Elderly Persons Liaison Project. This project started in September 2015 and is due to finish in March 2016 and DH hopes this project can be extended for another year. By 2050 the elderly population ratio will be 1:4; this project aims to reduce the number of 999 calls by tackling unnecessary calls and avoiding inappropriate admissions to hospital. This project will integrate into any services that deal with the frail and elderly and provide training and education. Visits are being made to the top 50 identified care homes that made the most 999 calls, by working with these homes to identify the root causes of unnecessary calls and provide training to enable care home staff to make more holistic assessments, so patients can be referred elsewhere rather than calling 999. Future work planned is to integrate with high volume service users, and to improve the response from the EMAS Clinical Advice Team (CAT) by giving the CAT team more information about services available in Northampton.

11. Forum Priority Updates

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

A task and finish group has been set up for this priority, KM leading.

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

A task and finish group has been set up for this priority, DN has been elected to Chair.

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

A task and finish group has been set up for this priority, with LJ leading. At the initial meeting, it was felt that this priority may need an amended remit. As LJ was not present, PL proposed that the forum give delegated authority to JC to agree a change for this priority and feedback at the next forum meeting. This was agreed.

Action: LJ.

12. Date of Next Meeting

The date of the next meeting will be on the 14th April at 1.30pm in Francis Crick House, Moulton Park, Northampton.