

Health and Wellbeing Forum

Council Chamber, Kettering Borough Council, Bowling Green Road, Kettering, NN15 7QX
 Thursday 10 November 2016, 13:00 – 15:00

Present:

Trish Dewar (TD)	Chair. Groundwork / Kettering Voluntary Network
Tracey Angus (TA)	Nene CCG
Kanchan Bhanage (KB)	Kettering Borough Council
Carolyn Bantin (CB)	NHFT – Early Intervention
Carole Carson (CC)	Youth Works CIC
John Conway (JC)	Kettering Borough Council
Eileen Hales (EH)	Councillor, Northamptonshire County Council
Charlotte Goodwin (CG)	First For Wellbeing
Mark Layer (ML)	Northamptonshire Fire and Rescue Service
Sandra Mellors (SM)	NHFT
Jenna Parton (JP)	First For Wellbeing
Shirley Plenderleith (SP)	Kettering Borough Council
Karen Seagrove (KS)	Nene CCG, <i>Minutes</i>
Lesley Shepherd (LS)	Kettering General Hospital

Apologies

Debbie Abbott (DA)	Vice-Chair of East Northants Health and Wellbeing Forum
Mick Berry (MB)	Northants Fire and Rescue Service
Rachel Bradshaw-Wilson (RBW)	Accommodation Concern
Charlie Brewster (CB)	Southfield School
Teresa Dobson (TD)	Healthwatch
Debbie Egan (DE)	Citizens Advice Bureau
Rajwinder Gangotra (RG)	Public Health, NCC
Peter Lynch (PL)	Health and Wellbeing Board
Jo Pettitt (JP)	Kettering Mind
Mick Scrimshaw (MS)	Councillor, Kettering Borough Council
Louise Tarplee (LT)	Nene CCG
Lesley Thurland (LTh)	Councillor, Kettering Borough Council
Kate Williams (KW)	

In attendance

Debbie Stanley (**DS**) Business Development Manager, 3Sixty Care Ltd

1. Introduction

TD welcomed everyone to the meeting. Apologies were received as noted above.

2. Minutes of the previous meeting held 23 September 2016

(KHWF-16-21)

The minutes were agreed as an accurate record.

LS repeated her request from the last meeting - for assistance from those present in locating a local business who could attend Kettering General Hospital in order to show black and white films. This was part of the hospital's Patient Entertainment Programme, and was considered particularly valuable for dementia patients. It was thought that there was a local person who provided this service but the details had yet to be found. The group agreed to pass any information to **TD** who would send to **LS**.

EH informed the group that the STP had been scheduled for discussion at the March 2017 NCC Health Scrutiny Committee meeting. The Committee had complained that they had not yet had sight of the STP, even though the contracting rounds had already started. EH agreed to update the group with any new information received.

3. Action Log of the previous meeting held 23 September 2016

(KHWB-16-22)

The Action Log had been updated and refreshed to complete all old actions (Jan, Feb, Mar 2016), new actions updated as follows:

Action Log Item 11 – 3Sixty attending this meeting. *Action complete*

Action Log Item 12 – This is an ongoing action

Action Log Item 13 – Partner Updates were now being submitted prior to the Forum meetings, and circulated for reading. *Action complete*

4. Partner Updates

(Papers already circulated)

TD confirmed to the group the new procedure for Partner Updates – these should be submitted to KS 2 weeks before the next meeting date. KS would then circulate to the Forum members with the Agenda and other papers, for reading before the meeting. Any questions and comments could then be raised at the Forum meeting, along with any additional information partners may wish to add to their update.

EH commented that the Healthwatch Annual Report was presented at a recent event, whilst a good report the attendance at the event was disappointing. There was a good presentation from a Policeman regarding early intervention which EH suggested may be of interest for the Forum's future meetings. EH to provide TD with more information around this presenter.

LS commented to First For Wellbeing that she had attended the recent Corby Health and Wellbeing Board and it had been noted that the stop smoking plan had not been taken up well in hospitals, the early momentum gained needed to be kept going and improved. It was hoped First For Wellbeing could help with this.

ACTION: 1 (#14). EH to provide information to TD regarding Police presentation at Healthwatch Annual Report event. To be considered for invitation to a future KHWF meeting.

EH

5. 3Sixty Care Ltd – An introduction and future plans

DS gave a presentation to the group about 3Sixty Care Ltd, the main points were:

- 3Sixty covers East Northants, Kettering, Wellingborough localities, and some of Corby
- They were made up of member GP Practices and part of a joint venture with NHFT, aiming to become a Multispeciality Community Provider (MCP). An MCP was an organisation that would deliver health services based around population and practice list size.
- Looking to address healthcare issues in a different way using a Multi Disciplinary Team (MDT) holistic approach, ensuring that the right people are around the patient to provide the care needed. Proactive care rather than reactive care
- 3Sixty were looking to form alliances and partnerships with other groups such as community services and voluntary organisations to prevent 'over medicalisation' of care
- If a patient did go to hospital, 3Sixty and KGH were working pro-actively with Kettering Borough Council Housing Department to ensure a patient's home was suitable and ready for them to return to
- In relation to the STP, a Local Digital Roadmap (LDR) was being developed, with the aim of being able to share patient information electronically, for example a patient's records would be available to EMAS upon arrival at a patient's house. Workforce issues, especially GPs, needed to be developed and resolved for the future, need to work in a different way.

Future priorities for 3Sixty – Same Day Access, Collaborative Care Teams, Diabetes Pathway

- Same Day Access – 3Sixty are looking to develop hubs staffed by physios, Mental Health team, Nurses, and other Health Care Professionals. It was envisaged that these hubs would be GP-led, but with patients being directed to the most appropriate clinician. It was estimated that 30% of GP appointments were for non-medical reasons and by working differently this would enable GPs to spend more time on Long Term Conditions. 3Sixty planned to use a triage and navigation process to direct patients, this would change the way Receptionists currently work. It was clarified that by calling a Practice and asking for an appointment that day, this would still happen but the patient would be directed to the most appropriate available clinician for their symptoms
- Collaborative Care Teams – Proactive care to keep people well in their own place of residence for as long as possible. It was envisaged that the teams would also develop to follow patients into and out of hospital to enable smooth and quick discharges. It was noted that the work carried out by Key Workers would now be covered by the Care-Coordinator role with more community based care. It was noted that the Secondary Care equivalent was being developed with Consultant Care to enable controlled admissions and patient tracking. A draft specification was currently being drawn up for the new model, with 3Sixty expected to deliver as from April 2017
- Diabetes – Currently, only 41% of Type 2 Diabetes patients are at their recommended treatment targets. Conversely this means that over 50% are not, diabetes was the priority for improvement in 2017. More Long Term Conditions were expected to be looked at in the future

Q&A/Discussion

SP asked how 3Sixty were planning to manage the At Risk patients in the long term, how would self-management be introduced? **DS** replied that these should be flagged through GP appointments as at risk, and intervention should be started earlier. Diabetes was a current priority, but other Long Term Conditions would also be looked at.

JP informed **DS** that First For Wellbeing was available to be present in any GP Practice if required, 3Sixty happy to work together with FFW.

It was noted that Mental Health and Early Intervention was an area for pathway improvements, it should be a 2 week referral, all agree that it was not just about physical health, it was about a patient's 'needs'.

The group discussed the issue of diabetes in children and how to prevent this. It was agreed that the education needed to be made fun to engage the children, but also shock tactics were an effective method to get messages through, for example to see older people who have lost toes or gone blind. It was felt that a positive message should be given, rather than simply telling children to 'stop' things, to promote healthy eating and exercise rather than just losing weight. It was agreed that there was not much commissioned for the 2-4 ages. First For Wellbeing noted that their Healthy Lifestyle Advisor was available to speak with parents. It was suggested that diabetes could become a Mental Health issue as all Long Term Conditions eventually had an effect.

6. Kettering Health and Wellbeing Forum

Achievements of Kettering Health and Wellbeing Forum were discussed by the group:

- Previously a presentation was made regarding the Kettering Food Bank, a representative from KGH was at the same meeting and spoke with the Food Bank presenter. This resulted in elderly patients being discharged home with a care/food package. **SM** added that the newly appointed KBC/NHFT Housing Options Advisor was about to start working at KGH in connection with elderly discharges. New working relationships had been formed
- Age UK have formed a working relationship with the Commissioning Manager – Community Adults Services, Integrated Commissioning Team for NHS Nene and Corby CCGs
- Northamptonshire Fire and Rescue Service have been continuing the smoke alarm installation scheme, this has been running nationally for 15 years and has seen a huge reduction in house fires – only 5% of NFRS's time was now spent putting out fires and they have become a preventative service. All agreed that the Fire Service was seen as trustworthy and they could often gain access to people's homes where

other services could not. It was suggested that if other issues were noticed by the Fire Officer when in someone's home (eg. Poor living conditions) then information could be given to the resident of help available and who to contact

- The group agreed that networking and making new contacts was the greatest achievement and enabled effective partnership working
- It was suggested that an annual review be produced to highlight the group achievements and remind people of the group's value

What are we doing now and future plans?

- The group discussed and agreed that diabetes would be a valuable issue to address as there was already interest from the group and it was an identified priority for the NHS in 2017
- It was suggested that the wellbeing of patients while in hospital was important; keeping their routine and life as normalised as possible which in turn helped with a smooth discharge. It was also agreed that social prescribing should be used around a patient's interests to improve their wellbeing
- Discussion around e-cigarettes and the safety issues and lack of information regarding long term effects on health
- Mental Health – current campaign was tied in with physical health to improve mental health. The group discussed the Greenpatch scheme run by Groundwork and Johnny's Happy Place. It was agreed that future meetings could be held in alternative locations such as Greenpatch

7. AOB

LS suggested that Lynsey Burgess (NHFT Diabetes Lead) could be invited to give a presentation to the group regarding Diabetes. **KS** agreed to invite Lynsey to the next meeting. **LS** agreed to look into whether the KGH Diabetes Clinic could be used as the venue for the next meeting. **POST MEETING ADMIN NOTE: LS confirmed that the Diabetes Clinic was not available as a venue.**

It was agreed that the next meeting would be on Thursday 19 January 2017 1300-1500. Venue to be confirmed, if not KGH Diabetes Clinic then to be held at Kettering Borough Council.

ACTION: 2 (#15). KS to invite Lynsey Burgess to speak at the next meeting

KS

NEXT MEETING

Main meeting Thursday 19 January 2016 1000-1200 at Kettering Police Social Club