

DRAFT MINUTES OF SOUTH NORTHAMPTONSHIRE HEALTH AND WELLBEING FORUM

6th December 2016

SNC Council Chamber

Present

Stephen Marks (SM)	Public Health
John Soto (JS)	British Red Cross
Anna Day (AD)	Northamptonshire Parent Infant Partnership
Julia Johnson (JJ)	Nene CCG
Ian Davies (ID)	SNC
Phillip Stevens (PS)	Nene CCG/GP
Cllr. Karen Cooper (KC)	SNC (Chairman)
Julia Johnson (JJ)	Locality Support Manager, Nene CCG
Stuart Mallett (SM)	NHS Nene CCG
Julie Shepherd (JS)	NHFT
Susan Rasmussen (SR)	Healthwatch
Ann Warner (AW)	Sponne School
Peter Lynch (PL)	Northamptonshire Health and Wellbeing Board
Kelly Ednie (KE)	Grand Union Housing
Helen Redwood (HR)	First for Wellbeing

Not Present

Sarah Bakewell (SB)	Northampton Women's Aid
Frances Billingham (FB)	First for Wellbeing
Natalie Bass (NB)	First for Wellbeing
Theo Hayward (TH)	Brackley MIND/Hub Children's Cafe
Becki Groom (BG)	Grand Union Housing

Officers

Suzanne Taylor (ST)	SNC Planning
Kevin Larnar (KL)	Community Services SNC
Nicola Riley (NR)	Community Services SNC
James Taylor (JT)	Community Services SNC

		ACTION
Item 1.	Welcome and apologies KC welcomed everyone to the meeting and introductions were made.	
Item 2.	Minutes of Previous Meeting and Matters Arising Minutes of October meeting were approved.	
Item 3.	NorPIP – Northamptonshire Parent Infant Partnership Introduction by Anna Day to the work of this charity that helps parents and babies in Northamptonshire. Anna is manager and executive director of NorPIP, a five year old charity that champions and encourages early intervention in the first 1001 days of life, from conception to age two. Greatest SROI for interventions is between ages one and three. NorPIP work to make sure families get off to the best start, preventing damage. Pregnancy represents heightened risk	AD, NorPIP

of reoccurring mental health issue, from 95% (psychosis) to 50% (anxiety or depression). Aim to address the 15% of mothers who suffer from Post-Natal Depression (PND) including issues around bonding with new-born babies. In Northants this is higher than the national average. 40% of Mothers will not develop a secure attachment, of those 18% require specialist support to form a secure attachment. Children with Mothers with post-natal depression have a 75% higher chance of developing a mental health issue and seven times more likely to be abused. Early intervention represents huge savings to the public purse.

“Flourishing babies” programme in Northampton, Daventry and Corby funded by BIG, antenatal programme with vulnerable mothers identified by midwives, includes peer to peer support (home visits) and parent-infant specialist psychotherapy. “Lloyds Young Parents Project and First Steps” with young Mothers. Working with young Mums makes up 40% of NorPIP’s work.

Important to educate Mums about the issue of PND. No statutory provision to support Mothers and no standardised provision for Mums who haven’t bonded, help is a postcode lottery. NorPIP are championing 1001 days campaign. Work to educate health professionals about their service.

No-one is charged with the responsibility of developing and implementing a delivery plan in Northamptonshire, i.e. for giving children what they most need to survive – just one strong relationship with a loving parent. Adult mental health support services don’t see their role as promoting attachment. NorPIP have a low referral criteria (health professional have mental health concern) as it is often hard for mothers to be honest as to their mental health needs.

Project funding limited in SN, so there are limited relationships with midwives in the area. NorPIP are a small agency but growing. Very specialist psychotherapy service, need a system-wide approach to meet Mother’s needs in Northamptonshire.

Action Points;

- AD to provide electronic version of presentation.
- AD and SR to discuss a Healthwatch project related to health visitors, who may be able to help identify those at risk and help provide a universal service.
- AD to discuss with SM’s colleague Kelly Morris 0 -19 scoping exercise.
- AD and JS to discuss training of health visitors to improve recognition of PMH issues and attachment disorders.

<p>Item 4.</p>	<p>Northampton's Sustainable Urban Extensions (SUE) Features key progress on the SUE, plus models of primary care for these new neighbourhoods.</p> <p>JJ explained that the two GP practices (Bugbroke and St Luke's surgeries) affected by the new development are keen to develop their practices to meet the extra demand. Looking to use S106 funds to help them develop rather than build a new practice. Parking could be a challenge but partners interested in taking on more patients. Very early stages.</p> <p>Action Points;</p> <ul style="list-style-type: none"> JJ to discuss the latest update on GP provision with TH / ST to secure S106 funding. 	<p>JJ, Nene CCG</p>
<p>Item 5.</p>	<p>Public Health Data – Local Priorities Identifying the key elements of the Director of Public Health Report that relate to South Northants.</p> <p>Profile has updated health blueprint. No dramatic changes in new profile, published in Sep '16. Priorities are to reduce smoking, increase activity, reduce obesity, reduce alcohol, reduce road deaths, easy access to diagnostic services and smooth transition between services etc. Obesity is worse than national average (68%) but important to not just be driven by red dots, as there can be issues that are better than national average but still a concern (e.g. smoking can be lower than average but still a problem). Important to get on and do what we know helps to improve health and wellbeing.</p> <p>KL explained that access to services is masked by deprivation averages on page 2 of the report. Access to services and isolation is poor but masked by overall low deprivation averages.</p> <p>Action Points;</p> <ul style="list-style-type: none"> SM to coordinate reporting of trends. 	<p>SM, Public Health</p>
<p>Item 6</p>	<p>Northamptonshire Sustainability & Transformation Plan update Main principles of the about-to-be published STP, and discussion on the Forum's response.</p> <p>STP includes a 'Plan on a page'. SN faces challenges around closing the health and wellbeing gap and driving transformation.</p> <p>Challenges are a strain on services with an ageing and growing population. Big inequalities across the county. Need to support positive health choices. It can be difficult to get a GP appointment. Across Northamptonshire some people are in hospital a lot longer than they need to be. There is a need for more joined up services. Two in three adults are overweight, 19% smoke. Demand for urgent care is rising 4-5% a year. Across health and social care over £1 billion is spent in the county. Major changes are needed to meet needs and avoid £280m health and social care funding gap by 2020. STP is about supporting people to live independently, focus on individual needs both physical and mental, care in the most appropriate setting, fast access to services, high quality of specialist care when needed, system that allows people to move back home when needed, more joined up</p>	<p>SM, Nene CCG</p>

	<p>services delivered in the community, stronger collaboration between specialists, greater involvement of voluntary services, and ensuring district hospitals continue to deliver high quality specialist services. Not sustainable to be delivered in isolation, needs to be delivered together.</p> <p>STP to be released on 7th Dec. Impetus nationally has slowed, so need to retain focus irrespective of national scene. There are no big surprises in STP. Challenge in SN is to engage the community without new resources. Reducing A & E emissions may be a help in releasing funds for community work.</p> <p>Question from ID about engagement on operational plans to deliver overall targets. SM explained that two yearly operational plans will show how targets will be met and preventative work will involve broad community engagement.</p> <p>ID asked whether financial plan would be shared, as sustainability is largely financial. PS explained that the financial situation is unstable as hospitals are paid every time they see a patient. SN hospitals admissions are a higher proportion of patients than elsewhere. Delivering STP is challenging unless secondary care costs are stabilised and reduced.</p> <p>Discussion about cross border dialogue with other STPs which appears to be ineffective.</p> <p>Action Points;</p> <ul style="list-style-type: none"> • SM to circulate STP electronically. 	
<p>Item 7</p>	<p>Blueprint Workgroups</p> <p>Discussion on key objectives for the Independent Living Work Group and the Prevention & Healthy Lifestyles Work Group.</p> <p>Three working groups; Healthy Lifestyles, Independent Living, Planning and Infrastructure.</p> <p>Healthy Lifestyles - little movement in multi-agency work. Links between STP and healthy lifestyles preventative work discussed.</p> <p>Independent Living - group yet to start for a variety of reasons. NR proposed a pause while correct people are identified.</p> <p>Planning and Infrastructure - group has been working well. Found that sustainable practice is very different for planners and health, securing Section 106 money for health is ongoing work.</p> <p>Action Points;</p> <ul style="list-style-type: none"> • NR to chair Healthy Lifestyles subgroup to develop a more comprehensive and system-wide approach. Action Plan to be developed by March. • Independent Living group to be suspended, NR to assess whether the correct people are in place by March and whether group will continue. • NR to circulate blueprint. 	<p>NR, SNC</p>
<p>Item 8</p>	<p>Organisational Round Up</p> <p>Summary of current projects and information that will benefit other partners.</p>	<p>All</p>

	<p>AW said that school student anxiety and self-harm is a big issue.</p> <p>Action Points;</p> <ul style="list-style-type: none"> • SR to pass on relevant contact to from Healthwatch to AW. 	
<p>Item 9</p>	<p>Dates of Future Meetings Tues 07 March 2017,11am, Council Chamber, The Forum</p>	