



LSP Board Meeting, 10 June 2014
Davertry District Council
10.05am – 11.40am

Partners Present (* denotes voting member)

Carella	Davies* (Chair)	(CD)	Davertry Volunteer Centre
Simon	Bovey	(SB)	Davertry District Council
Sam	Dobbs	(SD)	Northamptonshire Police
Cllr Elizabeth	Griffin*	(EG)	Davertry District Council
Cllr Alan	Hills*	(AH)	Davertry District Council & Northamptonshire County Council
Andrew	Jepps	(AJ)	Northamptonshire County Council
Ciara	McMillan	(CM)	Davertry & District Housing
Jill	Stokes	(JS)	Bromford Housing
Roz	Tidman	(RT)	Davertry District Council

1. Welcome, Introductions, Apologies and Declarations

Carella Davies welcomed everyone to the meeting.

Apologies were received from: Barry Hansford (Northampton College)

There were no declarations of interests relating to the items on the agenda.

2. Minutes of the Previous Meeting – 18 March 2014

a) The minutes were agreed as an accurate record.

b) Matters Arising

Sustainable Community Strategy – AH advised this had been approved by DDC's Full Council.

3. Integrated Wellbeing

AJ gave a presentation on NCC's partnership working in the area of public health.

He gave a brief overview of the history of public health, which had been within the NHS environment until April 2013 before being brought into local authorities. Since the public health team moved into NCC substantial changes had been made to bring in new skills. The team assist the Director of Public Health & Wellbeing to determine, independently, the public health requirements for Northamptonshire.

A public health report was produced annually by the Director. Previously these had been very lengthy and technical documents, this year's report was concise, with minimal facts, but suggestions on how to improve health. A more user-friendly document.

The Public Health Team also promoted health and health improvement through the commissioning of services and partnership working; health protection, working with Public Health England on the prevention of communicable diseases; and provided health advice to local authorities and the Clinical Commissioning Group.

The Team had four outcomes:-

- Improve the wider determinants of health.
- Health improvement – lifestyle behaviours and choices.
- Health protection.
- Health care, public health and preventing premature mortality.

The Health and Wellbeing board was a sub-committee of NCC, but was also a partnership working body. It had no decision making powers, but was an influencing body bringing together local organisations, in particular commissioners.

The Director of Public Health & Wellbeing was supported by three Assistant Directors covering Specialist Public Health; Customers, Culture & Place; and Integrated Wellbeing.

Adult Wellbeing Services – the Team recognised the work already being undertaken in local authorities, NHS and other organisations. It was proposed this work would be carried out via community hubs, bringing together wellbeing, integration and developing partnership working. Implemented by a single provider in each locality this would remove duplication, develop at scale and provide parity of esteem for physical and mental health.

'Wellbeing' was a key principle. The biggest disease burden in the western world was mental health. There were many underlying causes that impacted on good health, including lifestyle factors. The individual choices of people were important, people made those choices in an environment; where you live and work had an impact. Good wellbeing led to improved physical health.

With regard to adult social care, it was important to reduce social isolation by connecting and empowering people. This could be achieved by providing easier access to local support, specialist knowledge and skills.

The Healthier Northamptonshire model aimed to enable people to stay in their homes, independently, for longer.

Interpersonal violence was a big challenge which needed commitment for funding by partners.

CD thanked AJ for his presentation and invited questions from the Board.

SB commented that the financial health of organisations, and the health sector, was a challenge. Health and wellbeing was influenced by the environment and economy.

AJ advised of a proposal around integration, particularly around health and social care. Ministers were keen on the Better Care Fund, but AJ did have some concerns, he considered the Fund was good for the individual but may not be good for the organisations involved. He added that the rationale for integration was very strong, but challenging. NCC Cabinet would like fully pooled budgets and commissioning across adult social care and public health

SD commented that mental health crises were being dealt with by the police more often and asked how this could be reduced and what support was in place when crises occurred. He added that the triage car was a very useful asset but there was a need to commission additional out of hours support.

AJ advised that various solutions had been looked at. He acknowledged the reduced level of support out of hours but added that, from the data provided, there were not many call outs in the early hours. However, operating hours were being reviewed.

With regard to prevention, secondary care, self-help and group support at a lower level would help prevent incidents occurring. If the general wellbeing of people improved as a whole, this would reduce the number of crises.

SD suggested, in respect of commissioning of services, contracting should not be Monday to Friday, 9 to 5, but include out of hours support.

AJ advised that the commissioning of services was carried out by the Nene Local Commissioning Group. Not all services were nine to five, some had been extended into early evening.

CM added that there was a push during the commissioning process for extended hours, and agreed that it was important to look beyond nine to five on all prevention.

AH commented that prevention had been referred to many times, but every time it was discussed it always came down to funding levels. From a finance point of view the situation would get harder, community organisations were already struggling. Lack of support during weekends, and the difficulties in getting appointments with GPs added to the problem; with people often going straight to A&E. He added that out of hours provision needed to be addressed alongside improved access to GPs. Summarising AH commented that joint provision of services was good, but it needed adequate financing.

CD advised that the voluntary and community sector were picking up a lot of the slack, but were also suffering budget cuts.

CM asked when the Community Wellbeing Service tender would be published. AJ advised this should be available on 16 June.

SD reported on a recent visit to Daventry by the Police and Crime Commissioner who was supportive of the approach to prevention by NCC.

4. Community Wellbeing Services

RT updated.

DDC were considering leading on the tender with RT coordinating a partnership bid. A report would be considered by the Council's Senior Management Team on 23 June

before being submitted to Strategy Group.

RT stressed that the District Council were not empire building, but wanted to work with partners. Support for DDC to lead had been previously endorsed by LSP partners.

Workstreams had been developed on mental and physical health, and social wellbeing.

CM added that the key point was the provision of a seven-day service, but being able to access all services seven days a week would be the challenge.

5. Health & Wellbeing Partnership Board

CM updated.

Key themes and projects, led by partners, had been agreed. The Board had fully supported DDC as the lead for the Community Wellbeing Services tender. A meeting had been held with Tony Meadows from NCC to fully understand what the tender would mean.

At the last meeting there had been further discussion on the cardiac rehabilitation unit at Danetre Hospital. Nene Commissioning had stressed they were looking at a review of such services across the county, looking more at community level support, which could be positive for Daventry. However they did add that there were clinical reasons for the removal of the unit from Danetre, in addition to the funding reasons.

Louise Tarplee from Nene Commissioning was leaving the Board, as she was moving to Kettering to take on the role of project lead for the Nene Community Hubs. Louise had been asked to give a presentation on these to the Board.

After lobbying the county Health & Wellbeing Board, chairs of local boards had met County Councillor Robin Brown who had committed to meetings with them before every county meeting. There would be a separate template for local fora to feed into the county Board. These reports would not just be for information; they would state what outcomes they wanted from the county board. A support officer had also been appointed to be a central point of contact and support for the local fora.

Local fora chairs and supporting officers could continue meet outside of meetings with County Councillor Brown to share information.

SB questioned that as the county board was purely advisory, how would it influence expenditure?

CM advised that the Healthier Northamptonshire initiative was pushing the spending. The Health & Wellbeing Board would be more advisory on local issues, if the seven local fora joined together to promote an initiative to the Board this would stand a better chance of being supported by Healthier Northamptonshire. She added that Nene Commissioning engaged strongly with the Daventry Health & Wellbeing Board.

AH asked if there had been any discussion on the Government statement on decentralisation. He added that there was a good facility at Danetre and acknowledged that discussions were continuing in respect of the cardiac rehabilitation unit, but people were still being referred to Northampton or Kettering. He added that the Daventry Health & Wellbeing Board should continue pushing for the reinstatement

of the Unit.

CM confirmed that decentralisation had been discussed at the meeting.

EG commented that to improve people's wellbeing, services should be provided locally.

SD questioned whether the county Board understood that Daventry residents did not have an automatic connection with Northampton or Kettering general hospitals, as they did with Daventry.

CM advised that there was a need to be realistic about what the Health & Wellbeing Board could do.

6. Annual Report and Performance Review of the 2009 Sustainable Community Strategy

The Strategy had been agreed by the LSP Board at its last meeting and approved by DDC's Full Council on 4 June.

RT summarised the achievements over the last three years of the Strategy.

There had been very good support from partners for the Wise & Well events that had taken place across the district, with an average of 400 members of the public attending each one.

The Daventry cyclefest, started in 2012, continued alongside promotion of cycling via updated cycle maps, information on the Council's website and the extension of the old railway line cyclepath to Middlemore.

The Canal Volunteer Scheme had been a great success, working in conjunction with TCV (The Conservation Volunteers) with 140 volunteers taking part.

The Big Poppy Plant was another success, with over 30 communities, approx. 100 volunteers, taking part. This linked to a number of WWI commemoration events being held by the District Council organised by Alice Ellis and Della Butcher. The LSP Board thanked Alice and Della for their support and involvement in this project. A number of communities were looking at meadow planting so the LSP would focus on this next year.

RT outlined the provisional performance indicators for the LSP themes.

Overall performance was positive, though there were some concerns relating to childhood obesity levels and business survival rates. Performance in terms of the Protect & Enhance the Environment Theme could be improved, particularly in respect of recycling.

7. Any Other Business and Information Exchange

AH advised that the third Daventry Triathlon would take place on 31 August. Numbers taking part continued to increase, and participants came from across the country and abroad.

The Family Cinema evening, organised by DDC and Daventry Town Council, would be taking place on 26 July at Daventry Country Park.

SD advised that Chief Inspector Tom Thompson would be attending in the absence of

Sector Inspector Helen Pritchett.

Cuts of £28m had to be made to the policing budget; £2m had been earmarked from sergeants in rank, which would lead to a reduction in officers.

The Locality Identified Solutions and Practices (LISP) concept was going quite well. A presentation had been made to the PCT and ACPO Team, which had been well received.

The Police & Crime Commissioner was promoting the use of special constables, cadets and volunteers in rural areas. SD commented that recruiting to these posts could be difficult. The Police are working with Daventry Volunteer Centre to recruit locally.

The Commissioner was also looking at youth issues and had spent some time in Daventry walking with PCSOs and visiting the local youth club. He commented positively on the personable and meaningful contact the Police had with young people.

The Pub Watch Scheme could be more effective and the Police were looking at additional resources to help support the secretary.

RT advised that the Police & Crime Commissioner was scheduled to attend the September meeting of the LSP Board, so the focus for the meeting would be crime. LSP partners were invited to submit questions, in advance, to Roz. **ACTION: ALL**

8. Dates of Future Meetings

16 September 2014

16 December 2014

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