



**LSP Board Meeting, 18 March 2014
Daventry District Council
10.05am – 11.30am**

Partners Present (* denotes voting member)

Tania	Ash	Northamptonshire Police
Michelle	Aveyard	Northamptonshire County Council (Public Health)
Simon	Bovey	Daventry District Council
Carella	Davies* (Chair)	Daventry Volunteer Centre
Rob	Emery	Daventry & District Housing
Barry	Hansford	Northampton College
Will	Heckford	Everyone Active
Cllr Alan	Hills*	Daventry District Council & Northamptonshire County Council
Ciara	McMillan*	Daventry & District Housing
Tony	Meadows	Northamptonshire County Council
David	Perrin	Northamptonshire County Council
Maria	Taylor	Daventry District Council
Louise	Tarplee	Nene Clinical Commissioning Group
Roz	Tidman	Daventry District Council
Sarah	Wilson	Bromford Housing

1. Welcome, Introductions, Apologies and Declarations

Carella Davies welcomed everyone to the meeting.

Apologies were received from: Cllr Liz Griffin (DDC), Joint Planning Unit, Suzanne Shead (Bromford), Warren Ellison (Northants Fire & Rescue Service), Sally Dismore (Moulton College)

Carella Davies declared an interest in item 6, as Manager of Daventry Volunteer Centre.

Cllr Alan Hills declared an interest in item 3, as a Member of Northamptonshire County Council.

2. Minutes of the Previous Meeting – 17 December 2013

a) The minutes were agreed as an accurate record.

b) Matters Arising

EMAS – RT advised that, despite lengthy searches, there was a lack of information about the outcomes from EMAS 'Being the Best' consultation

on their website. However it did appear that movement of the Daventry ambulance station would be in the last tranche of changes. Any further information that could be found would be forwarded to the Partnership

Disabled Basketball Sessions – CD confirmed that information on the taster sessions had been circulated to the voluntary sector. AH advised that the events had been well attended. WH added that 20 people attended the first session, which was positive. Of those approximately half came from the district. A further session was being planned for May and it was hoped to launch a disabled basketball club in the near future.

3. Community Prevention and Wellbeing Services

TM gave a presentation on NCC's Community Wellbeing Services.

NCC was looking at how to make the best use of funding. Consultation started in June 2011, with responses indicating that people wanted more locally based provision. Originally it was intended to go with a whole family approach, but subsequently it was split into various parts etc. children's centres, adult work. Prevention services for adults was due to go live in early 2014, however the agenda had now changed and work was underway on a joint specification with Public Health, Police and Crime Commissioner and Clinical Commissioning Groups delivering services to communities in seven borough and district localities. By having a single commissioning pot this would avoid duplication as, invariably, the same clients would be involved. TM acknowledged this approach was challenging.

A holistic assessment for individuals was envisaged; to bring partner organisations together to provide support for that person. Community organisations would be required to work together, however one lead organisation (or hub) would have to submit a bid. The bid would need to demonstrate that all resources in the community would be used.

It was expected that the hub would include care management to replace the current FACS (fairer access to care services) criteria, supporting individuals to make choices.

Currently there was flexibility in who qualified for funding (NCC categorise most vulnerable clients as high and low). NCC is one of only two national providers who will have to broaden these criteria, however due to a change in legislation this categorising of clients will no longer take place and NCC will have to meet needs of all vulnerable clients.

Wellbeing checks are also expected to be a feature of future provision through localities, along with monitoring and referrals for more support. There will be a wide brief to support individuals holistically.

TM commented that this was an ambitious project that would bring about significant change. There would be a fixed delivery timescale. The specification was being fine-tuned now, for release in April 2014 with the contract going live in October 2014. This would be a big transition in the way services will be delivered to the community.

TM stressed that NCC were not saying that when the contract went live in October all services had to be in place from day one. As long as a project plan was in place, with milestones and timescales, services could be phased in. He

added that additional funding may not be available for some services until later in the year eg. mental health funding from April 2015. The duration of the contract would be four years, which was the maximum for this type of framework. The specification would enable framework commissioning, so elements can be added on later without the need for further formal procurement.

Nationally the way community wellbeing services were funded was changing, with clients having more control, not just personalisation and personal budgets. If NCC delivered services in a different way it could make those services more sustainable. Locality working could attract self-funders who currently spend their own money elsewhere. Self-funders were currently worth £450m countywide.

CD thanked TM for his contribution and questions were invited.

SW asked what was in place now in terms of public health and who were the current providers?

TM advised that NCC would be providing this information next week on their website. A directory of attendees from the 4 March event would also be available, along with presentations and feedback from the afternoon workshops.

BH questioned how NCC would 'quality assure' non-statutory organisations?

TM advised that the lead provider would be responsible for monitoring. He considered that monitoring/governance could be done by the local Health and Wellbeing Board to ensure arrangements are fit for purpose. Volunteers could become experts by experience to feed into the process.

CM asked if a consortium submitted a bid, would it get through the PQQ process without three years of accounts?

TM confirmed it would, adding that the financial requirement had been modified so that newly-formed organisations could get through. Whilst large organisations could not be excluded from the bidding process they would need to demonstrate they were integrated fully with the local community. It would be difficult for national organisations, such as Capita, to demonstrate this in the given timescale, therefore they would not be in a position to make a strong bid. Local organisations already had the links in place.

CM asked for clarification on where the risk would lie, if a contract failed. Would this be with the lead provider?

TM confirmed this would. DP added that ultimately the statutory responsibility remained with NCC. TM stated that, in reality, the successful bidders would need support from NCC in the early stages due to the significant change in culture. AH commented that excellent communication, information and strong leadership were essential parts of the process, adding that it was important that there were no gaps in provision if those commissioned to provide the services were not successful. TM advised the strength of the commissioners were analysed, in part, by the examination of the bids. NCC wanted a realistic presentation from those bidding and were not expecting all services to be delivered from day one.

With regard to existing providers, NCC had been working with them for some time on the impact of the changes and developing exit strategies to maintain support for individuals if funding for a service came to an end.

SB commented that there was a need for local leads that could co-ordinate and work with partners. Bodies proper at a local level were very important.

MT sought partners views on the potential approach of moving forward jointly.

CM advised that the Health & Wellbeing Partnership Board considered that DDC going for the lead was the most realistic approach, as the Council had the experience of commissioning services. From a DDH point of view, as they were part of a larger housing group there was a need to look at this strategically, so she was unable to say “yes, it’s the right approach” until they had seen the specification. CM confirmed that DDH support of partnership working would not change.

SW confirmed that Bromford did want to work in partnership and supported DDC taking the lead.

CD also confirmed that the voluntary and community sector were also looking at the Council to take the lead on this.

CD thanked partners for their questions and suggested this item be carried over to the next meeting for further discussion. **Action: Roz Tidman**

4. Health & Wellbeing Partnership Board

CM updated the meeting on progress since the last LSP Board meeting.

A development session had been held looking at what the Board had achieved. An end of year report had been created highlighting what had been delivered during the last 12 months using partners existing resources and capacity.

The March meeting finalised three key themes for 2014/15 and it was planned to submit funding bids for a number of projects.

Task and finish groups had been formed to develop projects covering Welfare Reform, Wise & Well, Healthy Eating, Mental Health and Wellbeing, and Neurological Rehabilitation. Each would be led by different partners and project plans were being developed with measurable outcomes. Rather than following health trends the Board wanted projects that could contribute to those figures, to show they were making a difference.

One big concern at the last meeting was the cardiac rehabilitation unit at Danetre Hospital, which was seen as a local priority.

The Board were proactively lobbying the County Health & Wellbeing Board, and it had been minuted that local concerns should be taken on board. Pre-meetings with local fora chairs would now take place before the County Board agenda was issued to ensure local views were heard and items included on the County agenda.

CM added that the District/Borough representatives, particularly Cllr Chris Millar, on the County Board had been putting views of the local fora across.

MT advised that Janet Doran, NCC Assistant Director for Place, Transformation & Wellbeing, had visited all district and borough councils. Her remit also included Community Safety. The need for more links between local Health &

Wellbeing Boards and the County Board had been recognised by NCC. RT advised that Janet Doran had been invited to the next LSP Board, along with Dr Akeem Ali, Director of Public Health. MA advised that concerns had also been expressed, at a recent meeting she attended, about the lack of two-way dialogue between the Boards. Adding that Daventry had been promoted as a good model of a Health and Wellbeing Board. She understood that there were still some areas resistant to change.

SB commented that there was good energy in the local Health & Wellbeing Board, adding that it was good that pre-meetings were in place between local fora and the County Board, but the next challenge was to get a place on the County Board itself. CM confirmed she was up for the challenge!

5. 2014 Community Strategy

RT presented the revised Community Strategy for 2010-2016. During the 12 week consultation period 169 responses had been received. Taking into account the comments received a number of amendments had been made to the document, including a statement as to why the Strategy had a Vision.

No significant changes had been made to the Health and Wellbeing and Economy, Learning, Skills & Employment priorities however the Protect and Enhance our Environment priority had been significantly revised as the consultation responses revealed negative comments about the use of 'climate change'. This priority had been re-focused to a more local level, reflecting what action individuals, organisations and the partnership could make on environmental outcomes.

Actions Plans had been included in the document for each priority, listing projects for each objective and who would be leading on those.

The Strategy would be presented to the District Council's Strategy Group on 10 April 2014 before going to Council on 4 June with a recommendation for adoption.

6. Voluntary and Community Sector Update

CD advised that funding for the Brushes and Spades Project, managed by the Daventry Volunteer Centre was due to finish in March leaving an uncertain future. The Northampton Centre had put in a bid for commissioning for infrastructure and should know in April if it had been successful. If they were then they would be looking for LIOs to deliver, but with reduced funding. Locally this would mean the Daventry Centre having a significant reduction in funding. CD added that core funding was essential to enable services to be delivered.

7. Any Other Business and Information Exchange

SB advised that the Local Enterprise Partnerships for the area (NEP and SEMLEP) were finalising their Strategic Economic Plans (basically a list of development projects) for submission to Government. Representatives of SEMLEP, including Cllr Chris Millar, had met with Ministers to promote funding for projects including the Daventry Development Link.

The public examination into the Joint Core Strategy had reconvened. It was expected to finish on Friday 21 March.

As Chair of the Northamptonshire Local Nature Partnership SB had attended the annual Ministerial Event in London when the Partnership's 'Green Glue' strapline had been referred to by the Minister. It was hoped this would be used widely in Government circles and raise the profile of Northamptonshire and hopefully Daventry.

AH reported on the recent launch of Stagecoach's new fleet of nine buses, which would be used on current and new routes in Daventry. £1.35m had been invested by the company.

BH advised that the College were working with the LEPs and other organisations on a funding bid for a new college in Daventry, next to the UTC. Outcome from the bid was expected by the end of April. If successful it was hoped to develop the new buildings quickly.

WH reported on the inaugural Womens Cycling Tour taking place from 7 – 11 May 2014. Starting in Northamptonshire the first two stages would take the cyclists through the district and this opportunity would be used to promote events such as the Cycle Fest and cycle routes. It was hoped that a children's event would take place at Althorp, which formed part of the first stage, on 7 May.

MT advised that the Daventry & South Northants Community Safety Partnership would benefit from £78,000 funding from the Police & Crime Commissioner during 2014/15. A significant amount of work had been undertaken by the Partnership on Domestic Violence, which had seen a reduction in repeat incidents. CM asked whether the potential loss of funding for Women's Refuge would have an impact on this. MT advised that the Partnership had asked for an impact assessment.

DP advised that the tenders for supporting services for children and young people had been assessed, moderated and approved. The bidders would be notified shortly, there would then be a 10 day challenge period before they were published.

Children's Centres bids had now closed. Assessment and moderation due to take place.

Everything was still on schedule to go live on 1 August.

8. Dates of Future Meetings

10 June 2014

16 September 2014

16 December 2014

All meetings 10am – 12 noon, Committee Room 1, Daventry District Council offices.