

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House, Nottingham on 25 July 2018
from 2.04 pm - 3.51 pm

Membership

Voting Members

Present

Councillor Sam Webster (Chair)
Hugh Porter (Vice Chair)
Dr Marcus Bicknell
Hazel Buchanan (as substitute)
Alison Challenger
Martin Gawith
Helen Jones
Councillor David Mellen

Absent

Councillor Cheryl Barnard
Councillor Carole McCulloch
Alison Michalska
Gary Thompson (sent substitute)
Samantha Travis

Non Voting Members

Present

Tim Brown
Leslie McDonald
Gill Moy
Jane Todd
Caroline Shaw

Absent

Supd Ted Antill
Lyn Bacon
Wayne Bowcock
Chris Packham
Sam Walters
Andy Winter

Colleagues, partners and others in attendance:

Nancy Barnard	- Governance Manager
Ian Bentley	- Strategy and Commissioning Manager, Nottingham Crime and Drugs Partnership
Helene Denness	- Public Health Consultant
Caroline Keenan	- Insight Specialist - Public Health
Claire Novak	- Insight Specialist - Public Health
David Pearson	- Nottingham and Nottinghamshire Sustainability and Transformation Partnership Lead
Steve Thorne	- Communications & Marketing Manager
Phil Wye	- Governance Officer

16 MEMBERSHIP CHANGE

RESOLVED to

(1) note that Caroline Shaw has replaced Tracy Taylor as the Nottingham University Hospitals NHS Trust representative on the Health and Wellbeing Board;

(2) note that Jane Todd has replaced Louise Craig as a representative of the Third Sector on the Health and Wellbeing Board.

17 APOLOGIES FOR ABSENCE

Councillor Cheryl Barnard
Alison Michalska
Chris Packham
Gary Thompson (sent substitute)
Andy Winter

18 DECLARATIONS OF INTERESTS

None

19 MINUTES

The minutes of the meeting held on 30 May 2018 were recorded as a correct record and signed by the Chair.

20 ACTION LOG

The Action Log was noted.

21 HEALTH AND WELLBEING STRATEGY 2016-2020 OUTCOME PROGRESS HIGHLIGHT REPORT. OUTCOME 1: HEALTHY LIFESTYLES

Caroline Keenan, Insight Specialist, Public Health, and Ian Bentley, Strategy and Commissioning Manager, Crime and Drugs Partnership, delivered a presentation highlighting the following:

Physical activity, obesity and diet

- (a) Nottingham City is not on track to meeting any of the key performance indicators in this area, with excess weight in both adults and children being particularly high;
- (b) a whole-system approach is being developed in order to enable people to make healthier food choices, and physical activity is being recognised as a standalone priority;
- (c) the Sherriff's Challenge set a target for Nottingham schoolchildren to cumulatively walk or run around the world. This has now done three times;
- (d) the tier 2 adult weight management service provision has been decommissioned. An alternative is being sought but this will not be universal and will be more targeted;
- (e) a weight management app is being piloted by Nottingham City, with around 10% of GPs referring into it.

Committee members commented that shops could be encouraged more to stock healthy food, and marketing could be better and learning could be taken from other core cities. GPs also do not have a clear referral pathway for obese adults to the most cost-effective provision.

Safer sex

- (f) targets for under 18 conceptions and HIV late diagnosis are on track to be met, but the target for new sexually transmitted infection (STI) diagnosis is not;
- (g) provision is changing to meet budget pressures, which is challenging as there has been an increase in diagnosis for gonorrhoea and syphilis and emerging issues like drug resistant and new STIs;
- (h) STI figures don't include chlamydia as Nottingham City has historically has had lower rates than statistical neighbours.

Committee members commented that changing culture and attitudes of young people are important and must be taken into account when developing services.

Smokefree

- (i) the number of adults who smoke, routine and manual smokers, and pregnant women who smoke have all reduced. Further work still needs to be done as this still falls short of targets;
- (j) smokefree outdoor public spaces and smokefree hospitals have both been introduced, as well as smokefree policies and capacity building in organisations and at events.

Committee members were supportive of smokefree bus and tram stops across the city. The health risks of counterfeit tobacco should also be emphasised in communications.

Alcohol consumption

- (k) there has been a reduction in alcohol related hospital admissions and alcohol related crime. However, the ability to report alcohol-related crime and antisocial behaviour remains problematic and highly subjective as it relies on police data;
- (l) night time economy violent crime attributed to alcohol has risen over the past 2 years;
- (m) 40 Identification and Brief Advice (IBA) training sessions were delivered to hospital staff during 2017/18, and 1,500 individuals received IBA as part of an intervention plan;
- (n) information and training sessions were conducted at fresher's week at both universities.

Committee members felt that more work could be done around prevention of serving intoxicated people in bars, pubs and clubs. They also felt that reporting around total sales and consumption would be useful, and that the health impacts of alcohol consumption are being forgotten.

RESOLVED to

- (1) sign the Nottingham City Health and Wellbeing Board's Physical Activity and Nutrition Declaration and identify an organisational lead to update on its implementation at the November 2018 Board;**
- (2) support the development of a system approach to eating and moving for health and wellbeing;**
- (3) consider recognising physical activity as a standalone priority and the impact this would have within member organisations;**
- (4) sustain the current level of sexual health service provision targeting high-risk groups as a minimum due to the proportion of young people and BME citizens who are at higher risk of poor sexual health;**
- (5) consider to what extent member organisations actively support the smokefree agenda in line with the Tobacco Control Declaration;**
- (6) continue to run the Greater Nottingham Alcohol Pathway meeting;**
- (7) continue to lobby for health input into licensing;**
- (8) develop a pathway, similar to the drugs pathway, for alcohol related crime.**

22 UPDATE ON SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM

David Pearson and Hugh Porter from the Sustainability and Transformation Partnership delivered a presentation, highlighting the following:

- (a) Nottingham and Nottinghamshire already have a strong foundation of innovation and collaboration but is now moving from a partnership to an Integrated Care System (ICS) with a clear focus on developing a common purpose for the health and wellbeing of the population;
- (b) the vision for the ICS is to provide sustainable, joined up high quality health and social care services that maximise the health and wellbeing of the local population, and eventually integrate health, care and wider public services;
- (c) outcomes and quality are improving and the costs of budgets are reducing, and a process has been agreed to embed and scale up Integrated Personal Commissioning (IPC) for children and adults with mental health needs. Within Nottingham and Nottinghamshire delivery units will be moving to Integrated Care Partnerships (ICPs) underpinned by local care organisations;

- (d) plans for 2018/19 include spreading of initiatives where the evidence is compelling, integrating commissioning and key services, the planning and delivery of enablers, and building leadership and workforce trust and capability;
- (e) in Nottingham and Nottinghamshire, local healthy life expectancy is too low and shows huge variation. In addition, there are high mortality rates for patients with long-term conditions, elderly and frail people spend too much time in hospital, and there are variable cancer outcomes. An ICP provides the opportunity to blend GP, community and hospital capabilities in a single entity to manage the entire care continuum and common resource;
- (f) work is underway bringing multiple teams together with a common language, shared dashboard and clear processes in place to transfer supported patients between care settings. The number of different forms for transfer of care has been reduced from 40 to 1 and the average weekly supported discharges has increased from 180 to 240;
- (g) the F12 project is developing a single set of referral best practice guidelines for general practice, which is already enabling the standardisation of care. Streamlining of referral support services is now being considered to ensure that patients consistently get the right treatment at the right time in the right place in accordance with best practice guidelines;
- (h) work to date has been supported by ongoing engagement with patients and citizens, including three large public events, close working with HealthWatch and the Citizens Advisory Group, and conversations with patient groups.

RESOLVED to thank David and Hugh for the information provided.

23 ANNUAL UPDATE ON TEENAGE PREGNANCY TO THE HEALTH AND WELLBEING BOARD

Helene Denness, Public Health Consultant, introduced the report providing an update of incremental progress toward achieving the Council Plan target of reducing teenage pregnancy rates by a further third by 2019, highlighting the following:

- (a) in Nottingham in 2016, the most recently available data, there was a 16.4% decrease in the number of under-18 conceptions. This is good news, but still higher than the all-England average and against some other core cities;
- (b) under 18 conceptions rates are only lower than the all-England average in two wards of the city;
- (c) young women prefer to attend pharmacies and clinics in the city centre as it is more anonymous and due to stigmas;
- (d) challenges in Nottingham include improving equal access to relationships and sex education, adapted services for a more diverse city, and collection of more timely data;

- (e) the Family Nurse Partnership is a universal service, but has a waiting list of over 60 young people.

RESOLVED to

- (1) **note the actions, progress and risks outlined in the update report on the teenage pregnancy priority of the Health and Wellbeing Strategy;**
- (2) **identify where the Board and/or Board members can support the achievement of the teenage pregnancy priorities within the Teenage Pregnancy Joint Strategic Needs Assessment (JSNA) chapter.**

24 NOTTINGHAM CITY HEALTH AND WELLBEING BOARD STAKEHOLDER EVENT

Claire Novak, Insight Specialist, Public Health, introduced the report providing an overview of the Nottingham City Health and Wellbeing Board's Stakeholder Event, highlighting the following:

- (a) the event was held on Wednesday 6 June at the Council House, and was attended by a hundred people;
- (b) the aim of the event was to improve connectivity with the community and voluntary sector through consultation on Nottingham City's Joint Health and Wellbeing Strategy 2016-2020. It included presentations, stalls, networking, table discussions and a question and answer session;
- (c) response to the event was overwhelmingly positive, with the main negative being that the venue was unsuitable for smaller discussions;
- (d) outcomes from the session will be published on the Health and Wellbeing Board website.

RESOLVED to consider the ways in which the Board can continue to engage with the wider system in future.

25 FORWARD PLAN

The Forward Plan was noted.

26 BOARD MEMBER UPDATES

The Board member updates were noted.

27 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - ASYLUM SEEKER, REFUGEE AND MIGRANT HEALTH

The new JSNA chapter was noted.

28 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DEMOGRAPHY

The new JSNA chapter was noted.

29 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DOMESTIC AND SEXUAL VIOLENCE AND ABUSE

The new JSNA chapter was noted.

30 QUESTIONS FROM THE PUBLIC

None.

31 EXCLUSION OF PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

32 HEALTH AND WELLBEING STRATEGY 2016-2020 OUTCOME PROGRESS HIGHLIGHT REPORT. OUTCOME 1: HEALTHY LIFESTYLES EXEMPT APPENDIX

RESOLVED to note the exempt appendix.