

**Minutes of the Northampton Health and Wellbeing Forum
held at 1.30 pm on Thursday 16TH April 2015 at
the Kinetic Room, Francis Crick House, Moulton Park, Northampton**

Present:

Jane Carr - Chair	(JC)	Chief Executive, Voluntary Impact Northamptonshire
Rosie Newbigging	(RN)	Chief Executive, Healthwatch
Lynne Jones	(LJ)	Service Manager, Northamptonshire County Council
Dr Dipesh Naik	(DN)	GP Representative, Nene Clinical Commissioning Group
David Atkinson	(DA)	Chair, Northampton, East and South Locality Group
Naomi Caldwell	(NC)	GP & Chair, Northampton West Locality Group
Jeanette Pidgen	(JP)	Northampton West Locality support Manager, Nene Clinical Commissioning Group
Muriel James	(MJ)	Chair of Central Locality Engagement Group
Michael Robinson	(MR)	Commissioning Manager, Northamptonshire County Council
Kelly Morris	(KM)	Service Relationship and Health Protection Manager, Northamptonshire County Council
Simon Favell	(SF)	Housing and Community Wellbeing Officer, Northampton Borough Council
Jane Finch	(JF)	Locality Support Manager, Nene Clinical Commissioning Group
Kelly West	(KW)	Locality Project Manager, Nene Clinical Commissioning Group
Frank Earley	(FE)	Service Development Relationship Manager – Adults, Northamptonshire County Council
Tim O'Donovan	(ToD)	Transformation and Service Re-design Manager Nene Clinical Commissioning Group
Helen Eason	(HE)	General Manager – Adult Services, Rehabilitation & Unplanned Care, NHFT

Minute Taker:

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

Andrew Jepps	(AJ)	Assistant Director Integrated Wellbeing Services Northamptonshire County Council
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
Louise Tarplee	(LT)	Senior Locality Manager, Nene Clinical Commissioning Group

1. Minutes of the previous meeting 15th January 2015

The following amendments are to be made to the minutes from the previous meeting of 15th January:

- Naomi Caldwell's title to be added
- Northamptonshire County Council to take the administration lead and if able Nene Clinical Commissioning would support.

The rest of the minutes were agreed as an accurate record.

2. Actions from the previous meeting 16th April 2015

- RN to circulate the Healthwatch A&E data to the group.

Action:RN

- Regarding incorporating giving sexual health advice with the administration of the HPV vaccine, KM advised this is discouraged nationally and no research is currently being conducted on this.
- JP to liaise with LT and PL to ensure Care Closer to Home is on the agenda for the next meeting.

Action:JP/LT/PL

- JC has met with Dr Darin Seiger and Dr Raf Poggi to discuss how Voluntary Impact Northamptonshire can help in delivering information around cardiovascular disease and prevention. Nene CCG are currently completing work on this and once finalised JC will update the group.
- PL to circulate group members email addresses to the group.

Action:PL

3. Terms of reference (ToR)

- JP asked for paragraph 6.1 to amended to read 'Northamptonshire County Council to take the administration lead and if able to Nene Clinical Commissioning Group would support'.
- MR asked for the 3.2.13 and 3.2.14 to be replaced by a 'Childrens Northamptonshire County Council representative'.
- JC agreed that the paragraph 2 **Purpose** would be reviewed at the next meeting after the priorities for this forum have been set.

4. Update: Improving the health and wellbeing of Eastern European Communities

KW gave the group a presentation of A&E attendance data for 13/14. Due to the way data questions are formatted, A&E attendances cannot be drilled down to show eastern european communities; they are currently collated in 'Other White' or 'Other Ethnic' categories. An additional question could be added to the data collection sheet to obtain this data but it would incur a cost.

The following information was discussed:

- The highest number of A&E attendances appears to be from 'other ethnic' group
- The highest age groups for attendees are 0-4 years and 20-49 years, with the exception of 'White Irish' which is 60-89 years.
- Northampton Central and Northampton West have a higher proportion of ethnic groups; with Northampton East and Northampton South have a higher proportion of black or black British.

KW noted following the Healthwatch survey report, a number of people advised they had attended A&E due to not being able to obtain a GP appointment and during an eleven month period 54377 appointments with GPs were missed. KW added it could be an opportunity to educate patients of the importance of cancelling unwanted appointments as well as advising people of the other health services available such as pharmacies. Also an educational campaign could be run across the top five groups attending A&E , to ascertain the reasons why they visit A&E instead of using other health services but there would be costs associated with this. JC advised there is a need to understand the social and community issues that lead to A&E attendance before progressing any further. RN advised Healthwatch will be repeating their survey in NGH and KGH and the Urgent Care Centre in Corby during a two week period in May, and it would be good to look at evidences bases

elsewhere in the country to try and establish best practice. RN will email CB the final draft of the A&E survey for circulation to the group.

Action:RN/CB

5. Reducing Teenage Pregnancy rates within Northampton

KM gave the group an update on reducing teenage pregnancy rates within Northampton. KM has organised a task and finish group which will begin meeting in May and KM will bring an update to the next meeting.

Action:KM

6. Reduce high mortality from cardiovascular disease

TO gave the group a brief update on the work surrounding cardiovascular disease. Work is ongoing with NGH on improving and increasing access to cardio rehab services for patients with heart failure with the aim of reducing hospital admissions, and this scheme will be evaluated throughout the year.

TO and FE attended the East Midlands Cardiovascular Network meeting, which discussed:

- Priorities around CVD,
- Addressing heart disease and the management of heart failure
- How General Practice can support optimisation of pace inhibitors and beta blockers in primary care
- The use of systemic evidence based templates within primary care via system one to allow colleagues to access the most current information and best practice for treatment

TO added this county has the lowest levels of delivery of the eight care processes for diabetes prevention. Although some of this may relating to poor data recording, there need to be improvements around identifying patients with pre diabetes with the aim of delivering educational behavioural change to reduce the onset of diabetes. TO invited the group to attend the Northamptonshire Diabetes Network meeting on the 1st May, To to send the invite to PL for circulation to the group.

Action:TO/PL

TO noted a project on stroke prevention commenced in November 2014, with the aim of identifying patients who are at high risk of stroke, there have been 500 patients screened and treated accordingly and this project is in the process of being evaluated.

7. Health & Wellbeing Board: Healthier Workplaces Initiative

FE gave the group a brief outline of the Healthier Workplaces initiative which has been endorsed by the Health and Wellbeing Board. A task and finish group has been set up, chaired by Paul Bertin including attendees from the Health and Wellbeing Board and the Northamptonshire Enterprise Group. KGH have already stated rolling this programme out to their workforce and some resources are available, FE is able to provide more information to those interested PL to circulate FE's contact details to the group.

Action:PL

FE added there will be some awareness raising events taking place, and these will link in with the upcoming public health 20:20 planned events. FE asked the group to think about how primary care colleagues can be linked in to deliver health checks in the work place and to ensure any mass participation events will come under the 20:20 banner.

8. Health and Wellbeing Board and links to the locality Fora.

RB introduced himself to the group as the Chair of the Northamptonshire Health and Wellbeing Board and gave the group a brief outline of the Board and local foras. The seven local health and wellbeing foras across the county are currently at different stages of

development, with the Corby fora being most advanced and having good experience in working with local health partners.

The Health and Wellbeing Board (HWBB) is a statutory Board which has been fully operational for the past two years, meets four times a year and has several development sessions running throughout the year. Part of the Board's statutory duties is to ensure there is a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy developed for the county and Professor Nick Petford is currently leading a review of the Health and Wellbeing Board Strategy over the next 12 months. The HWBB has a responsibility to ensure that the Health and Wellbeing Strategy is mirrored within the corporate plans of the CCGs, Northamptonshire County Council (NCC), University of Northampton and Northamptonshire Police. JC commented the JSNA is based on NCC and NHS clinical data, but community data needs to be included to show more underlying complex issues that may be causing a problem.

RB noted he has regular meetings with the chairs of the local foras, where they can feedback, what is happening in their locality, the priorities for their local area, and whether this is evidenced through the JSNA. RB is also looking at the possibility of hosting a development session to allow representatives from the foras to be involved in the review of the Health and Wellbeing strategy for the county. JC commented for collaborative leadership there needs to be a countywide strategy about how to operate in collaborative way and the actions needed, until this happens there will continue to be a conflict with different agendas organisations have. RB replied in the interim there could have a memorandum of understanding. JC agreed.

RB added the HWBB has oversight of the Better Care Fund (BCF) to ensure the BCF combines funding from the whole health economy for integrated adult social care and development for community services.

RB noted the Mental Health Crisis Care Concordat has been signed by the board and all the partners around the board are committed to ensuring there are integrated services in place to improve mental health crisis provision within the county.

RB commented RN is completing a piece of work looking to identify partners current engagement practices and whether they could be combined to stop duplication and encourage more effective and integrated working.

9. Forum Priorities

JC advised at the previous meeting concerns were raised that the priorities already set were health focused, with no community perspective. JC had a discussion with Dr Akeem Ali (AA) about the key public health outcomes, AA advised the priorities should include:

- Late diagnosis of HIV,
- Health checks,
- Premature mortality,
- Social isolation,
- Mental wellbeing,
- Smoking prevalence in pregnant women
- Focusing on the inequalities
- Establishing a connected approach to prevention, including primary care and community organisations.
- Healthier workforce initiative,
- More effective community engagement intervention with mass participation for 20:20 events.

The issues prevalent for Northampton are misuse of drugs and alcohol, smoking, obesity and hidden deprivation.

The group discussed the current priorities and whether they were relevant to the Northampton locality and JC agreed the following:

- KM, SF and RN will meet to discuss quantitative health and social data.
Action:RN/KM/SF
- A two hour workshop to be organised for discussion and finalising the priorities for this forum. PL to organise and to arrange for a facilitator.
Action:PL
- Before the workshop, group members to send PL five or six items they consider to good priorities, that this forum can influence, the actions and outcomes hoped to be achieved.
Action:All

10. Care Service Directory for Older People

LJ gave the group an update on the Care Service Directory for Older People. There are 20000 copies which are free of charge which have been circulated to libraries, housing, voluntary and community sectors, carers and CCG chief executives. LJ commented there problems getting these directories displayed in GP Practices. JP offered to contact our GP practice managers on behalf of this forum to ask for these to be displayed in the public areas, JC agreed.

Action:JP

LJ and JF to discuss the distribution of this directories to gp practices outside the meeting.

Action:LJ/JF

DP will ask colleagues at his next Locality Board meeting for members to display in the public area at their GP practices.

Action:DP

RN will take some directories and distribute when visiting organisations.

Action:RN

HE confirmed these directories have been distributed to the district nurseries and community events for the elderly.

JC noted the car voluntary schemes, would be a distribution point and will discuss this with LJ outside the meeting.

Action:JC/LJ

JC asked if there is still a problem these directories being distributed to GP surgeries then can it be discussed at the next meeting.

11. Any other business

KM advised that the Health and Wellbeing Board are hosting a 'Food in Northamptonshire' event on the 4th June at the Guildhall, Northampton. CB to circulate an invite letter and registration form with the minutes.

Action:CB

JC advised VIN are hosting a 'Healthier Futures' conference Kettering Conference Centre, JC to circulate the invite.

Action:JC

12. Dates of next meeting

The date of the next meeting is the 16th July at 1.30 pm in Francis Crick House, Moulton Park, Northampton.