

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 April 2014 from 1.30pm – 3.26pm

Membership

Voting members

Present

Councillor Alex Norris (Chair)	Portfolio Holder, Adults and Health
Dr Ian Trimble (Vice-Chair)	NHS Nottingham City CCG
Councillor Dave Liversidge	Portfolio Holder, Commissioning and Voluntary Sector
Dr Hugh Porter	NHS Nottingham City CCG
Dawn Smith	NHS Nottingham City CCG
Candida Brudenell (substitute for Alison Michalska)	Corporate Director, Children and Adults
Dr Chris Kenny	Director of Public Health, Nottingham City and Nottinghamshire County
Martin Gawith	Healthwatch Nottingham

Absent

Councillor David Mellen	Portfolio Holder, Children's Services
Alison Michalska	Corporate Director, Children and Adults
Dr Arun Tangri	NHS Nottingham City CCG
Vikki Taylor	NHS England

Non-Voting members

Present

Gill Moy	Nottingham City Homes
Rosemary Galbraith (substitute for Lyn Bacon)	Nottingham CityCare Partnership
Christine Oliver (substitute for Peter Moyes)	Nottingham Crime and Drugs Partnership
Dr Michele Hampson	Nottinghamshire Healthcare NHS Trust

Absent

Tim O'Neill	Director, Family Community Teams
vacancy	Nottingham JobCentre Plus
Sarah Collis	Nottingham Third Sector Forum
Angela Kandola	Nottingham Third Sector Forum
Peter Homa	Nottingham University Hospitals NHS Trust
Steven Cooper	Nottinghamshire Police

Colleagues, partners and others in attendance:

Paul Burnett	Independent Chair, Safeguarding Children Board and Adult Safeguarding Partnership Board Corporate Policy, Nottingham City Council
Alison Challenger	Public Health, Nottingham City Council
Colin Monckton	Commissioning and Insight, Nottingham City Council
Noel McMenemy	Constitutional Services Officer
John Wilcox	Public Health, Nottingham City Council
Dot Veitch	Early Intervention, Nottingham City Council

53 APOLOGIES FOR ABSENCE

Councillor David Mellen
Alison Michalska
Sarah Collis
Angela Kandola
Tim O'Neill
Peter Homa
Dr Arun Tangri

54 DECLARATIONS OF INTERESTS

Dr Ian Trimble declared a personal interest in item 9 'Primary Care Vision' as a general practitioner providing primary care services. The interest was considered insufficient to prevent him from speaking or voting on the item.

55 MINUTES

The Board confirmed the minutes of the meeting held on 26 February 2014 as a correct record and they were signed by the Chair.

56 NOTTINGHAM CITY HEALTH AND WELLBEING BOARD, HEALTHWATCH NOTTINGHAM AND HEALTH SCRUTINY JOINT WORKING AGREEMENT

John Wilcox, Public Health Development Manager, Nottingham City Council, introduced a report requesting the Board to endorse a working agreement drawn up between the Health and Wellbeing Board, Healthwatch Nottingham and the City Council's Health Scrutiny function. Mr Wilcox made the following points:

- (a) the joint working agreement sets out the roles of health scrutiny, the Board and Healthwatch Nottingham, and their legal obligations;
- (b) there is a balance to be struck between maintaining the independence of each entity while also ensuring no duplication of effort. The Board will share its forward plan with Healthwatch and health scrutiny, and this will help inform the objectives of the other 2 bodies. Key colleagues will also hold regular informal meetings to keep each party to the agreement up to speed with latest issues;
- (c) there is scope within the arrangements to undertake work on the Board's priorities, (subject to resources being available).

The Board and made the following comments:

- (d) the Board welcomed the joint agreement, which built on good informal relations already established between each party;
- (e) Mr Wilcox explained that health scrutiny activity was driven by councillors, and that greater awareness of the Board's priorities through the agreement could help focus future health scrutiny activity
- (f) Martin Gawith, Chair of Healthwatch Nottingham, acknowledged the potential of his organisation appearing less independent, especially when working with health scrutiny and exercising its 'powers of entry' rights. Mr Gawith confirmed that Healthwatch Nottingham will work hard to retain its independence.

RESOLVED to endorse the working agreement between the Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny.

57 NOTTINGHAM PLAN REFRESH 2013-14 - HEALTHY NOTTINGHAM TARGETS

Laura Catchpole, Policy Officer, Nottingham City Council, introduced a report of the Director of One Nottingham presenting proposals to refresh the Nottingham Plan to 2020, and especially the 6 Healthy Nottingham targets for which the Health and Wellbeing Board is the accountable partnership. Ms Catchpole made the following points:

- (a) the refresh is not a full revision of the Plan, but looks to keep the targets aligned with those in the national Public Health Outcomes Framework (PHOF). The revisions also keep the targets appropriate, credible, measurable, ambitious and challenging;
- (b) no change is proposed to the Health Inequality target. While the PHOF indicator uses the national integrated household survey to measure Smoking prevalence, the proposal is to continue to collect data through the Citizen's Survey, because of the trend data already held, and the larger sample size;
- (c) changes to the wording of 2 targets is proposed. The revised wording of the Physical Activity target is in line with the corresponding PHOF indicator, referring to '150 minutes of moderate physical activity per week', rather than 3x30 minutes of moderate physical activity'. Mental Wellbeing is amended to take account of the proportion of adults with poor mental wellbeing, and a comparison of Nottingham's mean mental wellbeing score to the England mean score;
- (d) the measurement for Adult Overweight and Obesity has changed to use the PHOF indicator, using data from the new Active People survey, and the target is now 58%, in line with the new data. The Alcohol target will be reset in line with the PHOF indicator once the data is published, but will continue to measure alcohol-related hospital admissions;
- (e) no changes are planned to the health-related targets on childhood obesity and teenage pregnancy;
- (f) the report also highlighted the final position for all other targets within the Nottingham Plan.

The Board made the following comments:

- (g) the closer alignment with PHOF indicators was welcomed, and Board members agreed that the changes did not dilute the Nottingham Plan's ambition to significantly improve the health and wellbeing of Nottingham citizens;
- (h) in response to a Board member's question about data on smoking among under 18s, Ms Catchpole advised that data on smoking prevalence currently covered all those aged 16 and over, but that no comprehensive data was held on smoking prevalence for under-16s.

RESOLVED to

- (1) approve the changes at paragraphs (b) to (d) above, detailed at Appendix 1 to the report, and to note the final position for all other targets within the Nottingham Plan, detailed at Appendix 2 to the report;**
- (2) note the Board's role in relation to healthy Nottingham's ambitions in the Nottingham Plan.**

58 PARITY OF ESTEEM - VALUING MENTAL HEALTH EQUALLY WITH PHYSICAL HEALTH

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report of the Director of Public Health, Nottingham City and Nottinghamshire County. The report highlighted proposed action to tackle inequalities between physical and mental health, and updated the Board on the progress of the Nottingham Mental Health Strategy. Dr Copping made the following points:

- (a) parity of esteem between mental and physical health is enshrined in the Health and Social Care Act 2012. However, there is an imbalance nationally between physical and mental health in terms of both resource allocation and access to services;
- (b) examples of inequalities include lower life expectancy and diagnosis rates, and higher levels of avoidable deaths, among those with mental illness;
- (c) a report from the Royal College of Psychiatrists entitled 'Whole-person Care: from Rhetoric to Reality' highlights the significant inequalities between mental and physical health, and outlines key areas for action to address the issue;
- (d) the draft Nottingham Mental Health Strategy, 'Wellness in Mind' has adopted parity of esteem and is awaiting the inclusion of children's mental health, once the children's mental health needs assessment is complete;
- (e) specifically, each organisation represented on the Board is asked to identify a parity of esteem 'champion' to become involved in steering the implementation of the Nottingham Mental Health Strategy.

During discussion, the Board made the following comments:

- (f) there was strong support for endorsing the parity of esteem approach and for the proposal to nominate a parity of esteem/mental health 'champion' from each organisation. A Board member made the point that the CCG was fully committed to the principle of parity of esteem;
- (g) a Board member queried the lack of information on financial implications within the report. In response, Dr Copping explained that the main purpose of the report was to

have the Board's endorsement of the parity of esteem principle, but acknowledged that there could well be financial implications in the future;

- (h) several Board members made the point that hospital bed closures were not down to a lack of funding, but to a shift towards community-based services;
- (i) a Board member made the point that targeted and early intervention funding will provide a better return on investment, while another Board member stated that shifts in attitude and approach were needed to ensure progress on parity of esteem.

RESOLVED to

- (1) endorse the parity of esteem approach to ensure equal status for mental and physical health;**
- (2) request all organisations represented on the Board to nominate a mental health lead to champion the parity of esteem approach and work collectively to steer the implementation of the forthcoming Nottingham Mental Health Strategy;**
- (3) ask for a future development session to consider the Board's role in supporting the mental health strategy and parity of esteem.**

59 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD AND NOTTINGHAM CITY ADULT SAFEGUARDING PARTNERSHIP BOARD BUSINESS PLANS 2014-15

Paul Burnett, Independent Chair of the Nottingham City Safeguarding Children Board and Adult Safeguarding Partnership Board, introduced his report, making the following points:

- (a) the Nottingham City Safeguarding Children Board has a statutory requirement to produce an annual business plan setting out key objectives for action in each financial year. The Safeguarding Adult Board produces a similar business plan as a matter of good practice;
- (b) this year's Business Plan is briefer than in the past, has taken into account the views of service users and sets out clear success criteria;
- (c) the key priorities identified for the Business Plan in 2014/15 are:
 - Priority 1: to be assured that 'Safeguarding is everyone's responsibility',
 - Priority 2a: to be assured that children and young people are safe across the child's journey,
 - Priority 2b: to be assured that adults in need of safeguarding are safe,
 - Priority 2c: to be assured that safeguarding services are effectively co-ordinated across children and adult services – applying the 'Think Family' concept,
 - Priority 3: to be assured of the quality of care for any child not living with a parent or someone with parental responsibility,
 - Priority 4: to be assured that our Learning and Improvement Framework is raising service quality outcomes for children, young people and adults,
 - Priority 5; to be assured that the workforce is fit for purpose;
- (d) Mr Burnett highlighted specific risk issues, including ensuring that safeguarding roles, responsibilities and outcomes are explicit within commissioning and contracting issues, identifying high risk children, with evidence suggesting self-harm is increasing, ensuring that thresholds for safeguarding adults are clear, understood and consistently applied, and ensuring 'whole family' services are effectively co-ordinated.

The Board welcomed the report's clarity and noted that there were no direct financial implications for the Board at this time. However, it emerged from discussion that the documents before the Board were not the latest versions. In the circumstances, the Board agreed that the Business Plan should be submitted to the Commissioning Executive Group for its consideration and approval.

RESOLVED to refer the Business Plan 2014/15 to the Commissioning Executive Group for its consideration and approval.

60 NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP (CCG) 5 YEAR PLAN 2014-2019

Dawn Smith, Chief Officer, NHS Nottingham City CCG, introduced her report on the development of the CCG's 5 year Operational Plan, highlighting the following points:

- (a) NHS England planning guidance requires NHS commissioners to work with local authorities and providers to develop an operational plan to show how services will be delivered within budget constraints over the next 5 years;
- (b) groups of CCGs have come together to form Units of Planning (UoP). NHS Nottingham City CCG has joined up with Rushcliffe, Nottingham North and East and Nottingham West CCGs to form the South Nottinghamshire UoP;
- (c) there has been strong engagement with patients and the public through a 'Call to Action';
- (d) the South Nottinghamshire 5 year Strategic Vision is to 'support independence, personalisation and empowerment through the provision of compassionate and seamless integrated health and social care';
- (e) the South Nottinghamshire Transformation direction to close the estimated gap between funding and costs of care of £140 million involves:
 - putting people in charge of their own health through education and self-management as part of care;
 - integrating working between health and social care;
 - reducing reliance on the acute sector;
 - reducing the proportion of community care delivered in community beds;
 - increasing home based care, and
 - enhancing primary care;
- (f) the Board was asked to note the development of the Plan, approve the direction of travel and delegate final sign-off of the Plan to Commissioning Executive Group.

During discussion, the Board made the following points:

- (g) in response to a Board member's query, Ms Smith confirmed that the intention is not to take away services but to make them more targeted, integrated and efficient. However, it was recognised that the proposed direction required diverting funding away from urgent care provision;
- (h) Ms Smith acknowledged that changing patient and service user behaviours and expectations was a challenge, but that feedback from engagement with patients and the public strongly supported the move towards greater independence, personalisation and empowerment;

- (i) on consultation, a Board member highlighted the need to consult 'non-engaged' sections of the community, including those without a GP. A second Board member made the point that young people had very different and more flexible expectations of health and social care access and provision;
- (j) several Board members welcomed the joined-up approach being adopted across the Greater Nottingham area. It was pointed out that health and social care services in Nottingham City were not particularly integrated with those in Nottinghamshire County, so there will be a need for a common approach across the South Nottinghamshire UoP area if efficiencies are to be achieved consistently.

RESOLVED to

- (1) note the development of the CCG 5 Year Plan and endorse it's 'direction of travel';**
- (2) delegate approval of the final version of the Plan to the Commissioning Executive Group prior to submission before 20 June 2014.**

61 PRIMARY CARE VISION

Dr Ian Trimble, NHS Nottingham City CCG, introduced a report of the Director of Primary Care Development and Service Integration, and gave a presentation on the future vision for primary care, and specifically General Practice. The main points arising from the presentation were:

- (a) Nottingham was one of 20 areas nationally to benefit from a Challenge Fund to improve primary care access and services;
- (b) Nottingham faces specific local challenges, including:
 - a transient and aging population,
 - variations in access to primary care medical services,
 - variations in clinical quality and patient health outcomes,
 - variations in service delivery and in the quality and size of premises where primary health care is delivered,
 - capacity issues, including workforce retention;
- (c) patient feedback indicated strong support for increased telephone contact with GPs, increased opening hours, consistency of approach to booking appointments, increased use of technology and shared data;
- (d) the actions identified to deliver the primary care vision are:
 - deliver a high quality, equitable primary care service that is accessible to all,
 - listen and act upon our patients concerns,
 - respond to financial pressures within the system as a whole,
 - manage the workforce challenge and how this impacts on our patients,
 - review clinical variation in a bid to improve outcomes,
 - respond to the changing demographics of the city;
- (e) the vision is to be achieved through integrating care, innovative use of IT and technology, standardising access and improving quality, funded through a mix of Challenge fund and non-recurrent CCG funding;
- (f) envisaged outcomes include improved primary care uptake, usability and satisfaction, better patient outcomes and improved cost-effectiveness.

The Board supported the proposed primary care vision and plan and during discussion made the following points:

- (g) in response to a Board member's question, Dr Trimble explained that a suite of performance framework frameworks underpinned the success criteria at paragraph (f) above, and that these could be shared with Board members on request;
- (h) several Board members highlighted the importance of GP receptionists to the patient experience and to the success of the vision and plan as the first point of contact with GP practices. Dr Trimble confirmed that a programme of training for receptionists was under way;
- (i) the Board noted that there was no specific leverage available to 'make' GP practices open in specific areas of need;
- (j) a Board member highlighted the involvement of Nottingham City Homes in the delivery of telecare services as a good example of Board partners taking forward the health agenda.

RESOLVED to note the primary care vision and plan, and the Board's comments.

62 FORWARD PLAN

RESOLVED to note the Forward Plan without discussion.

63 HEALTHWATCH NOTTINGHAM UPDATE

Martin Gawith, Chair of Healthwatch Nottingham, introduced his report, outlining activity since the last report in February 2014 and setting out developing work areas and plans. Mr Gawith made the following points:

- (a) the Evidence and Insight Manager is now in post and will head up the organisation's research programme;
- (b) work is underway on an analysis of GP practices' patient participation arrangements and action plans;
- (c) Healthwatch Nottingham has worked closely with the Joint City and County Health Scrutiny Committee on scrutinising service providers' Quality Accounts, and has provided input to the Care Quality Commission's inspection of the Nottingham University Hospitals NHS Trust;
- (d) a programme of volunteer recruitment is underway, while the City Council's Citizen's Panel provides an opportunity for people to become aware of and get involved with Healthwatch Nottingham;
- (e) Healthwatch Nottingham continues to prioritise care homes in its work, and a communications strategy is under development.

RESOLVED to note the update.

64 STATUTORY UPDATES

The Board received the following updates:

(a) Chief Officer, NHS Nottingham City CCG

(i) New NHS Chief Executive

Simon Stevens is the new Chief Executive of NHS England, following the retirement of Sir David Nicholson.

(ii) Quarter Three Assurance

The CCG was 'assured' against all 6 domain headings at its meeting with Area Team in early March 2014, but the status of one assurance domain – 'Are patients receiving clinically commissioned, high quality service?' – was changed to 'assured with support'. This was because of failure to hit the 4-hour Accident and Emergency standard and the management of the urgent care system as a health community.

(iii) Challenge Fund

Nottinghamshire and Derbyshire have been given £5.25 million to improve access to care as part of the £50 million Challenge Fund. Surgeries will trial a number of initiatives to make services more flexible and accessible under the banner 'Transforming General Practice'.

(iv) new Urgent Care Centre

The CCG is publicising proposals for a new NHS Urgent Care Centre, urging partners and the public to have their say on its location and services provided.

(v) Visit of Chief Executive, Public Health England

Duncan Selbie, Chief Executive Public Health England, visited Public Health teams in Nottingham City and Nottinghamshire County in March 2014 to see how Public Health has integrated with local authorities, to discuss local priorities and to explore ways to achieve more effective joint working between local authorities and the NHS.

(vi) South Nottinghamshire Transformation

A draft strategy has been submitted to NHS England, showing how services could be transformed in South Nottinghamshire over the next 5 years to address the estimated health and social care funding gap of £150 million. The final version will be submitted in June 2014, after further modelling and engagement.

(b) Director of Public Health, Nottingham City and Nottinghamshire County

(i) Public Health Grant

A stakeholder group is being established to look at how best to use the Public Health grant going forward.

(c) Corporate Director, Children and Adults

(i) Operating Model Changes

Phase one of the City Council's new Operating Model came into effect on 1 April 2014. Children and Families department is now called Children and Adults, and has responsibility for all adult social care provision. The Safeguarding Directorate is now called Children's Social Care and Family Community Teams is now called Vulnerable Children and Families. Candida Brudenell is Strategic Director for Early Intervention, overseeing Crime and drugs

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Partnership, Public Health, Corporate policy, Marketing and Communications and the Quality and Commissioning functions.

(ii) Safeguarding Inspection of services for Children in need of help and Protection, Children Looked After and Care Leavers

A 4-week Safeguarding Inspection ended on 2 April. Colleagues worked very hard to provide all the information required while maintaining 'business as usual'. The final report will be available in mid-May 2014

(iii) Schools Challenge Board

A Schools Challenge Board has been established to drive improve improvements in secondary schools' performance, with Task and Finish groups looking at specific work streams. Issues being addressed include behaviour, attendance, teaching, learning and teacher recruitment.

(iv) DrugAware Resources Accreditation

The City Council's DrugAware resources for primary and secondary schools have been awarded Personal Social Health and Economic Education (PHSE) Association Quality Mark for meeting their standards of effective practice.

(v) Small Steps Big Changes

Nottingham is in the final 15 for up to £41 million over 10 years from the Big Lottery Fund – Fulfilling Lives 'A better Start'. 3-5 areas will be successful and the Nottingham 'pitch' is to transform the early years of children in 4 of our most deprived wards.

65 HEALTH AND WELLBEING BOARD MEETING DATES 2014-15

RESOLVED to meet on the following Wednesdays at 1.30pm:

<u>2014</u>	<u>2015</u>
25 June	7 January*
27 August	25 February
29 October	29 April

***Note: it is now proposed to meet on 28 January 2015 instead of 7 January. For consideration at June 2014 meeting.**