NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 January 2019 from 2.00 pm - 3.53 pm

Membership
Voting Members

Present	Absent
Councillor Sam Webster (Chair)	Sarah Collis
Hugh Porter (Vice Chair)	Councillor Carole McCulloch
Councillor Cheryl Barnard	Alison Michalska
Dr Marcus Bicknell	Samantha Travis
Hazel Buchanan	
Alison Challenger	
Councillor David Mellen	
Catherine Underwood	

Non-Voting Members

Present	Absent
Ian Curryer	Ted Antill
Hazel Johnson	Lyn Bacon
Leslie McDonald	Tim Brown
Gill Moy	Craig Parkin
Jane Todd	Tracy Taylor
Andy Winter	

Cathy Gillet (as substitute)
Andy Macy (as substitute)

Colleagues, partners and others in attendance:

Tracey Ball	-	Public Health England
Jane Bethea	-	Public Health Consultant, Nottingham City Council
Micha Bradshaw	-	Time to Change Champion
Theresa Brennan	-	Nottingham Citizens
Sara-Jane Brighouse	-	Programme Manager, Nottingham City Council
Jeffrey Colen	-	Nottingham Citizens
Rita Figueiras	-	Nottingham Citizens
Elayne Forster	-	Child and Adolescent Mental Health Services
Phillippa Geden	-	Nottingham Citizens
Rhiannon Gray	-	Children's Development Consultant
Sean Meehan	-	Public Health England
Pete Rogers	-	Nottingham Citizens
Donna Stenton-Groves	-	Multi-Systemic Therapy Manager, Nottingham City Council
Steve Thorne	-	Communications, Nottingham City Council

Jane Garrard - Senior Governance Officer

59 MEMBERSHIP CHANGE

RESOLVED to note that Tracy Taylor has replaced Caroline Shaw as the Nottingham University Hospitals NHS Trust representative on the Health and Wellbeing Board.

60 APOLOGIES FOR ABSENCE

Lyn Bacon (Cathy Gillet attending as substitute)
Sarah Collis
Alison Michalska
Councillor Carole McCulloch
Craig Parkin (Andy Macy attending as substitute)

61 DECLARATIONS OF INTERESTS

None

62 MINUTES

The minutes of the meeting held on 28 November 2018 were confirmed as an accurate record and signed by the Chair.

63 ACTION LOG

The action log was noted.

64 PREVENTING MENTAL ILL HEALTH IN NOTTINGHAM CITY

Marcus Bicknell, lead for mental health at Nottingham City Clinical Commissioning Group, introduced the item on preventing mental ill health.

Pete Rogers, representing Nottingham Citizens, informed the Board that mental health was the number one priority for people who participated in the listening activities that Nottingham Citizens organised in late 2018; and that Nottingham Citizens is keen to work with the Board and its partners to improve mental health and wellbeing in the City. Other representatives of Nottingham Citizens spoke about the importance of mental health to them.

Jane Bethea, Public Health Consultant Mental Health Lead, gave a presentation about mental health in the City. She highlighted the following information:

(a) One in four adults experience a diagnosable mental health problem in any given year. In Nottingham this would be 64,539 adults. This is likely to be a conservative estimate given the features of the population.

(b) Approximately one in a hundred people have a serious mental health condition. In Nottingham this would be 3,253 people.

(c) 10% of children aged 5-16 years have significant mental health difficulties. In Nottingham this would be 4,243 young people.

(d) A fifth of women under 24 years of age report 'ever' having self-harmed. In Nottingham this would be 12,407 women. In addition to the direct impact of self-harm, it is also a risk factor for suicide.

(e) People with a serious mental illness die at least 15-20 years earlier than the general population. This lower life expectancy is due to factors such as lifestyle and diagnostic overshadowing.

(f) Multifaceted issues affect mental health and wellbeing, for example traumatic and stressful life events. A good learning environment is also important for children and young people. Education experiences, for example starting university can often be important times of transition in a person's life and this can be a factor that affects mental health and wellbeing.

(g) Stigma and discrimination are significant issues. Effective primary prevention needs people to be as comfortable having conversations about mental health as they are about physical health.

(h) Time to Change is a national programme to change public attitudes about mental health. It aims to empower people to challenge stigma and speak openly about their own mental health and change attitudes and behaviours towards those with mental health problems. In March 2018 Nottingham was successful in bidding for £25,000 to set up hubs for 18 months, with £10,000 reserved for small grants to support community champions.

(i) In Nottingham Time to Change is focusing men, African and Caribbean communities and local employers. Targets for recruiting community champions and engaging employers have already been surpassed.

Micha Bradshaw, a Time to Change Champion, spoke about her experiences of mental health and highlighted that most people will be affected by mental health issues either directly or indirectly during their lifetime.

Andy Winter, Director of Campus Life University of Nottingham, spoke about issues affecting the mental health of students and the support available to them. He highlighted the following information:

(j) Mental health and wellbeing issues are some of the key issues facing students. This is not surprising given that, for many people, moving to university represents a massive change in their lives.

(k) The most common issues dealt with by the counselling service are support with family difficulties and relationship breakdown.

(l) Preventative work is carried out by the University's Health Promotions Co-ordinator through the 'HealthyU' campaign. This includes a wellbeing support resource provided to students on arrival, a Welcome Week Health and Wellbeing

Fair, mental health first aid training and mental health workshops for staff and students, an exam stress-busting campaign, and a campaign to promote physical activity as a way of managing stress and balancing mood.

(m) The University's ongoing ambition is for one in ten staff across the University to have received mental health first aid training, with coverage of 100% in some areas such as security.

Donna Stenton-Groves, Multi-Systemic Therapy Manager Nottingham City Council gave a presentation about trauma informed practice and taking into account past trauma when attempting to understand behaviours. She highlighted the following information:

(n) A pilot has been undertaken to explore how Nottingham City Council's Children's Team could become trauma-informed. The pilot was carried out with Youth Justice Service and included established baseline and post measures, training, a manager's briefing, trauma reflective practice sessions and development of screening tools and referral pathways.

(o) It is important to recognise that trauma is in the eye of the beholder and that for non-clinical work, professionals do not decide what is trauma for a particular person.

(p) Not all childhood trauma leads to lasting damage, it depends on individual circumstances and the availability of support is crucial.

(q) Being trauma-informed includes thinking about what professionals do that is retraumatising and could be stopped; screening for trauma to ensure that individuals are safe before therapy starts; shifting approaches from 'what is wrong with you?' to 'what has happened to you?' and 'how might we support you?'; and viewing behaviours through a trauma informed lens.

(r) A significant part of the pilot involved focusing on staff, including the risks of staff becoming traumatised themselves and/ or getting 'burnt out'.

(s) The pilot started in Children's Work and ideally there would be a complementary approach by partner agencies because families often come into contact with several different agencies.

Hazel Johnson, Assistant Medical Director Nottinghamshire Healthcare NHS Trust, gave a presentation about the mental health services provided by the Trust. She highlighted the following information:

(t) The Trust provides primary care based services including Improving Access to Psychological Therapies (IAPT) services; community based and inpatient services for all age groups; and specialist tertiary services. There are specific services for children, adults of working age and older people.

(u) Anyone can develop a mental health problem. Vulnerability factors include adverse childhood experiences, trauma, early substance misuse issues and precipitants can trigger it.

(v) Psychosis can develop insidiously and can be hard to diagnose in early stages. However the longer the duration of untreated psychosis the worse the outcome, therefore there is a strong economic case for Early Intervention in Psychosis services.

(w) Psychosis can be helped by reduction of stigma and shame; interventions such as medication; cognitive behaviour therapy; social inclusion, connectedness and support of family, friends and colleagues; getting back to work/ education; a healthy lifestyle.

During discussion the following points were raised:

(x) The 'Ask Twice' campaign is based on research and encourages people to ask people 'how are you?' and then 'how are you really?', which often elicits a completely different response.

(y) It would be good to see more workforce training, for example on mental health first aid and suicide prevention, but there are challenges around funding and staff being released for training.

(z) It is important to have a consistent, good quality offer for young people on mental health, including preventative work in schools.

(aa) Employment is a major factor for health and wellbeing, however there are gaps in the opportunities for people.

(bb) Nottingham City Council is looking at offering mental health first aid training for staff.

(cc) It is important for people to have a platform to talk about their experiences and act as role models.

(dd) Discussions are taking place at an Integrated Care System level about improving mental health.

(ee) It is important that people know what services are available and how to access them.

(ff) There is a tension between access to short term interventions (which are funded) and availability of longer term support for those who have long term mental health issues. This needs to be addressed to prevent a 'revolving door' of people accessing successive short term interventions when longer term support might be more appropriate for their needs.

(gg) Access to, and waiting times for some mental health services can be an issue and there is a lack of information about what to do in the interim period.

(hh) Time limited interventions put people under pressure to 'get better' quickly.

(ii) Nottingham City Homes (NCH) has seen a link between debt and mental health issues amongst its tenants, and there has an increase in suicide which has an impact on other tenants and staff. Suicide awareness training has been provided for staff and NCH is planning to roll out mental health first aid training for managers.   It will also launch mental health champions in the organisation.

(jj) There is a high level of demand for mental health services. Mental health issues can sometimes form 50% of clinic time at the Cripps Practice on the University of Nottingham campus. The recently published NHS Long Term Plan had a focus on mental health and more money is attached to this. However it is unlikely to ever be sufficient to meet the level of need.

(kk)   The BAME Community of Practice Group want the Board to be aware of their concerns about a lack of training on cultural competence, which could have an impact on access to services; and would like the Board and Board Members to engage with the Community of Practice on mental health issues.

The Chair thanked Nottingham Citizens for their presentation of a cake and card in recognition of the Board's focus on preventing mental ill health and improving mental health and wellbeing.

RESOLVED to

(1) ask Board Members to consider:
i. signing the Time to Change Employer Pledge to demonstrate their commitment to changing how people think and act about mental health in the workplace and ensuring employees with mental health problems are supported
ii. identifying mental health champions within their organisation
iii. ensuring that their workforce has access to mental health training
iv. how their organisation could take the impact of past traumatic experiences on mental health into account when reviewing its working practices and supporting its workforce

(2) request that the Mental Health Sub Group review the issues raised during the discussion and bring back proposals for actions that Board Members can take to make a difference to improving mental health to a future Board meeting.

65   UNIVERSITY OF NOTTINGHAM STUDENT HEALTH AND WELLBEING STRATEGY

Andy Winter, Director of Campus Life University of Nottingham, introduced the report outlining the University of Nottingham's recently approved Student Health and Wellbeing Strategy. He highlighted the following information:

(a) The Strategy was developed in response to the Universities UK Step Change framework, which highlighted the importance of mental health issues in universities.

(b) The University has a large and diverse population and it can be difficult to implement change consistently across that population.

(c) In developing its Health and Wellbeing Strategy the University wanted to identify its strengths and weaknesses and share learning across the organisation.

(d) There is a variety of work taking place, with differing focuses and scales but the Strategy aims to capture it all. Some areas of work have overlapping benefits.

(e) Key stakeholders were consulted on the Strategy, including input from Nottingham City Council's Director of Public Health and learning from non-university frameworks, such as the Board's Health and Wellbeing Strategy.

(f) The Strategy has five thematic areas: Healthy Campus Community; Healthy Environment; Healthy Learning Experience: Healthy Lifestyle; Healthy Mental Wellbeing.

(g) The Strategy has four underpinning principles: collaboration, cohesion and consistency; education; research; and visible to all. There are three points on the Spectrum of Intervention: preventative promotions; early intervention; and clinical and specialist services.

(h) One of the current challenges is putting appropriate targets and measures in place, and a dashboard is being developed.

(i) There is themed reporting on the Strategy to the Education and Student Experience Committee. This allows for senior visibility of progress.

(j) The University is fortunate to have the Cripps Health Centre on the campus.

(k) There is a significant demand for counselling services, with 2135 counselling clients seen in 2017/18. This was slightly lower than the previous year due to staff vacancies and the impact of industrial action.

During discussion the following points were made:

(l) Student wellbeing would be enhanced by engaging with the wider city beyond the university campus.

(m) It is important for cross-learning to be shared between the two universities in the City.

(n) There are lots of opportunities for the two universities and their students to add value to the City.

RESOLVED to note the University of Nottingham's Student Health and Wellbeing Strategy.

66   FORWARD PLAN

The Forward Plan was noted.

67   BOARD MEMBER UPDATES

The updates from Board Members were noted.

68   NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - SEXUAL HEALTH AND HIV

The new Joint Strategic Needs Assessment Chapter on Sexual Health and HIV was noted.

69   QUESTIONS FROM THE PUBLIC

None

70   NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18

The Chair of the Board agreed that this item, although not on the agenda, could be considered as a matter of urgency in accordance with Section 100B(4)(b) of the Local Government Act 1972, because of the need to consider the annual report of the Nottingham City Safeguarding Children Board in a timely way.

The Nottingham City Safeguarding Children Board Annual Report 2017/18 was noted.