

Minutes of the Northampton Health and Wellbeing Forum

10.00 Tuesday 17th October 2017

G1/14, One Angel Square, Northampton.

Present:

Dr. Tom Howseman	(TH)	Chair, Nene CCG GP Locality Lead, Northampton Locality,
David Atkinson	(DA)	Vice Chair, Northampton, East and South Locality Patient Group
Cllr Sylvia Hughes	(SH)	Chair of the Northamptonshire Health and Wellbeing Board
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
Phil Harris	(PH)	Head of Housing and Wellbeing, Northampton Borough Council
Jeanette Pidgen	(JP)	Northampton West Locality Support Manager, Nene Clinical Commissioning Group
Jane Finch	(JF)	Northampton Locality support Manager, Nene Clinical Commissioning Group
Frank Earley	(FE)	Service Development Relationship Manager, Northamptonshire County Council
Cllr Stephen Hibbert	(SHi)	Northampton Borough Council
Sarah Ward	(SW)	Area Manager, First for Wellbeing
Dr. Dipesh Naik	(DN)	Chair, General Practice Alliance,
Victoria Leitner	(VL)	Social Prescription Development Manager, Public Health and Wellbeing, Northamptonshire County Council
Kate Howard	(KH)	Deputy Director of Nursing, Northamptonshire Healthcare Foundation Trust
Jane Pitchfork	(JPi)	Commissioning Manager, Northamptonshire County Council
Jill Spiby	(JS)	Healthwatch

Minute Taker:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
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Apologies:

Derry Miller	(DM)	Services Director Age-UK
Muriel James	(MJ)	Chair, Central Locality Engagement Group
Cheryl Bird	(CB)	PA, Northamptonshire County Council
Louise Tarplee	(LT)	Senior Locality Manager, Nene Clinical Commissioning Group
Esther Bushell	(EB)	Service Delivery Manager, First for Wellbeing

1. Welcome and Introductions:

TH opened the meeting and welcomed everyone present.

2. Minutes from the Previous Meeting: 11th July 2017:

The minutes from the previous meeting of the 11th July 2017 were agreed as an accurate record. The Chair informed all that the meeting was being recorded.

3. Matters Arising from the Previous Meeting: 11th July 2017:

- FE has circulated the Social Isolation report to the group.
- DM has forwarded FE information on the Collaborative Care project being run by Age UK.
- PL has circulated minutes from the FCG meeting held on the 8th June to group.
- FE confirmed discussions have taken place with Trilogy Leisure and the GP Alliance to expand the service of offering health checks to other leisure centres across town.
- FE has met with partners to discuss promoting activity on referral. The Public Health Team are completing a mapping exercise on existing services/options for physical activity.
- CB to re-circulate the notes from the CVD workshop held in March to the group with the minutes from this meeting.

Action: CB.

- FE has been in contact with Emma Mullens from the Chamber of Commerce, to discuss the possibility of some advertising been used in their bi-monthly 'In Business' magazine.
- PH has identified the lead for the Men in Sheds scheme and invited them to the next Task and Finish group meeting.
- The action for PH to circulate the briefing for Northampton Partnership Homes on fire safety to the group is to be carried forward.

Action: PH

- The action for NM to forward NPH Fire Safety Officers contact details to DN is to be carried forward.

Action: NM

- The FfW business to business offer is currently on hold - the group agreed for this action to be discharged.

4. Care Navigation

JF gave the group a brief overview of the Care Navigation scheme. The aim of Care Navigation is Active Signposting offering patients the option to access more appropriate services rather than waiting to see a GP. This is being launched countywide by December 2017 as part of the NHS England General Practice Forward View and will be achieved by providing online and face to face training for reception and clerical staff to have the conversations required to establish a patient's need. A GP will always be available to provide clinical support if required as Care Navigation is not a triage service. There are two pilots running in the county at the moment with physiotherapist's, mental health workers, and clinical pharmacists and the outcomes of these pilots will be assessed with the intention to implement this further across the county. The PPGs and practices will work together to ensure patient confidentiality is maintained. All practices have been sent promotional posters for Care Navigation, and it is hoped a media release promoting this scheme will take place at the end of October.

A stakeholder workshop was held in May which identified the following phase one services:

- Physiotherapy – due to capacity issues with this service this will not currently be offered but will be reviewed at a later date,
- First for Wellbeing,
- Talking Therapies (IAPT),
- Community Pharmacies,
- Practice Nurses,
- Young people's sexual health (chlamydia screening, contraception). This will be reviewed at a later date,
- British Pregnancy Advisory Service.

Patient Choice still to be paramount, if a patient maintains their need to see a GP, they will be provided with an appointment, although this may be slower to access than an alternative option. It is envisaged that this will enable patients to access services faster and discourage them from attending A&E, as well as reducing DNAs (Did Not Attend) at practices. Practice staff will be recording where a patient has been navigated to and whether the patient declined and where they declined to go to which will be used to assess the service. The expectation is that all GP practices go live on the 1st December 2017 to coincide with winter pressures.

5. Report from CVD Workstream

FE gave the group an update on the CVD Prevention workstream. A workshop was hosted by Northampton Borough Council (NBC) in March, and the plan was for NBC to host another event around in October, but this had to be cancelled due to lack of local community group representation. It was subsequently determined that as this initiative is about community led healthcare, DN and PH would visit and work more closely with targeted key community groups with the intent of hosting a workshop in January 2018. FE will work with Julian Wilkes at NBC around endeavouring to engage larger businesses who are completing some work already around CVD prevention. The hope is that two initiatives can be identified which this forum can take forward. TH suggested that it might be productive and interesting to have an exhibition style event with coverage from a number of diverse organisations. TH added that the forum exists to enable people and organisations to share and ask of others, therefore there is an expectation that workstream leads should inform other Members what parts them and their organisations can play.

6. Report from Social Isolation Workstream

DM was unable to be present and has feedback there is nothing new to report. SHi enquired as to progress of the work previously done in a workstream group around the relaunch of the Lions' Green pot Scheme. PL would ask DM for a 'where are we now' update to be delivered at the next meeting.

Actions: PL/DM

TH asked Members present to give a brief update around what their individual organisations are doing about Social Isolation.

TH commented that from the CCG/Primary Care perspective, there was a keenness to have direct signposting that feeds in to wellbeing and for Care Navigation to have links to local

organisations. TH observed that it was important for GPs to have *go to places*, organisations to whom they can refer with confidence for non-clinical issues. Age Concern is a typical default for elderly, for many other age groups it would be First for Wellbeing (FfW).

DA updated around the Patient Participation Group (PPG). There are frequent discussions on where to signpost people making use of local knowledge and the Health & Wellbeing Board (HWBB) should perhaps consider the NCC budget announcements regarding potential widespread library closures and the withdrawal of bus subsidies, which carry the potential to have an impact on Social Isolation, and whether to make representations during the consultation period.

VL informed the meeting that a Directory of Service (DoS) is being developed in order to be able to establish what organisations (still) exist, and what they might be signposted to for.

PH stated that Northampton Partnership Homes (NPH) community development workers are working closely with tenants and groups on local estates. There is work going on with Men in Sheds, for example one group recently made a phone charger for the night shelter. PH clarified that Men in Sheds is a label rather than a barrier and the group includes women as well. Consideration is being given to the creation of community sheds producing items that could contribute to the local need. The difficulties of Social Isolation and people in rural communities were noted at the last forum, so keeping people active and involved is important.

SH commented on the recent HWBB STP Engagement Event around Social Prescribing, anyone interested in following this up should contact Stuart Mallett, Nene CCG currently part-seconded to NCC to lead on prevention work.

SW updated around FfW. They are undertaking Stoptober sessions this week in Corby. Sessions were held last week in Northampton resulting in 123 referrals being made to the Smoking Cessation Team. FfW is continuing advisory sessions in GP surgeries assisting patients who don't need clinical input and can be helped via FfW referral. Social Isolation is a significant issue, FfW works with these patients to help address their emotional needs low level mental health needs There has been Care Navigation training for practice staff explaining what FfW is and how it works, as well as regular meetings with primary care liaison workers. FfW supported St. Andrews with their recent Mental Health day and recently attended the STP Engagement Event. FfW is working with NPH, there is a wellbeing advisor linked to NPH looking at potential tenants and undertaking an assessment with them, to identify problem areas and provide help before they take on tenancies and get into

difficulties. FfW is also working with ACRE in rural areas and communities, working with the Armed Forces Covenant to identify veterans and families who may be socially isolated, or with mental health issues, and working with Care & Repair if they suspect one of their clients may be socially isolated will refer onto FfW to obtain help.

JS stated as well as attending as the Healthwatch representative, she is a trustee of a small registered charity working in the Spring Boroughs community. They have received an FfW grant to complete targeted work within the borough and have appointed community worker who has been doing local market research. They operate a drop in centre which is open every morning from 9-11am in order to try and alleviate Social Isolation which can be very damaging to families. JS noted that Spring Boroughs is a fragile community, uptake is slow, but word of mouth is positive allowing for relationships to be developed. They are working with local primary school to link up community work, signposting to replace or reduction of Childrens centres services, JS raised concerns about the libraries proposals as it will affect people who are social isolated.

FE advised FfW is the operational arm for work being commissioned by Public Health around Social Isolation. Strategically, work has commenced around developing the Prevention Concordat which will link in with the Mental Health Crisis Care Concordat work. Work is currently underway gathering data to inform decision making and this will be discussed in more detail and a meeting on the 1st November. Some of the work being completed around falls prevention with older people is helping to reduce social isolation within this cohort. Links are being built in with the voluntary and community sector as some sessions are run in community centres, setting up groups with people who've been a bit isolated and establishing structure. Age UK are reviewing the Healthy community's collaborative model developed a few years ago to see if this could be relaunched. Northamptonshire recently made a bid to Sport England's £130million Local Delivery Fund to become a pilot area focussing on getting inactive people active. Unfortunately, the county bid was unsuccessful, so consideration is being given to setting up small self-sustaining groups countywide to help address some of the elements of social isolation.

KH advised NHFT signpost patients to appropriate organisations such as Age UK, MIND or Northamptonshire Carers, and also have a lot of strands in the services NHFT provide across Northamptonshire. For example breastfeeding and 0-5 services are run from libraries across the county for young parents to meet and engage. The Moving Ahead project for the BME communities works alongside community leaders and population to look at health and community needs. Within NHFT there are 16 individuals who are service users or carers who help to develop services and run events on behalf of NHFT, and teach in the

new recovery college for individuals who have mental health issues and learning disabilities. There are also allotments in Kettering which run courses and relax groups on a daily basis and is linking with University of Northampton on how to support learning disability service users to become more actively involved in research.

7. Forum Chairs Meeting Feedback

DA gave an update from the Forum Chairs Group (FCG) meeting held on the 28th September. A discussion took place about the future of the Health and Wellbeing Forums and in particular concerns were raised about the lack representation from some of the Forums at the FCG meetings. Concerns exist that there is no responsibility or accountability sitting with Districts and Boroughs to ensure Forums are in place and function well. There is currently good dialogue between the forums and Public Health. There has been criticism around the lack of STP engagement with the Districts and Boroughs.

In Daventry there has been some discussion around the NSport strategy, and some worrying factors came out of this about resident's lifestyles - currently there are 155,000 who do less than 30 mins activity during a week and 70% of residents do no physical activity.

David Lloyd-Hearn (DLH) from Nene CCG discussed the Last Years of Life Pathway and Emergency Admissions Avoidance with the meeting. Emergency Admissions Avoidance: A formal briefing has commenced regarding moving the Out of Hours (OOH) services away from their current locations and co-locate them in Northampton. Kettering and Dantre Hospitals. This would enable patients to be treated more quickly and be signposted to the most appropriate service, but patients would have to pay for parking. These proposals also include pharmacies staying open for longer and to improve clinical responses to NHS 111 calls. Last Years of Life Pathway: The Last Years of Life task and finish group has been reinstated and is being led by Dr Naomi Caldwell and DLH, GP's and the GP Federations will be receiving 6 hours of tuition on End of Life Care. The University of Northampton are supporting death cafes with the aim to destigmatise death and to look at elements around the advanced care planning approach across the county. There will be a Health and Wellbeing Board development session on the 1st February 2018 led by Dr Darin Seiger on End of Life Care. DLH has offered to come and give a presentation to the Health and Wellbeing Forums and DA believes this would be useful to learn more about this to be able to share and develop this information.

8. First for Wellbeing Update:

SW gave a short update in respect of FfW's current position in light of recent Cabinet Papers having been published. As things currently stand, for the Area Delivery Teams and the Wellbeing Advisors, its business as usual.

9. Any Other Business

TH asked All to consider the format of the meetings, and whether they would like more content in the agenda for future meetings and send to PL and TH.

Action: All

10. Dates of Next Meetings

- 9th January 2018, 12-2pm, One Angel Square, Northampton,
- 10th April 2018, 1-3pm, One Angel Square, Northampton.