

DRAFT MINUTES OF SOUTH NORTHAMPTONSHIRE HEALTH AND WELLBEING FORUM

11.00am, Tuesday 20th June 2017

First Floor Committee Room, The Forum, Moat Lane, Towcester, NN12 6AD

Present

Cllr. Karen Cooper (KC)	SNC (Chairman)
Tracey Davidson (TD)	Northamptonshire Adult Social Services
Gina King (GK)	Volunteer, Health Watch Northamptonshire
Alan Burns (AB)	Partnerships and Policy Officer, Daventry District Council
John Soto (JS)	Independent Living Service Manager, British Red Cross
Stuart Mallett (SM)	Nene CCG, STP DSU Programme Lead
Peter Allen (PA)	Northamptonshire County Association of Local Councils
Julie Shepherd (JS)	Northamptonshire Healthcare NHS Foundation Trust
Louise Tarplee (LT)	Nene CCG
Phillip Stevens (PS)	Nene CCG/GP
Theo Hayward (TH)	Brackley MIND/Hub Children's Cafe
Kelly Ednie (KE)	Grand Union Housing
Peter Lynch (PL)	Health and Wellbeing Board Business Manager
Nikita Wiseman (NW)	Project Officer, Public Health
Ann Bodsworth (ABW)	Joint CEO, Northampton Women's Aid
Ann Warner (AW)	Sponne School
Karen Hughes (KH)	
Sarah Ward (SW)	First for Wellbeing
Anna Day (AD)	Northamptonshire Parent Infant Partnership
Claudia Slabon (CS)	Service Six

Speakers

Kirsty Bloomer (KB)	MECC Project Officer, Public Health
Linda Hook (LH)	Wellbeing Fieldworker, Northamptonshire ACRE
Dawn Howard (DH)	Wellbeing Fieldworker, Northamptonshire ACRE

Apologies

Laura Osgathorp (LO)	Homelessness Strategy Officer, SNC
Suzanne Taylor (ST)	Principal Planning Officer, SNC
Julia Halliwell (JH)	Locality Support Manager, Nene CCG
Rob Tracey (RT)	South Northants Volunteer Bureau
Jackie Fitzsimons (JF)	Shared Public Protection Manager, SNC
Caroline Ashby (CA)	Northamptonshire Healthcare NHS Foundation Trust

Not Present

Stephen Marks (SM)	Public Health
Ian Davies (ID)	Director of Operational Delivery, SNC
Dr O'Neill-Kerr (OK)	Northamptonshire Healthcare NHS Foundation Trust
Sarah Bakewell (SB)	Northampton Women's Aid
Becki Groom (BG)	Grand Union Housing
Esther Bushell	Northamptonshire County Council
Belinda Green	Joint Revenues and Benefits Manager, SNC
Tracey Hill	Development Management Team Leader, SNC

Officers

Kevin Lerner (KL)	Community Infrastructure Officer
Nicola Riley (NR)	Shared Community Services Manager
James Taylor (JT)	Health and Wellbeing Officer

May Reed (MR)
Nick Sutcliffe (NS)
Tim Mills (TM)

Housing Options Team Leader
Licensing Manager
Private Sector Housing Manager

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Item 1.	Welcome, Apologies, Introductions	
Item 2.	<p>Minutes of last meeting, Action Points and Matters Arising</p> <p>LT pointed out that there was an error on page 4 of the minutes from the meeting held on 7th March. It should read “<i>LT said that Nene CCG is ratifying a ‘Communication engagement strategy’ to ensure the CCG engages with the population effectively.</i>”</p>	
Item 3.	<p>Northamptonshire ACRE’s Rural Wellbeing Service</p> <p><i>An introduction to ACRE’s four year Lottery funded project and opportunities for partner involvement, from Dawn Howard and Linda Hook, Wellbeing Fieldworkers, Northamptonshire ACRE.</i></p> <p>Please find Dawn and Linda’s presentation attached.</p> <p>Dawn introduced ACRE’s Rural Wellbeing Service and Good Neighbours Scheme, the aim of which is to support older people (over 50) to maintain a good quality of life, remain independent in their own homes if they wish to, and reduce their reliance on statutory health and care support systems.</p> <p>There are currently six or seven local Good Neighbour schemes across the county,. ACRE is keen to extend activity into South Northants and has developed a toolkit for volunteers, including details of funding options.</p> <p>During a question and answer session, PL introduced the work of Purple Pet Power (http://www.nvca.org.uk/projects/purple-pet-power) that offers a pet care service through volunteers, to enable older people with pets to attend hospital appointments.</p> <p>During a discussion on social support within villages, GK said that in her experience villages are full of supportive friendships and many Parish Councils work to ensure older people are supported.</p> <p>NS asked if the requirement for DBS created mistrust. LH explained that volunteers are not always required to have a DBS check, and it just depends what they are asked to do.</p> <p>LH explained that there is a need for more volunteers and suggested that schools should be encouraged to develop a volunteering culture amongst pupils.</p> <p>Action Point - Anyone interested in setting up a Good Neighbour scheme in a rural community should get in touch with Dawn and Linda directly;</p> <p>linda.hook@northantsacre.org.uk</p> <p>dawn.howard@northantsacre.org.uk</p>	All

<p>Item 4.</p>	<p>Making Every Contact Count in South Northamptonshire</p> <p><i>How can partners utilise MECC in their work? Presentation from Kirsty Bloomer, MECC Project Officer, Public Health and Wellbeing, NCC.</i></p> <p>Please find Kirsty's presentation attached.</p> <p>Kirsty is the new Making Every Contact Count officer at Public Health and Wellbeing, NCC.</p> <p>MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people, to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. MECC conversations typically last 30 seconds to 3 minutes and MECC practitioners do not need to be specialists.</p> <p>The MECC approach in Northamptonshire is broader than elsewhere, and includes; Stop Smoking, Alcohol Consumption, Physical Activity, Healthy Eating, Emotional Wellbeing, Falls Prevention, Sexual Health, National Screening Programmes, NHS Health Checks, Oral Health, Domestic Abuse, and awareness of Adverse Childhood Experiences.</p> <p>Kirsty is looking for organisational leads to help embed MECC within their culture. Free MECC training is available for 'MECC champions' from any organisation. Participants of core MECC training will receive MECC pocket guides. Evaluation of training will include how information has been cascaded within participants' organisations.</p> <p>MR asked how MECC links with FfW. KB explained that FfW and MECC complement each other and MECC pocket guides will signpost to FfW and other services (e.g. screening services). FfW do not cover oral health or screening.</p> <p>TM explained that poor quality housing leads to poor health and asked if MECC messages included housing issues. KB explained that FfW support has clearer links with housing related issues.</p> <p>Action Point - Organisations interested in MECC training to get in touch with Kirsty Bloomer directly to discuss training opportunities.</p>	<p>All</p>
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<p>Item 5.</p>	<p>Revising the Health and Wellbeing Forum’s Terms of Reference</p> <p><i>Keeping the ToR fresh and focused on outcome delivery.</i></p> <p>JT explained that the forum’s ToR had been refreshed and simplified to try and make it as outcome focused as possible and to make sure there is ownership across all forum partners. The proposed changes (see attached) are as follows;</p> <ul style="list-style-type: none"> • We have simplified the language in section 1 and tried to make it as outcome focussed as possible. • We have merged the old section 2 (‘Relationship with Nene Commissioning’) into section 1, and broadened it to “Assist the development of strategic relationships between stakeholders”. • The membership list has been updated to include organisations represented at the last two forum meetings. • The new section 4 (previously section 5) ‘Position of Chairman’ has been changed from an annual election to ‘The Forum’s Chairperson will be the SNC Portfolio Holder for Community Engagement and Wellbeing’. • Only minor tweaks to the remainder of the document. <p>Discussion highlighted the need for a two way information flow between the board and the forum. KE and MR said it should be about lobbying and influencing commissioners and the board as well as information provision and networking. LT said that we should understand who decision-makers are, because Nene CCG do not come to the forum to get lobbied and we need to make sure we have realistic expectations. It’s about ensuring the county wide board have local knowledge. We are missing feedback from the board to explain how forum discussions influence county wide commissioning decisions. PS expressed concern that the forum has lost the blueprint work streams, and we have become more about consultation and discussion rather than being outcome focussed.</p> <p>JT explained that the forum work-stream outcomes are being addressed; so far Healthy Lifestyles has been the focus. NR agreed that it is about the impact we can have on individuals’ lives and not just networking and suggested that there should be an addition to the ToR under section three to make it clear that the board’s representative will feedback to the forum on a regular basis. AB agreed and said that PL provides feedback from the board to the Daventry forum.</p> <p>Action Point - NR to provide blueprint update at September forum.</p> <p>Action Point – JT to update ToR and circulate for approval (please find attached).</p> <p>Action Point – JT to ask PL to feedback to the forum, with a focus on how local issues influence board decision-making.</p>	<p>NR</p> <p>JT</p> <p>JT</p>
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<p>Item 6</p>	<p>Revising the Healthy Lifestyle Outcomes and Action Plan</p> <p><i>Opportunities for partner involvement.</i></p> <p>Please find HL outcomes attached.</p> <p>JT explained that we have sought to sharpen our HL outcomes. Coming new to the process it has not been completely clear how some of the outcomes had been developed, and whether they had been prioritised, so we have simplified, merged and tried to decide which are achievable.</p> <p>Discussion focused on the first outcome, i.e. comprehensive online directory. SW said that Access Corby was very useful for FfW advisors. PS said that had been a South Northants directory, when it was discussed a year ago there was a belief it would be taken up and hosted by NCC. There is a job to be done – perhaps by FfW – to update it. KE said that Breeze-e got funding to update a directory with advertising for agencies, not sure of current status but name changed to Brolley. AB suggested a countywide directory is needed rather than district directories. NR said that Breeze-e / Brolley is for commercial providers, there is a need for a voluntary sector directory. LT said that a colleague who has been involved in directory development could be invited to attend the next meeting to introduce her work. There was agreement that we need to avoid duplication of effort.</p> <p>Discussion moved on to outcome seven, Social Prescribing (SP). JT explained that he has discussed with FfW and it is difficult to obtain district level information on current SP activity. JS explained that Warwickshire have well defined systems for SP. A county wide directory to include district level SP options would be very useful as it is difficult for organisations like the Red Cross to be in all local directories. AB said that GPs and individuals should have access to the same directory. NR said that we need to know SP referral patterns in order to have an input. LT said that the way to influence is through GP federations. Ongoing work around care navigation.</p> <p>Further discussion highlighted the free FfW assessment available for organisations and individuals online.</p> <p>Action Point – SW to ask FfW colleagues for district level information on SP referrals.</p> <p>Action Point - LT to put JT in touch with her colleague who has been involved in directory development, with a view to presenting at the next forum.</p>	<p>SW</p> <p>LT</p>
<p>Item 7</p>	<p>Organisational round-up</p> <p><i>Summary of current projects and information that will benefit other partners.</i></p> <p>ABW said that as a result of the forum there has been some fantastic co-production between South Northants Homes and Northampton Women’s Aid. A new staff member will be based at SNC from July working across the district. There were 910 domestic abuse cases last year, up from 488 in the previous year. SN is very forward thinking on domestic abuse. NWA have a worker in GP surgeries across the county and drop in workers for GPs and schools are available. From 14th July NWA will change its name to Northamptonshire Domestic Abuse Services to prevent the name being a barrier to men.</p> <p>AB said that the Daventry forum ToR is also changing, and the strategy has changed from three thematic areas and nine priorities to two objectives focused on vulnerable older people and pre-school children, as Daventry district’s adult population is average without</p>	

	<p>significant areas of concern.</p> <p>JS said that the Red Cross has the capacity to deliver the First Call service in the district, and welcomes opportunities to work collaboratively.</p> <p>SM explained that the county STP lead was changing and there were various developments related to the NHS Five Year Forward View (see briefing note attached). Also work has been done to define a Social Prescribing model in Northamptonshire, further details to follow.</p> <p>PS said that while Nene CCG balanced the books until March, there is financial pressure due to the rate of increase in hospital omissions which will lead to an overspend without the changes outlined by SM. In this district primary care services continue to function well and Nene CCG are working to make sure changes do not affect the care offered locally. Working effectively with the voluntary sector through a coordinated directory of services is very important in maintaining the sustainability of services.</p> <p>NS said that safeguarding training to taxi drivers was ongoing, 400 drivers so far and 200 more by the end of the year.</p> <p>NW to circulate a Public Health Team Update include information on recommissioned services (please find attached).</p> <p>AW said that Y8 and Y9 students at Sponne School had recently completed a H&WB survey as part of a national initiative, and AD agreed to present results at the next forum.</p> <p>AD explained that Northamptonshire Parent Infant Partnership has partnerships with two hospitals offering clinical psychotherapy to 250 vulnerable families a year but can only take referrals over the phone due to issues with information governance and a lack of a NHS email address. NPIP are a fully funded service not costing the NHS with spare capacity to support vulnerable families but there are obstacles to progress. SM said that there was a balance to strike and he would welcome feedback from forum members as new processes are developed.</p> <p>TM said that SNC offer a Disabled Facilities Grant Programme and will be reviewing how they offer support over the coming months.</p> <p>Action Point - AW to present student H&WB survey results at the next Forum.</p>	<p>AW</p>
<p>Item 8</p>	<p>Date of next meetings</p> <p>Tuesday 12th September 2017, 11am, Council Chamber, The Forum</p> <p>Tuesday 12th December 2017, 11am, Council Chamber, The Forum</p>	