

**Minutes of the Northampton Health and Wellbeing Forum**  
**1.30 pm on Thursday 14<sup>th</sup> April 2016 in**  
**The Board Room, Francis Crick House, Nene CCG, Northampton**

**Present:**

Jane Carr - Chair	(JC)	Chief Executive, Voluntary Impact Northamptonshire
David Atkinson	(DA)	Chair, Northampton, East and South Locality Group
Cllr Robin Brown	(RB)	Chair of the Northamptonshire Health and Wellbeing Board
Dr Dipesh Naik	(DN)	GP Representative and Chair of Northampton Central Locality, NHS Nene Clinical Commissioning Group
Dr. Eng Ong	(EO)	Locality Chair, NHS Nene Clinical Commissioning Group
Kelly Morris	(KM)	Service Relationship and Health Protection Manager, Northamptonshire County Council
Peter Lynch	(PL)	Health and Wellbeing Board Business Manager, Northamptonshire County Council
Jane Finch	(JF)	Locality Support Manager for Northampton Central, Nene Clinical Commissioning Group
Jeanette Pidgen	(JP)	Northampton West Locality support Manager, Nene Clinical Commissioning Group
Muriel James	(MJ)	Chair, Central Locality Engagement Group
Spt. Mark Evans	(ME)	Early Intervention Lead, Northamptonshire Police
Derry Miller	(DM)	Services Director Age-UK
Clare Rodgers	(CR)	Nurse, St. Andrews Hospital
Phil Harris	(PH)	Head of Housing and Wellbeing, Northampton Borough Council
Lisa Bryan	(LB)	Home Safety Team Manager, Northamptonshire Fire Service
Kate Howard	(KH)	Deputy Director of Nursing, Northamptonshire Healthcare Foundation Trust
Francis Billingham	(FB)	Area Manager, First For Wellbeing
Craig Taylor	(CT)	Wellbeing Co-ordinator, First For Wellbeing
Sabine Coady Schäbitz	(SCS)	Director, Collaborative Centre for the Built Environment (CCBE), University of Northampton
Andy Clarke	(AC)	Chair of Spring Boroughs Neighbourhood Plan
Lynne Jones	(LJ)	Service Manager, Northamptonshire County Council
Louise Shaw	(LS)	Health Partnerships Manager, Northamptonshire Carers

**Minute Taker:**

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

Kate Holt	(KHo)	Healthwatch
Joanna Steer	(JS)	Chief Executive Officer, Deafconnect Northamptonshire Healthcare Foundation Trust
Simon Favell	(SF)	Wellbeing Partnership Officer, Northampton Borough Council
Michael Robinson	(MR)	Commissioning Manager, Northamptonshire County Council

Deborah Hope	(DH)	Frail and Elderly Liaison Officer, East Midlands Ambulance Service,
Janet Doran	(JD)	Interim Managing Director, First For Wellbeing.
Simon Lloyd	(SL)	St. Andrews
Cllr Stephen Hibbert	(SH)	Northampton Borough Council
Cllr Anna S King	(AK)	Northampton Borough Council
Louise Tarplee	(LT)	Senior Locality Manager, Nene Clinical Commissioning Group
Louise De Groot	(LDG)	Locality Quality Manager, EMAS

## 1. Welcome & Apologies

JC opened the meeting and welcomed everyone present. JC invited LS, Northamptonshire Carers, to become a full member of the forum.

## 2. Minutes from the previous meeting 14<sup>th</sup> January 2016

The minutes from the previous meeting of the 14<sup>th</sup> January 2016 were agreed as an accurate record.

## 3. Matters arising:

- LJ asked PL to check the commissioning intentions for Nene Clinical Commissioning Group has been circulated to the group.

**Action: PL**

- JF advised the GP alliance have commissioned care co-ordinators to make links with GP practices dealing with patients who have complex cases, this is a one year pilot and it is hoped these care coordinators will link into First for Wellbeing (FFW). JS to ascertain feedback from her service users and bring back to the next meeting for discussion. This action is to be carried forward to the next meeting.

**Action: JS.**

- JF advised that currently Nene CCG would not be able to provide any investment for a 'Welcome to Northampton' booklet listing all the services and information within the town, due to financial constraints. PL has met with Stuart Dalton (SD) regarding this, and SD has asked PL to ascertain the costs and feedback to SD

**Action: PL**

- PL has circulated to the group additional information regarding services available for veterans.

## 4. Forum Chairs Group (FCG) Meeting Feedback

JC gave the group an update from the Forum Chairs Group meeting. The Health and Wellbeing Strategy was discussed, along with the separate issues being faced by Chairs in their individual localities and how the Chairs could work together to deliver priorities. PL agreed to circulate FCG minutes from the previous meeting to the group for information purposes.

**Action: PL**

PL noted the Chair from the South Northants Forum advised there have been reports of drinks being spiked within the locality. JC asked ME to see if there have been any incidents for spiking of drinks being reported to the police.

**Action: ME**

## 5. Adult Safeguarding

JC asked the group if they have any issues concerning Adult Safeguarding that they wish to raise. None were raised.

JC added to ensure that safeguarding runs through the thread of all the work we do, for each item discussed at these meetings the following must be taken into consideration:

- Does this need escalating?
- What are the lessons learned and how might we share this information with the other Forums?
- Is safeguarding training required to assist knowledge of the subject and how to recognise and report safeguarding concerns?
- What prevention work may be required?
- What data do we have to inform the prevention agenda/items/work

## **6. Northants Police - Early Intervention Presentation**

ME gave the group a presentation about the benefits of early intervention. ME is the early intervention lead for the Police and ME was tasked with trying to understand why the levels of violence are high within the county and to ascertain ways of reducing violence.

ME advised between 30% to 40% of violence is domestic abuse, approx 30% is attributed to night time economy and the rest is youth violence. ME concluded that 78% of violence happens behind closed doors which makes it difficult to tackle by conventional policing. ME added most violence acts are committed involve the use of drugs or alcohol or there are mental health issues involved, and this can be underpinned by health, wellbeing, education, legislation and environments. ME advised the cost of negative outcomes linked with late intervention is approx £199 million which include persistent absentees, looked after children, children in need, youth substance misuse and youth justice system.

ME noted there is an Early Intervention Foundation sponsored by the Cabinet Office, and from this an Early Intervention Academy has been founded which ME is a member. The Foundation has access to vast analytical resources and ME has completed some research about the generational cycle, a domestic abuse situation witnessed by a child will cause trauma in their brain which leads to negative anti social behaviour, then in later life domestic abuse will occur within their own family setting. Work needs to be completed on breaking this generational cycle, as 28% of domestic violence will reappear generationally. ME also looked at 1000 children who have been subject to a pre court outcome and 40% of those have had a social care assessment which found the majority had been exposed to either domestic violence, emotional abuse or neglect. The key to breaking this cycle is to have a linked up approach in all areas of intervention and engagement with children from families of victims and perpetrators:

- By using common systems for case management to avoid duplication.
- To have integrated services and points of access which would lead to high risk cases being dealt with by specialist services and low to medium risk being dealt with by multi agency hubs.
- To be proactive in areas such as, community events,
- Using combined funding to get youth mobilised,
- Having integrated specialist and community teams, enhancing identification of those at early risk and contributing help to the Early Help teams.
- Work with youth offending service, by having a triage system in a place that will highlight if there are other interventions currently taking place with that particular family so young people are not criminalised unnecessarily.
- To have an outcomes on conditional discharge, to ascertain the root causes of how young people enter a custody setting.

ME added the Health and Wellbeing Board can be driver for this work. ME will circulate a list of workstreams he is currently working on to the group.

**Action: ME**

PL will circulate ME's presentation to the group.

**Action: PL**

JC noted there is a barrier to having pooled investment in prevention and early intervention models. ME agreed and added if budgets were pooled this would be beneficial and it needs to be discussed at major board meetings across the county. JC agreed to raise this question at next Health and Wellbeing Board meeting.

**Action: JC**

ME added there are a lot of low cost high interventions available that are not being explored, but these can't be put into place without the pathways being agreed. ME raised concerns about the number of referrals into social care as there is nowhere for these referrals to go and it would be beneficial if a mapping exercise could be completed on the services that are currently available and the strategies we are all seeking to achieve. JC asked ME if he can become a member of the Task and finish group for priority one, ME agreed.

PH advised work has been ongoing within Northampton to tackle rough sleeping. A workshop was held in February and was well received. This initiative involves working with housing and services helping people to deal with addictions, and NBC have employed two outreach workers who have helped people get back into housing or reconnected with the families or country of origin. On the 29<sup>th</sup> April another workshop will be held and PH hopes that there will be an agreement to a new plan for rough sleeping within the town.

## **7. Working With The University: Community Profiles**

SCS gave the group an overview of the Community Profiles work being completed by the University. SCS is the Director for the Collaborative Centre for Built Environment at the University of Northampton. Recently the government has put more focus on the built environment, a consultation project was completed in 2013 and the recommendations in the report are that there needs to be more focus on the quality of build and design within the environment. The university has focused on its Social Impact Strategy and one of the four challenges is to make Northamptonshire one of the leading counties in to country for health and wellbeing.

The projects below are currently being run by the University:

- University Town Project is trying to explore what does it mean for Northampton to become a university town.
- Urban Room which is a place alliance project to make the future of the place and present more involved within the community and for these communities to meet and discuss what kind of place would they like to live in.
- Becketts park to be developed as a wellbeing gateway.

The aim of this course is to raise the awareness of the place and the communities that exist, by enabling the students to complete community profiling and community engagement proposals. A community profile contains the physical and historically elements, housing, areas of deprivation, transport, new developments, health crime, education and community opinions which are collated and analysed. Two community profiles have been completed in Upton One and Kings Heath and both communities are lacking some provisions with the key ones being education. The major difference between these two communities is Upton One was built in the 2000's and is one of the most prosperous, whereas Kings Heath built in the 1940's and is one of the deprived areas of Northampton. The aim of this profiling is to see how the feeling of belonging from these two communities can be captured and build a base for further analysis.

SCS hopes that the community profiling project can be continued at for other areas within Northampton and for an image to be built of Northampton as a whole. KM asked SCS to

come this meeting to highlight this resource within the University and to help nominate future areas for this project. ME will liaise with SCS about using this work in the North East of Northampton as it would be beneficial it getting a community hub up and running.

**Action: ME**

SCS asked those attending to contact her if they would like more information about the community profiling completed. KM will liaise with SCS about linking the work completed into the Health and Wellbeing Strategy and JSNA.

**Action: KM/SCS**

## **8. Work Going on in Spring Boroughs**

AC gave the group a presentation about the work being completed in the Spring Boroughs area. Spring Boroughs is in the centre of Northampton, due to the rising population there is huge pressure on this area and is one of the most deprived communities within the county. The whole of the environment was designed with the aim to reduce anti social behaviour, but now the new generation would like to have more open and green areas, as 95% of the housing in spring boroughs are flats or maisonettes with no gardens or green play areas.

AC is the chairman of Spring Boroughs Neighbourhood Forum and they have produced a neighbourhood plan, to find the priorities for the community. The main priority identified in this plan is for residents is to have houses with gardens and for play areas for their children. There is also a local residents association, but there tension between different cohorts of the community, although all cohorts have agreed to the neighbourhood plan in a referendum held on the 10<sup>th</sup> March. The forum is starting to look at having their own Community Development Trust, but this is proving difficult as the land is owned by Northampton Borough Council and Northamptonshire Partnership Homes. There are lots of grants and funding available to build your own houses or take over management of housing stock.

## **9. Veterans Support – Follow-Up**

JF gave the group an update on veterans support. Armed Forces Day is on the 25<sup>th</sup> June and the County Community Covenant Group for Northampton are taking on responsibility for organising events for the day, but JF asked all organisations present to help with the communications and promotion for this.

**Action: ALL**

## **10. First For Wellbeing (FFW) - Update**

FB presented an update on FFW and re-iterated FFW is not a crisis organisation it is a preventative organisation. FFW went live on the 1<sup>st</sup> April, receiving ten calls on the first day and several calls within the first week, with some people opting to proceed with a 60 minute assessment after their initial assessment. The customer website has been launched along with the assessment tool, at the end of the assessment a list of priorities will be given to people to decide if they wish to continue.

There are three wellbeing co-coordinators in place and FFW will be sponsoring the Northampton leg of the Women's Tour. Three GPs are also currently interested in referring appropriate patients to FFW, and Wellbeing advisors will be able to use their GP practices to complete wellbeing assessments. JF advised at her locality Board meeting some GP's expressed interest in joining FFW but had not received any further information. JF to send FB the contact details for these GPs and FB will follow up.

**Action: JF/FB**

JF will meet with CT and Sarah Ward to discuss the Northampton locality.

**Action: JF/CT/SW**

Posters and ZCards will be distributed to practices during the next few months. If anyone would like posters or ZCards contact FB and FB will arrange the delivery. FB advised FFW is open to having surgeries at any provider or voluntary sector setting as long as there is an internet connection and a confidential area.

FB noted the self assessment tool will be online soon, and engagement with the housing authorities will be during the year. FB advised providing the patient signs the consent form, data can be shared with a provider where the patient wishes to pursue an identified priority. FB will bring an update on the analysis of numbers in six months time.

**Action: FB**

Wellbeing advisors will be visiting shops, libraries and voluntary services about advising how we can help in their localities. FB to liaise with ME about FFW visiting people detained in custody suites during the morning hours.

**Action: FB**

### **11. NBC Wellbeing I.T. System**

PH gave the group a presentation of the Northampton Borough Council's Wellbeing system. There is Northampton Wellbeing Partnership which has over 50 agencies, and is procuring a new IT system, to enable more joined up/partnership working and to coordinate discharge plans. This new system will dramatically change the delivery of services in Northampton, by having case management, support planning, progress and integration of service in one area. The services involved will be housing advice, homelessness, private sector housing enforcement, Northamptonshire Partnership Homes. NBC will buy the Capita System and offer free to all partners, it will be tested in November/December and is expected to go live in January 2017. PH will give an further update at a future meeting on how this system will link into with FFW.

LB advised that proper data sharing and integration of services is the only way to make progress, but LB raised concerns that there will be duplication of services and wasted resources when organisations are developing their own individual systems. JC to raise at the next Health Wellbeing Board meeting, the question why there are separate systems for wellbeing within the county.

**Action: JC**

### **12. Challenges re 111 Service**

LJ confirmed that Adult Social Care take 45k calls a year and this is rising this year by 8k, and the customer service centre line is open from 8.00 am to 6.00 pm, and it is proposed to move to a seven day service and would like to consider using the 111 service as a holistic point of contact. The 111 service is commissioned by the CCGs, but 111 could be combined to enable ASC to use 111 as a first point of contact. JC to raise this at the next Health Wellbeing Board meeting.

**Action: JC**

### **13. Forum Priority 1 Update - Improving the aspirations and self esteem of young people, in the 11 – 15 year age group:**

KM gave the group update from the Priority 1 Task and Finish Group. There have been two meetings of this group, and are currently mapping what is available countywide and localise this within Northampton. KM will give an update at the next meeting.

**Action: KM**

#### **14. Forum Priority 2 Update - Improve awareness and reduce the increase of cardiovascular mortality within Northamptonshire:**

DN is the Chair of this Task and Finish Group and gave the group an update on progress. This group is looking at high mortality from cardio vascular disease which is particularly high in Northampton. Look at ways of reaching the patient before they reach crisis, one way is by using NHS health checks and to raise the awareness of NHS health checks, to primarily find patients who are deemed high risk and getting them on a pathway to change unhealthy behaviours. This would be done by getting patients to complete a Q-Risk score, and gives a risk of having a heart attack or stroke within the next ten years. This group is proposing to look at encouraging general practices who are already completing NHS health check to complete more, and to ascertain why some general practices within Northampton are not offering NHS Health Checks and to see whether another provider could complete these health checks for their patients. KM advised there are national campaigns throughout the year to highlight the causes of heart disease and it would be beneficial to piggyback on to these. KM to discuss this with Public Health colleagues.

**Action: KM**

JC asked all three priorities to be discussed at length at the next meeting. PL to arrange.

**Action: PL**

#### **15. Forum Priority 3 Update - Improve health and wellbeing outcomes for local people 65+:**

JC advised there has been a proposal to change priority 3 to:

*The group should consider development of programmes that support: Improve health and wellbeing outcomes for local people 65+ and create a template to function as a user led key information sheet to share with wider stakeholders.* The forum agreed to this change.

LJ gave the group an update on the work carried by the Priority three task and finish group. There is a wide variety of partners sitting in this group and this group is looking at having key information/crib sheets, for all agencies and producing a standardised template that can be used across Northampton by all agencies. LJ hopes to bring a proposed a template to the meeting in October.

#### **16. Northamptonshire County Council Specialist Public Health Team Update**

KM advised week commencing 18<sup>th</sup> April there is a 'Get Connected' campaign (see link below) which is about trying to get connect people and reduce social isolation [www.northamptonshire.gov.uk/getconnected](http://www.northamptonshire.gov.uk/getconnected) Public Health have commissioned a website to get HIV testing kit available online.

#### **17. Any Other Business**

JC will discuss the issue of not having any representatives from the acutes at these meeting with the Chair of Voluntary impact Northamptonshire and the Chairs of the Acutes.

**Action: JC**

JF advised there is a Supporting Mental Health and Wellbeing event on Wednesday on 20<sup>th</sup> April 2016, at Northampton Library. JF will circulate electronic copies of event literature to the group. The event is mainly focused on mental health and addiction.

**Action: JF**

#### **18. Date of Next Meeting**

The date of the next meeting will be on the 14<sup>th</sup> July at 1.30pm in Francis Crick House, Moulton Park, Northampton.