Northamptonshire Health and Wellbeing Board

This report covers the last 18 months of business for the Northamptonshire Health and Wellbeing Board (HWBB).

Membership of the Health and Wellbeing Board

The membership arrangements for the Health and Wellbeing Board were reviewed in November 2018 and amendments to those arrangements were agreed by Northamptonshire County Council (NCC) at the November 2018 meeting. HWBB Terms of Reference 2018

- Councillor Sylvia Hughes was appointed to the role of Chair of the Health and Wellbeing Board by NCC at the June 2016 meeting and was to remain in place until June 2018 to align with approvals already in place for the Vice Chairs.

- Cllr Hughes served as Chair until her resignation on 10th May 2018, which followed her resignation as Cabinet Member for Public Health and Wellbeing on 26th March 2018. On the 10th May the Board, whilst recognising that Council formally appoints the HWBB Chair, agreed a nomination to be put forward as its preferred candidate. That candidate was Professor Nick Petford, Vice Chancellor of the University of Northampton and a Vice Chair of the Northamptonshire HWBB.

- As a result of the changes, NCC was asked to approve Professor Petford’s appointment to the role of Chair of the HWBB at the June 2018 Full Council meeting. This change became effective immediately and was approved to June 2021 to enable continuity through the forthcoming potential changes in Local Government structure in the county.

- NCC was additionally asked to approve the reappointment of the Board’s two Vice Chairs: Dr. Darin Seiger, Chair of NHS Nene Clinical Commissioning Group and Councillor Chris Millar, Leader of Daventry District Council. NCC was also asked to approve the appointment of a new Vice Chair: Councillor Cecile Irving Swift, the incoming Cabinet Member for Public Health and Wellbeing. These reappointments to the positions of Vice Chairs became effective immediately and were approved to June 2021 to enable continuity through the forthcoming potential changes in Local Government structure in the county.

- Northamptonshire’s seven District and Borough Councils are involved in the HWBB via elected member and Chief Executive Representation. The Elected member lead is Cllr Chris Miller, Leader of Daventry District Council.
Activities of the Health and Wellbeing Board in 2017/19

The HWBB takes the lead in promoting the county’s Joint Strategic Needs Assessment (JSNA) which identifies health, wellbeing and care needs across the county. The complete JSNA can be found at the Northamptonshire Analysis website.

The refreshed Joint Northamptonshire Health and Wellbeing Strategy (2016 - 2020), “Supporting Northamptonshire to Flourish”, which was formally approved and signed off by partners in April 2016 at an Extraordinary General Meeting of the Health and Wellbeing Board, remains in place. There is continued recognition of the need to ensure the link between the Joint Northamptonshire Health and Wellbeing Strategy and the Northamptonshire Health and Care Partnership is made clear and reviewed regularly. The HWBB receives regular updates from the County's Health and Care Partnership Accountable Officer, Angela Hillery from NHFT (who became a board member in that designation in November 2018).

The HWBB holds a number of Development Days [Sessions] during the course of the year, each consisting of a half day focusing on a single theme, inviting key stakeholders from across the county to participate.

In 2017/18, these included the following themes:

- First for Wellbeing: Delivering Wellbeing – Our Next Steps
- Housing and Planning For Health
- Recovery Focused Mental Health
- Housing and Health: Homelessness
- Northamptonshire Police: Adverse Childhood Experiences
- NHS Nene and Corby CCGs: Intermediate Care Redesign in the County
- More Active More Often – Making It Happen
- Mental Health
- Economic Prosperity in Northamptonshire

In 2019, these included / will include the following themes:

- Data Governance
- Primary Care Networks
- A workshop led by Northamptonshire Police – topic to be announced
- The opportunities arising out of Health and Social Care Integration in the context of Local Government reorganisation and transformation in Northamptonshire - Led by Northamptonshire District and Borough Council Partners
These sessions provide opportunities for stakeholders to support all aspects of social value in promoting health and wellbeing.

**Health and Wellbeing Board workstream sub-groups**

During the last 18 months there have been seven subgroups working on specific tasks commissioned by the Health and Wellbeing Board:

- Mental Health Crisis Concordat
- Mental Health Prevention Concordat
- Healthy Workplaces
- Housing and Health
- Housing and Homelessness
- Adverse Childhood Experiences
- Data Governance

**Mental Health Crisis Concordat (MHCC)**

This subgroup is now chaired by Adam Smith, Assistant Director of Crisis Pathway, Criminal Justice and Perinatal Services from NHFT. There has been a review of the steering group membership and the last meeting in May was well attended. The action plan has been revised and is included here:

![Action Plan Feb19](image)

Alongside the meetings of the steering group the MHCC have developed both a carers and service user reference group. The first of these met in May this year. These groups seek to inform the concordat on the issues that continue to be faced by the public when managing mental health crises and the concordat has agreed to build its continued actions moving forward from the issues raised at these groups. Below are the various area updates:

**Update on Child and Adolescent Mental Health Service (CAMHS) pathway issues:**

The collaboration between NHFT, KGH and NGH is continuing with the now established pathway for children and young people (CYP) who attend acute hospitals following an episode of self-harm or who require CAMHS support. The following actions have been agreed and are in place:

- CAMHS Crisis Team continue to assess CYP in A&E at both acute trusts if requested during the teams operating hours. CYP and their carers will also be offered the option of attending either of the CAMHS bases for assessment on
the same day if this is felt appropriate. There is evidence that this has reduced the amount of CYP who are admitted to Paediatric Wards, which was one of the aims of the new pathway. In multi-agency meetings there is agreement that this pathway has improved the response for CYP who self-harm, reduced unnecessary admissions and improved joint working.

- A revised self-harm assessment tool was agreed between organisations and was piloted between 1st January and 31st March 2018. Following the pilot the assessment tool has now been approved for continued use.
- The revised self-harm pathway is now fully established. There are regular meetings between all agencies with regards to the pathway.
- A repeat of the CCG led self-harm audit has taken place. The period audited was May 2018. The results of this audit have not yet been published.
- A review of the current crisis pathway will take place in June 2019. This will align with regional crisis pathway objectives as directed by the East Midlands Crisis Network.
- The ‘Future in Mind’ refresh was submitted which has a clear crisis focus over the next two years, additional funding has also been identified to enhance the current provision by offering a crisis drop-in type model and increasing the operating hours in an attempt to start moving towards 24/7 accessible crisis services. There is also a plan to increase the Home Treatment offer and to provide training to the existing team to facilitate a home treatment model.

Winter Resilience:
- The uplift to the service as above will enable us to build in some resilience.
- This year as part of the FIM Refresh we have recruited five Wellbeing Practitioners, this will enable us to offer more young people quick access to brief interventions.
- The rapid response contract with third sector providers (REACH partnership) ended on March 31st 2019. The contract was not renewed due to a mixed uptake across the county.

Multi-Agency Response:
A review took place in 2018 of the existing Street Triage model. The results were generally positive with police officers still feeling that the support of the resource was valuable. With changes in the Mental Health Act in recent years it is now necessary for officers to consult a mental health professional before they detain someone on a Section 136. By having the core staff in the police force control room between the hours of 09.00-17.00h, NHFT are able to support this demand but also offer continued tactical advice and liaison. The evening resource continues to deploy with police officers but the review did highlight the need for the police to consider a smaller cohort of officers who volunteer to work on the project to increase the specialist knowledge and build improved relationships between services. NHFT have committed to providing training and education to these officers in the coming months.
NHFT have also been working closely with the Office of the Police and Crime Commissioners (OPCC) to look at the current training provision for new and existing officers across the force. This will include the co-production of training modules alongside services users and the third sector and will look to become a routine function of police training.

East Midlands Ambulance Service (EMAS) and NHFT had previously piloted a street triage car. This had not been continued but in recent months EMAS have returned to the concordat groups and report that they are looking for options with regards to the ability to share tactical and clinical advice and well as the possible revision on the street triage model. Adam Smith will facilitate a meeting between EMAS and the OPCC to explore these options further and how they might link with the existing control room and police triage options. EMAS continue to be able to use the developments around the crisis cafes within the county.

In June 2018 NHFT were successful in winning the bid for the police custody tender in Northamptonshire. This further cements the pathways for the management of mental health crisis ensuring that the police and NHFT are working together to support the mental health needs of the community from the street and through to court as required.

NHFT, the OPCC and Northants police agreed to implement an NHS England recognised ‘High Intensity User’ (HIN) framework in 2018 which sees a police officer seconded into NHFT to provide a collaborative approach to the support and management of those service users who have high levels of contact with the police during their mental health crisis. The officer is now working into NHFT directly alongside the community mental health teams.

All those identified as HIN service users have consented to their information being shared between organisations. The police officer has liaised with the relevant NHFT teams who are working with the identified service users and works collaboratively to develop safety plans and what information needs to be available for police to manage calls when they occur.

All relevant information is entered onto NICHE, the police systems, and the sub group are developing ways of ensuring this is accessible to officers on location, via an app.

There is a bi-monthly HIN network meeting which is attended by Police, EMAS, Acute Liaison Mental Health Service, Planned Care and the Recovery Team. The team review recent activity of the frequent callers and discuss if the officer needs to be working with them through HIN. The officer has developed links with third sector organisations to support service users in managing in times of crisis. Police have been made aware of the use of Crisis Cafes and processes to follow should they be called to an identified service user. The officer is currently working with nine service users across the county.
Partners within the concordat are currently working to improve the responsiveness of mental health engagement in the community. As part of the action plan for 2019 the MHCC has committed to engaging carers and service users who have experience of using services across all partners at the point of crisis. We have held our first carers and service user’s reference groups. The groups are led by our carers and we have had representation from NHFT and Northants police. The first group has been well attended and the information that has been gathered from these groups will be fed directly back into our next MHCC steering group to directly inform future actions for the group.

Further action for the MHCC has been to review the current approved mental health professional provision within the county. It is accepted that there are issues that develop as a result of a lack of parity between day and night Approved Mental Health Professional (AMHP) provisions and therefore concern as the ability to respond to urgent assessments. Northamptonshire Adult Social Services (NASS) managers are working with MHCC members to look at business cases for alternate training and development of AMHP’s across the pathway and NASS are currently undertaking a review of the AMHP provision across the county. It is the intention from NASS and NHFT that future front door developments for mental health crisis provision will include the co-location of both crisis services and AMHP’s to provide a more responsive service.

The mental health Crisis Cafes, which are co-produced with the third sector organisation MIND, continue to grow. There are now 15 cafes, across six venues, open seven days a week. In nine months last year the cafes opened their doors to 2500 users in crisis. They continue to provide a point of self-referral for service users and carers and link directly with NHFT services to ensure seamless pathways.

Locally NGH, KGH and NHFT have completed the 2017-2019 CQUIN (Commissioning for Quality and Innovation) around the reduction of frequent attenders with mental health issues to the Emergency Department. Through a range of service user’s engagements, support work, care planning and consultations, the CQUIN has largely been successful in reducing the attendance in A&E for these service users and has improved pathways at the point of crisis into services such as the crisis cafes and the crisis house. The CQUIN provided the opportunity to update the current A&E coding of mental health presentations, improving the acknowledgement and recognition of those who attend A&E with mental health issues.

The Crisis House continues to provide a homely environment for co-produced mental health. The engagement and the impact and efficacy of the house and the working model has resulted in the CCG commissioning a second house in the north of the county to provide another six beds. It’s is the intention of NHFT that this will be open in October 2019.
The concordat partners are continuing to develop the possibility of using the ECINS database model to bring together a range of service user crisis plans that, with the user’s permission, would be accessible to a range of frontline partners who may have contact with users in crisis. This would be a major advance in the county and work prevent users having to relay their story multiple times in a crisis.

All relevant agencies are linked into appropriate groups. At each Crisis Care Concordat Workstream Group meeting the relevant task groups provide feedback on progress. As well as actively working on the projects identified above, the Crisis Care Concordat Workstream Group receives feedback from all mental health crisis services and provides governance for partnership working groups, such as the Section 136 review group. The meeting provides oversight and accepts escalation from any exception reporting by providing a partnership review body. The meeting also provides a forum for oversight and sign off for relevant national requirements. These will be reported through HWBB reports as required.

Following receipt of a ministerial letter sent on 1st November 2016 regarding requirements for local scrutiny of the use of Taser in mental health settings, the Crisis Care Concordat Workstream Group receives regular reports from Northamptonshire Police and St. Andrews Healthcare.

Future developments and training of crisis services within the county in the next 12 months are as follows:

- NHFT bid to NHS England in order to extend crisis café provisions within the county.
- Future revision of EMAS triage models in discussion.
- NHFT, third sector and peer training for EMAS and police colleagues around mental health and autism.
- Improvements to current street triage models with Northants Police including extended hours, dedicated officer cohort and specialist training.
- Piloting of work based mental health offer co-produced with third sector and public health to normalise mental health discussion outside of secondary mental health services.
- Single self-referral pathway delivered by NHFT, NASS and third sector.

**Mental Health Prevention Concordat**

The Prevention Concordat for Mental Health workstream group has been led by Colin Thompson, Consultant in Public Health at NCC since July 2018. Meetings are followed in linear fashion by Crisis Care Concordat Workstream Group meetings, as similar agencies need to be involved with both, and it is recognised that ideally there should
be one pathway that encompasses both prevention and crisis. [http://preventionconcordat.com/] describes some of the opportunities therein.

The official launch date for the Prevention Concordat was 1st November 2017. Partnership membership of the steering group was considered at the initial meeting of the group. The group agreed a local offer needs to be produced which would include the research already undertaken, data and improved outcomes that could be achieved. There is a need to look at the pre-determinants of mental health issues, it is recognised that there is a need to build on assets within the county, and to have an integrated evidence base. Incorporation of Action for Happiness, and Five Ways to Wellbeing was regarded as beneficial, and there is need to ensure the return on investment is evidenced.

The group has noted some of the work already being completed by partners around prevention:

The College of Policing has reviewed its training and police officers now have a specific training schedule for mental health provision. Also the mental health nurse located in Northamptonshire Force Control Room, gives talks to newly qualified officers about what may occur when attending mental health incidents. A theme emerging from the Time 2 Listen consultation responses has been that training for police officers has not always been consistent.

Often first responders to children are teachers and there are some good schools who are helping children and young people with their health and wellbeing issues. But when behaviours start to emerge in children and young people linked to mental ill health it can be a difficult to know how to intervene and a diplomatic process is required. Due to some schools becoming academies, there are different obligations for schools to provide data on exclusions, currently 90% of secondary schools and 50% of primary schools are academies within the county. Dr Tania Hart from the University of Northampton has completed some research in conjunction with Leicester University around Young People’s Mental Health the Role of Education. This provides a good evidence base for how schools can support students with emerging anxiety and mental health challenges.

Dr. Matthew Callender from the University of Northampton has completed a piece of OPCC) commissioned research regarding police street triage and Section 136. The aim of this evaluation was to analyse all Section 136’s (S136) incidents during the calendar year of 2017. S136’s are the police power to detain if they have concerns regarding a possible mental health issue. The detainee must be taken to a place of safety and receive formal assessment. In 2017 the university conducted interviews with police, practitioners and colleagues in Leicestershire and Nottinghamshire police and foundation trust with the intention of measuring progress and the value of street triage. A number of points came out of this research:
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- Northamptonshire is the 5th highest police force in the country in terms of using S136 in 2016/2017.
- Perception locally around the use of S136 is changing and there is a push, not least via the Concordats, to reduce the use thereof.
- The 17/18 data is yet to be published, but projection trends suggest an expected local decline in the use of S136s.
- Evidence suggests the partnership between NHFT and Northamptonshire Police around Street Triage is providing positive results.
- Having permanent mental health staff in the police control room creates a more established, respected, identity within the control room, so is beneficial. Police are required where practicable to consult with a Mental Health practitioner before exercising S136 powers is another progress methodology.

The Prevention Concordat Steering Group took a lead on development of the Countywide Suicide Prevention action plan based on the strategy that had been produced prior to the formation of the group. A specific suicide prevention group has been set up following this work and an action plan has been developed. Five priorities have been identified for the county in the action plan and include:

- Priority 1: Working in partnership.
- Priority 2: Improving our understanding of the causes and effects of suicide.
- Priority 3: Reducing the risk of suicide in key high risk groups.
- Priority 4: Improving positive emotional health and wellbeing and resilience among high risk groups, including young people.
- Priority 5: Reducing the impact of suicide.

A Health Needs Assessment (HNA) has been completed to establish key preventative measures within the county and help to identify gaps within services and this will be discussed at the next meeting. This links in with the Adverse Childhood Experiences (ACEs) workstream. Following the completion of the HNA, an action plan has been developed to underpin the strategic priorities of the prevention concordat. The following are key actions in the action plan for the group to focus on in the future:

- Support for pregnant women to address lifestyle and behaviour risks, increase emotional wellbeing, reduce stress and promote attachment during pregnancy and post birth.
- Develop stronger parenting and more effective support for families with children aged 0-5 years to increase social and emotional attachment.
- Training for maternity/ 0-5 services to be able to spot the signs of emotional and mental ill health of parents/carers and intervene early.
Better understand and more effectively target support for vulnerable young people to address high rates of self-harm.

- Support schools to adopt a comprehensive 'whole school' approach to promote the mental wellbeing of children and young people.
- Integrate mental health support into the pathways and interventions for people with long term physical health problems.
- Promote mental health literacy such as the “5 Ways to Wellbeing” in universal settings and ‘Action for Happiness’ in more targeted settings.
- Training in workplaces with an organisational approach to creating a mentally healthy workplace - including resilience training, mental health first aid training.
- Improve awareness and opportunities to reduce social isolation within the Northamptonshire population (particularly in high risk groups) to reduce the stigma of speaking up about being isolated.
- Promote Mindfulness, amplifying existing local initiatives including Learn2b and local groups, including tai chi and yoga, and using national resources including apps.
- Interventions to alleviate potential low level mental health for people in certain risk situations (e.g. family breakdown, debt, housing, bereavement).

Healthy workplaces

The HWBB originally commissioned two workstream sub groups to operate around healthy workplaces during the year 2015/16: an Operational Group and a Strategic Group. Due to increasing demand on time and pressures on capacity, attendance of both groups reduced significantly by the end of 2018. A decision was taken by the Chair of the strategic subgroup, with the permission of the Board, to relaunch one subgroup to oversee the healthy workplaces workstream.

In Northamptonshire, the latest data from the Labour Force Survey (2017/18) shows that there are 76.4% (345,900) of adults aged 18-64 years in employment. The healthy workplace programmes embedded within local employers links to the Joint Northamptonshire Health and Wellbeing Strategy (Priorities 2 and 4). Workplace health programmes have the potential to make a significant impact on the determinants of health, as well as providing tangible rewards to organisations in terms of reduced sickness absence, reduced staff turnover, higher levels of employee satisfaction and increased productivity. Therefore there are both health and wellbeing and economic prosperity arguments behind these programmes.

The Northamptonshire Healthy Workplaces subgroup, comprises of key strategic partners who are members of the Board. It continues to work collaboratively on shaping and driving forward a workplace health programme for the county. The formation of this group includes HWBB member organisations are acting as exemplar employers by developing their own staff health and wellbeing schemes; and voluntary
sector organisations across the county to support planning and delivery of bespoke staff health and wellbeing programmes dependent on need reported by the members.

The new subgroup initially met in January 2019. Progress so far has been:

- Development of a new set of Terms of Reference to accurately represent the function and aims of the group.
- Development of a set of Workplace Standards for Northamptonshire which have been approved by the Board and are being piloted by subgroup members who will lead on this within their organisation. Unfortunately, due to an ongoing legal matter, the use of the national Workplace Charter was restricted so these standards will become a standardised format and tool for planning workplace wellbeing programmes and plans throughout the county.
- Increase in membership to over 20 attendees at the last two meetings, fully covering those required within the Terms of Reference.

Future Plans for the subgroup are:

- To commit to develop staff health and wellbeing plans within their organisations using a partnership approach to best use resources.
- Commit to the promotion of local resources, to develop a workplace health product suitable for member organisations as well as commercial organisations.
- Commit to embedding staff health and wellbeing expectations into provider contracts.

The collaborative approach of Board members builds upon collective learning, commitment and support from constituent organisations to engage in workplace health schemes, as a means of building momentum reflects well on Northamptonshire regionally and nationally.

The group meets two priorities of the Joint Health and Wellbeing Strategy:

- Priority 2 ‘Taking responsibility and making informed choices’.
- Priority 4 ‘Creating an Environment for all people to flourish’.

It addresses several of the Public Health Outcomes Framework Indicators (PHOF):

- Achievement of NHS CQUIN requirements, to improve NHS staff health and wellbeing, (with beneficial impact on patient care).
- Help meet police HMIC inspection process (linked to police organisation and leadership requirements).

**Health and planning workstream**
Background

Following a successful HWBB Development Session in 2017, the board established a Health & Planning Working Group, the purpose of which was to develop a “coherent, consistent approach to planning applications, and engagement in consultation of planning policy documents where input around health and wellbeing is required”. David Oliver (as officer representative from Borough and District Councils) chairs the group. The establishment of the working group was in recognition of the importance of the land use planning function (primarily performed by district councils in their capacity as planning authorities) in creating new development which both supports health and wellbeing and which also effectively delivers any new health and social care infrastructure required by that development. It also recognised the significant amount of new development that was planned for the county in the next 10 to 15 years. This workstream relates strongly to one of the priorities within the Northamptonshire Joint Health and Wellbeing Strategy – ‘Creating an Environment for all to Flourish’.

Progress

The Health & Planning Working Group completed a number of tasks:

- **Partnership working** - It brought together a group of stakeholders from across the planning and health disciplines to better understand their respective functions and develop better working relationships.

- **Planning & Health Protocol** - It created a ‘Northamptonshire Planning and Health Protocol’ document, the purpose of which was to describe the planning and health systems locally in order to assist effective engagement between the two. This document was endorsed by the Health and Wellbeing Board at its meeting in March 2018.

- **Health & Planning Co-ordinator role** – Following research and exploration of arrangements elsewhere the task and finish group developed a proposal for a joint Health & Planning Co-ordinator role. The purpose of this role is to act as an effective link between the health and planning functions in the county in order to:

  Ensure input into planning policy and planning consultations to try to maximise the contribution that new development can make to health and wellbeing, through such factors as:

  1. Green / open space / physical activity infrastructure provision.
  2. Sustainable / active travel infrastructure.
  3. Good access to services / facilities (incl. healthcare, schooling, shops etc).
  4. Meeting places and social spaces.
  5. Good urban design.
  6. Access to healthy food / food growing.
  7. Minimising pollution.
8. Access to jobs.
9. Healthy and sustainable building design.

Ensure that the health and social care infrastructure needs of new developments are clearly identified and are secured through planning decisions and where appropriate financial ‘developer contributions’ (commonly known as Section 106 funding).

Funding for the role has been secured via Public Health Northamptonshire, Nene & Corby CCGs and the local planning authorities (District Councils) through the North Northants Joint Planning & Delivery Unit and has explored the opportunities and needs for health and social care infrastructure in a major new development (Kettering East Sustainable Urban Extension).

- **Health and Care Partnership Estates Strategy** - Contact and initial links have been made with the STP / Health and Care Partnership, recognising the important role that the planning function will have in delivering the Health & Care Partnership Estates Strategy, once that is clearly articulated.
- **Health / Wellbeing Policies in Local Planning Policy** - Linked to the work of the task and finish group, dialogue between NCC Public Health and individual planning departments has led to a number of district / borough councils incorporating specific health and wellbeing policies into their emerging Local Plan Part 2s (Daventry and South Northants).

Health and wellbeing considerations have also been incorporated into planning guidance such as the draft North Northamptonshire Place Shaping Supplementary Planning Document.

**Current Position**

The Health and Planning Co-ordinator post was advertised in August / September 2018. Unfortunately the recruitment exercise was not successful. The job description has been reviewed and the role has now been advertised as a secondment opportunity within relevant local organisations. Once recruited this will provide much needed capacity to act as an interface between the health and planning functions. The role was filed as a secondment and the post holder started in April 2019 for an initial time of one year.

Health & Care Partnership Estates Strategy – Further work is taking place to develop the Estates Strategy associated with the Northamptonshire Health & Care Partnership. It will be important to consider the planning aspects of this strategy to ensure that planning aspects are understood and considered and to ensure that planning can contribute to the effective delivery of the Estates Strategy, where relevant.

**Contribution to Northamptonshire Joint Health & Wellbeing Strategy**
The Work of the Health & Planning group contributes directly to Priority 4 of the Northamptonshire Joint Health & Wellbeing Strategy: ‘Creating an Environment for all People to Flourish’. It does this by seeking to ensure the planning process leads to new developments which contribute to health and wellbeing through creating sustainable, health promoting environments and by ensuring that appropriate health and social care infrastructure is delivered effectively through the planning process. In doing so it should also contribute to the other priorities of the Joint Health and Wellbeing Strategy, by creating living, working and leisure environments which support children, adults and older people to achieve better quality of life and wellbeing.

Financial implications

Funding for a shared Health & Planning Co-ordinator post has been secured by local planning authorities (District Councils) through the North Northants Joint Planning & Delivery Unit, Public Health Northamptonshire and Nene & Corby CCGs. The role is intended to assist the delivery of:

- New developments which support good health and wellbeing, through good design.
- New health and social care infrastructure or S106 development funds as a contribution to new health and social care infrastructure.

Health and homelessness workstream

Background

At the January HWBB meeting a report relating to homelessness was considered, with specific reference to the new Homelessness Reduction Act 2017.

Key implications of the act are:

- Many people who are not entitled to help under the current system will be able to receive practical help and advice from local housing authorities (District / Borough councils).
- A new homelessness ‘prevention duty’ will place even more emphasis on preventing homelessness at an early stage rather than dealing with homelessness at the point of crisis. Housing authorities will have to assist people up to 56 days from the point of potentially being homeless, rather than the current 28.
- A new homelessness ‘relief duty’ will mean that housing authorities will have a duty to take reasonable steps to help people at risk of homelessness find somewhere else to live.
- Duty to provide advisory services – bespoke information and advice on the prevention and relief of homelessness, and the rights of homeless people, including preparing an assessment of the circumstances of all eligible people threatened with homelessness.
Local housing authorities must prepare an assessment of the circumstances of all eligible applicants who are homeless or threatened with homelessness within 56 days along with a Personalised Housing Plan which sets out the reasonable steps that the council and the applicant will take.

The applicant will be required to co-operate with the local housing authority. A new ‘duty to refer’ - where a ‘specified public authority’ considers that a person is homeless or threatened with homelessness, it must refer that person, if he or she consents, to a local housing authority.

The board agreed to the establishment of a Task & Finish Group for a period of approximately six months in order to prepare for the implementation of the Homelessness Reduction Act and specifically the new duty to refer.

The duty to refer - details

Since the report to the January HWBB, further guidance in relation to the Homelessness Reduction Act has been produced. This guidance confirms that the new ‘duty to refer’ will apply to the following organisations:

- Prisons
- Young offender institutions
- Secure training centres
- Secure colleges
- Youth offending teams
- Probation services (including community rehabilitation companies)
- Jobcentres in England
- Social service authorities (both adults and children)
- Hospital emergency departments
- Urgent treatment centres
- Hospitals providing inpatient care
- Secretary of State for Defence in relation to members of the regular armed forces

These organisations now have a statutory duty to:

- Notify a local housing authority about service users whom you think may be homeless or at risk of becoming homeless.
- Obtain consent from the service users before referring them, and allowing them to choose which local housing authority they are referred to.

Guidance and referral process

The Health & Homelessness Task & Finish Group has identified a process to enable relevant organisations to make referrals into the local housing authorities (District
councils) in the county and has produced guidance about that process. The local
guidance is at Appendix 1 and details of the referral process are at Appendix 2.
*It should be noted that as well as receiving referrals from organisations that have a
statutory duty to make referrals, the seven Borough and District councils (local
housing authorities) in the county are happy to receive referrals through this
mechanism from any organisation, subject to the patient / service user being at risk
of homelessness. It should also be noted that it is the choice of the individual
involved to choose which housing authority (Borough and District council) they are
referred to. This could be a housing authority outside of the county, however if they
do not have the required links to that area they may not be eligible for certain
support.*

Implementation

Those organisations who have a statutory duty to make homelessness referrals
need to ensure that they have suitable local arrangements in place. At the very
minimum this would seem to include:

- Ensuring that senior officers and service managers are aware of the ‘duty to
  refer’ and communicating it to their service areas.
- Ensuring relevant front line service staff are aware of the duty to refer and
  their role in implementing it.
- Ensuring that internal processes are in place to ensure that homelessness
  referrals are made to the appropriate housing authority (Borough and District
council) with the consent of the patient / service user.

Further awareness raising

Borough and District councils arranged an event on 27th November 2018 which
focused on the requirements of the new ‘duty to refer’. Attendees were also updated
on a number of other housing and health related projects.

Contribution to Northamptonshire Joint Health & Wellbeing Strategy

The work of the Health & Homelessness Task and Finish Group is ultimately about
early and effective identification of people in the county who are at risk of
homelessness and their referral to a local housing authority for support. This in turn
should result in more effective and timely assistance to avoid homelessness
occurring, as having access to a safe and suitable home is a key factor in influencing
health and wellbeing, this work ultimately contributes to all four of the priorities of the
Northamptonshire Joint Health and Wellbeing Strategy by:

- Assisting families to avoid homelessness (Priority 1 - Every child gets
  the best start).
Enabling people to make informed choices about their housing situation through providing support and advice (Priority 2 – Taking responsibility and making informed choices).

Assisting older people to avoid homelessness and thus supporting their independence (Priority 3 - Promoting independence and quality of life for older adults).

Ensuring people have a stable home, which is a key factor in wellbeing (Priority 4 – Creating an environment for all people to flourish).

That the relevant local organisations are not meeting their new statutory ‘duty to refer’ service users who are at risk of homelessness.

**Adverse Childhood Experiences (ACEs)**

Since September 2018 then the ACEs subgroup has been chaired by Nicci Marzac from the OPCC. The subgroup has previously identified six individual workstreams.

Progress against individual workstreams is as follows:

- Work against the high risk, high needs workstream is progressing however the group discussed how we could demonstrate impact and what measures might be used to evidence the effectiveness of earlier intervention in diverting behaviours away from future offending.
- The mental health workstream is progressing in relation to children’s pathways but needs to align with the original intention of the work to consider the implications of ACEs within families where adults are receiving support for mental health issues. Further discussions are to be had to re-engage Adult Mental Health Services in the work.
- Training and Development – a training and development sub group has been formed and has met. Outcomes from the initial discussion were that rather than a focus on ACE awareness training the focus should be on training staff to be trauma informed so that where appropriate they are skilled to understand and respond to immediate presenting need. A mapping exercise will be undertaken to determine current needs and gaps as some training has already been undertaken within agencies.
- Social Marketing – it has been agreed that this workstream would initially be put on hold, pending the outcomes of other workstream activities which might inform the focus of any future social marketing campaigns.
- Social Care NFA analysis work – it was reported to the group that analysis of a large data set had been undertaken but was to be subject to NCC Children’s Services review before sharing more widely with the group.
- Five to Thrive – further discussion about how to take this forward including more universal approaches to engaging all new parents in the principles of the approach.

The subgroup last met in October 2018 and noted that work against each of the work streams was not sufficiently recorded in a formal way and all workstream leads have
been tasked with updating specific action plans for their areas of responsibility in order to improve formal reporting to the Group and Board in future.

The group also discussed a number of options to invest some of the available Public Health grant to support delivery of the ACE work. Further work will be brought back to the next meeting of the group but initial focus would be to look at what works for families at the early preventative stages to reduce demand building on learning from exiting services, Troubled Families programme etc.

At the January 2019 meeting a representative from the OPCC gave the Board an update on ACEs workstream. The ACEs Steering Group has been established for the past 18 months, to focus on prevention work for ACEs. The priorities identified for this workstream have for the most part been incorporated into business as usual for the leading organisations, and the Children and Young People workstream of the NHCP is working towards developing a strategic approach to managing and commissioning on prevention services. As a result of this it was proposed to the Board that the ACEs Steering Group be stood down and the Board agreed to this.

**Data Governance subgroup**

The Data Governance subgroup started in the autumn of 2018 at the request of the Chair of the HWBB. Its initial remit was to develop an outcomes framework / dashboard for the HWBB. It was also to look at current data governance arrangements across the system and scope what future requirements were needed for an integrated data management system.

Data Governance was discussed further at the HWBB meeting in November 2018 and as a result of this the following section was included in the updated terms of reference (November 2018 version):

> “3.6.1 The Health and Wellbeing Board has a legal duty to assess the needs of citizens, approve priorities and develop a share strategy of health and wellbeing outcomes.

> 3.6.2 Best practice involves understanding population needs and using the resources available to make improvements, increase accountability and show impact.

> 3.6.3 For this to happen the Health and Wellbeing Board needs shared oversight of data to improve any gaps in capacity and resources to improve efficiency.

> 3.6.4 Longer term, high quality information gained from a pool of shared data will enable more effective preventative strategies.”
The group first met in November 2018 and is an informal task and finish group of the Health and Wellbeing Board. The primary task of the group was to facilitate an upcoming Development workshop [https://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Documents/HWBDevelopmentSessionPresentationApril19.pdf](https://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Documents/HWBDevelopmentSessionPresentationApril19.pdf).

The group members have also presented a local update to the HWBB about how NCC and NHCP business intelligence are working together to support plans for data sharing and population health management in Northamptonshire. A colleague from Leeds shared best practice about how their CCG and council work in partnership with staff holding joint appointments across the organisations.

The group has now agreed that its primary purpose going forward is to support the Director of Public Health in her leadership of the NHCP Local Digital Roadmap workstream.

The key focus over the next few months for the data governance subgroup, will be to help support the development of Northamptonshire Long Term Plan. This has been agreed that this will service the purpose of the LTP and the HWB Strategy refresh so that we have one Plan for our health and care system and will include the development of a system dashboard at different levels of place.

The other key area focus will be to support the development of the ICS design. This is about how the NHCP progresses its leadership, governance including the use of data across a developing ICS. Part of this governance design will be a proposal to establish the Executive Data Committee (EDC) as part of the overall NHCP governance framework. The EDC will help ensure the appropriate system data governance arrangements are in place to effectively support ICS and Population Health Management approach.

**Better Care Fund (BCF)**

Planning guidance for 2018-19 ‘Better Care Fund’ was issued in July 2018 with the focus clearly upon reducing delayed transfers of care from hospital. Local authorities and Clinical Commissioning Groups were tasked to work together to reduce the growing number of delayed transfers with at least ⅓ of iBCF funds to be committed on this area. Northamptonshire was identified as an outlier with a large number of delayed transfers of care but a series of focussed initiatives were deployed. This included:

1. 7 day a week ward-based Integrated Discharge Teams were implemented, ‘pulling patients through’. 
2. Stranded and Super-Stranded patients focus of attention undertaken weekly on “Super-Wednesday”.

3. The provision of increased social work staffing capacity to help realise a further 2 discharges per day

4. Trusted assessment delivered both by Integrated Discharge Teams and trusted assessors in care homes

5. Development and delivery of effective training and the purchase of PresQIPP training for medication management; End of Life syringe driver training, with a joint training plan being developed with all commissioners.

6. Development and implementation of the
   a. Yellow bracelet scheme.
   b. Bed Tracker
   c. Homely Remedies guidance.

The work delivered a continued reduction in the level of delayed transfers of care that allowed the iBCF target to be exceeded and the NHSE ambitions to be delivered. Northamptonshire now has one of the lowest levels of delayed transfers of care in England.

Safeguarding Boards

The Board receives annual reports from the Northamptonshire Safeguarding Adults Boards (NASB) and the Northamptonshire Safeguarding Children’s Board (NCSB). Both Boards will be presenting their reports to the Health and Wellbeing Board on September 14th 2019 for consideration.

Review of selected board business of all HWBB meetings

The Board has standing items on the following topics: BCF, iBCF, Disabled Facilities Grant (DFG), JSNA updates (as published), CCG updates, workstream updates and annual reports from Healthwatch, the NSCB and NSAB.

November 2017

- Northampton General Hospital has been classified as good in a recent CQC inspection.
The Board members were informed about the upcoming consultation about library provision in Northamptonshire.

The Board received the NSCB annual report including information about updates to local safeguarding arrangements.

**January 2018**

- Board members receive an update about the Homelessness Reduction Act which comes into force in April 2018.
- The Board received an update about the armed forces covenant.
- The Chair and the Director of Adult Social Services explained that Northamptonshire had been selected to be part of the Quality Care Commission (CQC) review on care provided to the over 65s.
- The Board discussed the county wide suicide prevention strategy.

**March 2018**

- The Board signed off the updated pharmaceutical needs assessment.
- The Health Protection Committee annual report was presented to the Board.
- There were further updates to the Suicide Prevention Strategy.
- The Board agreed the Northamptonshire Physical Activity and NSport Strategy.
- There was an update from the Healthy Workplaces task and finish group.

**May 2018**

- The meeting was advised that the leader of the council and chair of the HWBB had resigned.
- The Board received a presentation about the strategy metrics dashboard.
- The Board was notified that two commissioners had been appointed to work with the NCC leadership team.
- The Board heard a presentation about the Northamptonshire Dementia Strategy.
- All task and finish groups provided progress reports to the Board.

**July 2018**

- Professor Nick Petford was introduced as the new Chair of the HWBB.
- The Leader of NCC provided an update about council’s current financial status.
- The Director of Public Health presented a draft of her interim annual report.
- The Board received an end report of the oral health needs assessment.
- The chair presented the findings of the CQC system review. The Director of Adult Services is to co-ordinate the response and action plan.
- The Chair requested a refresh of the meeting’s Terms of Reference.
September 2018
- Three members of the public addressed the meeting with questions about the Corby Urgent Care Centre.
- The updated Terms of Reference were presented as a draft to the meeting who agreed they should be passed before Full Council for approval.
- Board Members agreed the 2018/19 Winter Plan.
- The Board approved the HealthWatch Annual Report.

November 2018
- The agenda of the meetings has been revised to enable more strategic focus on specific areas.
- The Board received a detailed update from the NHCP lead.
- The Board received an update about Children’s Services recent Ofsted inspection.
- The Chair introduced the need for a task and finish group to look at data governance.
- The task and finish groups all provided updates to the Board.

January 2019
- Meetings changed to quarterly with some new members joining the board to reflect structural changes in partner organisations.
- The meeting received a presentation about data governance by NCC and NHCP business intelligence colleagues.
- The Chair shared the joint HWBB/NHCP risk register, as required by the CQC action plan.

April 2019
- The Director of Public Health’s annual report 2018/19 was approved by the Board for publication.
- Keith Makin, Chair of the Northamptonshire Safeguarding Children Board, presented the NSCB annual report which was approved by the Board.
- Frank Wood, Chief Analyst, Public Health and Health Intelligence, Leeds City Council/NHS Leeds Clinical Commissioning Group made a presentation about the Leeds Data Model. The Board agreed to discuss joint commissioning for data analysis at the July meeting.
- The Board agreed the Workplace Standards submitted by the Healthy Workplaces subgroup.

District and Borough Health and Wellbeing Fora

There are seven Health and Wellbeing Fora in the county based in the District and Borough geographical areas. The following have submitted reports as to their action over the past 18 months.
Corby Borough Council Health and Wellbeing Forum

We have been very busy and productive since last reporting!

Great enthusiasm for finding the right projects to access the PH funding, discussions really galvanised the Forum members and one meeting was spent loosely exploring the ideas we felt bore more relevance to the challenges set for us.

We now have a good connection with the PCC office through a local 3 year ACE intervention programme. There has been keen interest in supporting the project and devising an appropriate referral programme.

The local HWF plan is being revised. We are committed to supporting initiatives that support people with mental health challenges. The first quarter reporting is showing positive outcomes against the plan which we will continue to monitor and record base line data. The forum is concerned about the lack of reportable outcomes in relation to mental well-being and which organisation is responsible/willing to provide the relevant data.

Strong support for the CBC growing programme of activities for families and recovering patients. The later links with stroke and dementia in particular.

Time is spent reflecting on the information available through the regular NHCP updates and the feedback from the CSF. Since last reporting the forum has discussed the implications of the NHS ten year plan, the emerging GP networks.

Daventry District Health and Wellbeing Forum

The Health and Well-being Forum (as part of our Local Strategic Partnership) took part in an exercise to identify new priorities in our District Community Strategy. Working with colleagues from Public Health who provided relevant data so the decision could be evidence-based, two priorities were established - pre-school children and vulnerable adults.

Agenda items at meetings streamlined to focus on these and emerging issues such as the Health and Care Partnership, Social Prescribing programme. However, a desire to set up two “collaboratives” (one for each priority), to generate better joint working between organisations who work with the two priority groups, failed due to inability of any forum member to lead this.

Through this focus on two priorities the forum has responded to relevant agenda items e.g. adopting a proposal for Falconers Hill Infant School who are looking to set up a Fledglings pre-school to try to deal with the social, emotional and developments deficits they are encountering with their intake of children. Forum members endorsed
a bid by the school to Daventry District Council, which resulted in them receiving some funding towards their proposal.

Additionally, the forum is re-engaging with the children’s centre in Daventry, after a period of disconnect. This has resulted in closer working between the children’s centre and other organisations, e.g. a housing officer is present one morning a week to resolve housing issues.

At the beginning of this year, a review of our forum was undertaken. This was done to a) ensure partners were still happy with how the forum was operating and looking for suggestions to improve b) to look ahead to the introduction of unitary authorities in the county and finding out what partners thought the place for the forum should be and c) to consult on our initial proposals for a bid for funding from Public Health in order to progress this quickly.

In general, partners were very happy with the forum and how it operates and were keen to ensure the forum continues in some form after the move to a West Northamptonshire council. Forum members also endorsed the focus on pre-school children in the bid for Public Health funding.

Since the review was carried out, an agreement has been reached to transfer the secretariat support for the forum to Daventry Town Council to ensure the sustainability of the forum.

Currently the forum is exploring possible links to the emerging Primary, Community and Social Care hub for Daventry’s two GP practices, and how this initiative might help develop the closer working the proposal for a children’s “collaborative” should have delivered.

**East Northants Health and Wellbeing Forum**

The effective working of the group in the early period had been frustrated by a lack of administrative support but, more recently, that issue has been resolved through increased support offered by East Northants Council. A dedicated administrative officer and Health and Wellbeing professional are now members of the group and their involvement is already having a positive impact.

The group has promoted some good work against its Pre-diabetes work stream. There has been practical support to local people regarding health awareness and specific support re weight management. East Northants Council have also published their “Healthy and Active Lifestyles Strategy”, and this provides an ideal structure for promoting local opportunities to improve health and reduce risk of ill health, especially diabetes given that one of its stated aims is to reduce levels of obesity locally.

More recently, the group has reviewed its priorities and have agreed to concentrate its efforts on the following areas:
Overweight and obesity in adults and children.
Promoting independence and healthy / active ageing among older people.
Promotion of local young people’s mental health (up to 25yrs).
Family focused support – promoting “the best start in life” and early interventions

Kettering Health and Wellbeing Forum

As the Chair since September 2018, the feedback from prior to that time is limited. The main focus was previously based on using the forum as network sharing body. Over the past ten months work has begun to re-focus back on the health and wellbeing for the Borough. There is considerable stability in the membership, with key contacts attending on a regular basis from the county’s Children First Services, the CCG, Police, Housing, Public Health, and Healthwatch along with a number of local voluntary sector organisations, such as KCU, Groundworks and Vine Community Trust.

Most recently the forum was successful in gaining nearly £100k grant funding from Public Health for two bids looking at increasing activity levels and supporting children and families facing food insecurity over the holidays, when they are unable to access free school meals. The Forum had also previously been consulted and supported a Dignity in Crisis funding bid by a member, which has helped secure considerable funding for their organisation from The National Lottery Community Fund.

We have held a Making Every Contact Count session, which was open to both Forum members and colleagues, and we had over 30 attendees at the session earlier this year.

Our next project will be to revisit the local priorities, first developed in 2015, to refresh and revise in line with local and national priorities for health and wellbeing. As well as this we will continue with relevant speakers being invited to part of the Forum, as we build on how health and wellbeing weaves into all aspects of our work and our lives.

Speakers have included an officer from the Planning Department to talk to the Forum on the Open Space, Sports Facilities and Playing Pitch strategy; British Red Cross on their Connecting Communities project and Northants ACRE’s Rural Wellbeing Service.

Alongside this, a number of Forum members are also supporting the Council’s first Health and Wellbeing Festival being held in June, and it is hoped that this will expand and will become an annual event, with continued support from the Forum.

Northampton Borough Health and Wellbeing Forum
Northampton HWB Forum was actively pursuing ways to encourage people to reduce their risk factors of Cardiovascular Disease. This aligned with an intention to reduce
the likelihood of people developing Vascular Dementia. We networked to ensure that many organisations across Northampton could reiterate the advice of colleagues in a “make every contact count” way. We paused the Northampton HWB Forum whilst administrative coordination support was arranged, following the secondment of the previous coordinator. We recently met again to discuss the Public Health Bid procedure and heard several bids that will be made to Public Health for consideration.

South Northants Health and Wellbeing Forum
Three South Northants H&WB forum meetings were held in 2018. Attendance varied between 15 and 29 people and a wide-range of presentations were received from forum partners. Effort was made to encourage partners to report their activity against the forum’s circa 40 revised H&WB blueprint outcomes across the three themes of Healthy Lifestyle, Independent Living, and Planning and Infrastructure, although in practice it proved difficult to foster outcome ownership amongst the group. In late 2018 the districts new Wellbeing Activity Map was launched and was very well received. Below is a list of the presentations received during the 2018 forum meetings.

Tuesday 20th February;
- Northants Health & Wellbeing Board (Cllr Hughes, Northants H&WB Board)
- Early Help Support Service (Caterina Fontana and Michelle Betts, Early Help Support Service, Northamptonshire County Council)
- Sponne School Health & Wellbeing Student Survey (Ann Warner, Sponne School)
- Northamptonshire Domestic Abuse Service (Ann Bodsworth, Northamptonshire Domestic Abuse Service)

Tuesday 5th June;
- The SN Wellbeing Activity Map (James Taylor, SNC)
- Good Neighbor Schemes pilots (Rebecca Breakwell, Northants ACRE)
- Progress against the Planning and Infrastructure themed blueprint outcomes (Tracey Hill, SNC)
- An introduction to the work of NASS’ Assistive Technology team (Pedro Santos, NASS)
- Housing and Health – SNC’s Stock Condition Report (Tim Mills and Helen Caves, SNC)
- Public Health’s ‘Supporting People Living with Mild Frailty’ Programme (Nikita Wiseman, NCC)

Tuesday 25th September;
- Social Prescribing in Northamptonshire (Stuart Mallet, STP Programme Lead)
- Blisworth Sports Development Project (Jackie Browne and Sarah Harvey, First for Wellbeing)
- Update on The Northamptonshire Health & Care Partnership (Tim O’Donovan, Northamptonshire Health and Care Partnership)
The future of the South Northants H&WB forum (Kevin Larner, SNC)

Following a decision to move to six-monthly forum meetings, a H&WB forum meeting was held on March 26, 2019. The focus of the meeting was on the opportunity to develop project proposals for PH’s Local H&WB Forum Grant Award Scheme, with the following presentations received:

- **Introduction to the Local Health & Wellbeing Forum Grant Award Scheme** (James Taylor, SNC)
- **Proposal for a Money Advice Service** (Bob Wingerath, CSN Resources)
- **Public health data and tools** (Caroline Thickens, Public Health)
- **Proposal for a Wellbeing Café in Towcester** (Laura Patterson, Tove Valley Baptist Fellowship)
- **Repairs and Adapations – how can your council help?** (Helen Caves, SNC, and Gillian Shadbolt, Care and Repair Northamptonshire)
- **Proposal for a Housing Options Outreach Service in Acute and Community Hospitals** (Jo Barrett and Laura Osgathorp, SNC)

A working group was formed and met on April 3rd. Three proposals were submitted to PH, two of which were subsequently successful: Renew 169 Wellbeing Café in Towcester and a Cooking Good Home/Community Cooking Project.

**Wellingborough Health and Wellbeing Forum**

The Wellingborough Health & Wellbeing Forum has received presentations on, and discussed the local context of a number of topics over the last 18 months. These include strategic issues such as the Physical Activity and Sport framework for Northamptonshire, social prescribing, and Age Well Wellingborough. The Forum helped to form local partner arrangements around issues such as the Severe Weather Protocol, promotion of falls prevention schemes and understanding of, and signposting for, the locality connector role. In February 2018, the Forum agreed that the main focus would be on older people – specifically loneliness.

This became the focus of the April meeting, with a number of forum members providing information on older people locally and discussing future project ideas. However, recognising the limitations of the forum, a wider workshop was held, inviting local providers and commissioners of services for older people to come together, learn from each other and consider future ways of working. We were able to link this to the newly emerging social prescribing project and kick start the service directory information. Feedback from the event was very positive, as a number of service providers were able to see possible links and future opportunities to collaborate, or at least signpost service users. Such was the success that a follow up workshop was held later in the year, which focussed on local organisations considering how to promote their services inputting into the initial stages of the wider services directory. Building on the improved knowledge of the needs and gaps in services for older people locally, the Forum took
the opportunity to bid for public health money for an initiative to help older people retain their independence for longer.

The consistency of the forum has been affected by changes in attendance as members change roles or organisations review priorities. Whilst there are good information sharing opportunities, it is more of a challenge in the current climate to translate these into improved health outcomes.

In February 2019 the Director of Public Health commissioned HealthWatch to carry out a survey of members of the Fora. The results of this are due to be discussed at the July meeting of the HWBB.