

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

**MINUTES of the meeting held at New Art Exchange, Gregory Boulevard,
Nottingham on 25 June 2014 from 1.30 pm - 3.30 pm**

Membership

Voting Members

Present

Councillor Alex Norris (Chair)	Portfolio Holder, Adults, Commissioning and Health
Councillor Dave Liversidge	Portfolio Holder, Community Safety, Housing and the Voluntary Sector
Councillor David Mellen	Portfolio Holder, Children's Services
Martin Gawith	Healthwatch Nottingham
Dr Chris Kenny	Director of Public Health, Nottinghamshire County and Nottingham City
Alison Michalska	Corporate Director, Children and Adults
Anthony Nicholls	NHS England (substitute for Vikki Taylor)
Dr Hugh Porter	NHS Nottingham City CCG
Dawn Smith	NHS Nottingham City CCG

Absent

Dr Ian Trimble (Vice Chair)	NHS Nottingham City CCG
Dr Arun Tangri	Nottinghamshire Police

Non-voting members

Present

Lyn Bacon	Nottingham CityCare Partnership
Dr Michele Hampson	Nottinghamshire Healthcare NHS Trust
Dr Peter Homa	Nottingham University Hospitals NHS Trust
Peter Moyes	Nottingham Crime and Drugs Partnership

Absent

Sarah Collis	Nottingham Third Sector Forum
Steven Cooper	Nottinghamshire Police
Tim O'Neill	Director for Vulnerable Children

Colleagues, partners and others in attendance:

Priority Families, Nottingham City Council
Public Health, Nottingham City Council
Public Health, Nottingham City Council
Public Health, Nottinghamshire County/Nottingham City
Priority Families, Nottingham City Council
Public Health, Nottingham City Council
Constitutional Services Officer
Public Health, Nottingham City Council

Public Health, Nottingham City Council
NHS Nottingham City CCG
Early Intervention, Nottingham City Council
Public Health, Nottingham City Council
NHS Nottingham City CCG

1 APPOINTMENT OF VICE-CHAIR

The Board agreed to appoint Dr Ian Trimble as Vice-Chair for the 2014-15 municipal year.

2 APOLOGIES FOR ABSENCE

Sarah Collis	Nottingham Third Sector Forum
Steven Cooper	Nottinghamshire Police
Dr Arun Tangri	NHS Nottingham City CCG
Vikki Taylor	NHS England (substitute: Anthony Nicholls)
Dr Ian Trimble	NHS Nottingham City CCG

3 DECLARATIONS OF INTERESTS

None.

4 MINUTES

The Board confirmed the minutes of the meeting held on 30 April 2014 as a correct record and they were signed by the Chair.

5 HEALTH AND WELLBEING STRATEGY 12 MONTH UPDATE

Councillor Alex Norris introduced the joint report of the Corporate Director for Children and Adults and the Director of Public Health, Nottinghamshire County and Nottingham City, informing the Board of progress in delivering the Joint Health and Wellbeing Strategy one year after its approval by the Board. Councillor Norris made the following points:

- (a) the Board had deliberately focussed on 4 priorities it believed would have the greatest positive impact on Nottingham citizens. The 4 priorities were 'prevent alcohol misuse', 'supporting older people', 'improve mental health' and 'support priority families';
- (b) the progress table at Appendix 1 to the report showed the achievements to date and next steps planned against the 'What we will do' statements within the Strategy. Councillor Norris commended this transparent way of presenting progress and asked that future progress reports adopt the same model;
- (c) a majority of indicators were currently highlighted as 'Amber' which demonstrated, in Councillor Norris' view, considerable progress against challenging targets within the Strategy;

- (d) Councillor Norris thanked the hard work of colleagues in partner organisations to deliver achievements to date.

The Board received a presentation covering progress against all 4 priorities, and highlighting the following:

- (e) on the Supporting Older People priority, the main thrust to date has been on structural reorganisation and integration. 8 Care Delivery Groups (CDGs) are established, and the Care Co-ordinators are now in place, supporting GPs and neighbourhood teams. Feedback from front-line staff has been positive, for example, a Community Matron commented that 'Since the new CDG group has been in place it has made the accessing of information more transferable and effective in decision making regarding patient referrals';
- (f) reablement and urgent care services have aligned to ensure the right level of support at the right time for older citizens, while a new TeleHealth service went live in April 2014, supporting self care;
- (g) with structures now largely in place, the next steps for the Supporting Older People priority includes reviewing specialist services' support to CDGs, developing a joint assessment and care planning approach, rolling out 'choose to admit/transfer to assess' process and further developing the Care co-ordinator role;
- (h) the Improving Mental Health priority addressed Early Years and Employment issues. On Early Years, a comprehensive health needs assessment of children and young people's mental health needs was completed in May 2014, and this will inform the review of the child and adolescent mental health service (CAMHS) and development of the Emotional Health and Wellbeing Pathway;
- (i) the Emotional Health and Wellbeing Pathway for 0-24 years is expected to handle referrals from its launch in October 2014. An Emotional Health and Wellbeing Pathway Co-ordinator has been recruited;
- (j) one area currently rated 'Red' was helping parents and carers of children and young people with mental health needs to access help to improve literacy and numeracy skills, and the Board was asked to support the implementation of a new mental health literacy programme;
- (k) under the Employment element of the Improving Mental Health priority, the Fit for Work service has supported 306 people. Of these, 185 were on sick leave and 121 were unemployed. 60% of those off sick returned to work following on average 6 weeks of support. 12% of unemployed clients returned to work;
- (l) the Council is committed to the Local Authority Mental Health Challenge, and Wellbeing clinics were being provided through the Council Occupational Health Service;
- (m) the Mental Health and Wellbeing Strategy is being finalised and is expected to come to the August 2014 meeting of the Board;

- (n) further work is needed to improve referral rates to the Fit for Work Service, while other next steps identified going forward include jointly commissioning a mental health literacy programme, improving mental health illness awareness in schools, developing further the health and employment partnership group and promoting Wellbeing clinics to other employers;
- (o) under the Preventing Alcohol Misuse priority, achievements in the previous year included a Home Office Local Alcohol Action Area award and achieving Home Office 'mentor' status. Closer partnership working with the Drinkaware campaign was also ongoing;
- (p) the Operation PROMOTE initiative, targeting white powder substance misuse, also had a positive impact, as the combination of alcohol and drug use often created a violent reaction in individuals;
- (q) next steps include the expansion of the alcohol saturation zone, the roll-out of the Late Night Levy, the re-procuring of alcohol treatment services and initiatives to clamp down on drunk selling;
- (r) on the Support Priority Families priority, over 1,000 families have been engaged to date, with over 450 families already demonstrating improvements in school attendance rates, anti-social behaviour and/or worklessness;
- (s) in April 2014 there was a successful launch of the shared IT platform, while 11 Priority Families apprentices have been taken on;
- (t) Phase 2 of the national programme will see a widening of the criteria, enabling earlier intervention for all complex needs families.

The Board welcome the progress made to date. During discussion, the Board made a number of points:

- (u) Councillor Norris requested that all indicators currently rated 'Red' are sent to the Board's Commissioning Executive Group for its consideration and comment. He also requested an update on the performance of the Fit for Work Service to come to a future meeting of the Board;
- (v) a Board member was unconvinced that partnership working with an organisation funded by the drinks industry (DrinkAware) will benefit Nottingham's citizens;
- (w) Board members understood that lots of work was being carried out to address domestic violence issues, including tackling repeat offending but increased and consistent reporting was needed to capture this work;
- (x) a Board member highlighted the need to ensure a consistent approach with Nottinghamshire County on the issue of hospital discharges of the elderly, and it was confirmed that this was in hand;

- (y) a Board member pointed out that emotional wellbeing was not the same as conduct disorder, and was reassured that conduct disorder was being picked up as part of the Improving Mental Health priority.

RESOLVED to

- (1) note the progress on the delivery of the Joint Health and Wellbeing Strategy, and Board members' comments;**
- (2) support the Crime and Drugs Partnership in the delivery of its inter-agency alcohol communications plan which aims to inform stakeholders, partners and citizens on a range of alcohol policy issues as well as to motivate behavioural change to reduce harm;**
- (3) approve amending the Strategy action to 'Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work' to the wider 18-29 year-old age group;**
- (4) agree that Board members work with their nominated mental health champions to promote the Fit For Work service in their respective organisations;**
- (5) support the implementation of a mental health literacy programme;**
- (6) receive and consider local evaluation reports in order to make strategic decisions about the early adoption of Phase 2 of the National Troubled Families Initiative;**
- (7) request the Corporate Director for Children and Adults and Director of Public Health, Nottinghamshire County and Nottingham City to refer actions rated 'Red' at Appendix 1 to the report to the Commissioning Executive Group for comment;**
- (8) request an update report on the implementation of the Fit for Work Service to a future meeting of the Board, to be confirmed within the Forward Plan.**

6 CANCER AND NOTTINGHAM

Mary Corcoran, Consultant in Public Health and Jennifer Burton, Public Health Manager, introduced a report and presentation of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted the incidence of cancer locally and the need to improve primary prevention and improve early screening uptake and detection of the disease. Ms Corcoran and Ms Burton made the following points:

- (a) cancer is the third highest cause of premature death in Nottingham, the most common cancers being of the bowel, breast, prostate and lung;
- (b) the incidence of cancer and mortality rates in both Nottingham and Nottinghamshire are higher than the national average, and uptake for the 3

national cancer screening programmes is lower than in the rest of the East Midlands;

- (c) late presentation is a key reason for higher-than-average mortality rates in Nottingham and Nottinghamshire;
- (d) stopping smoking and weight management remain the 2 key factors in reducing the risk of cancer, and there are clear links between smoking prevalence and lung cancer incidence locally;
- (e) recent initiatives such as the 'Blood in Pee' campaign had helped raise awareness of early signs of cancer. The report recommended further partnership working to deliver cancer prevention measures and to highlight early detection and screening measures across all Board partners.

The Board supported the recommendations and during discussion made the following points:

- (f) there was a consensus that primary prevention measures should continue to focus on smoking cessation and weight management. These measures were supported by enforcement action to limit the availability and impact of cheap, imported tobacco products;
- (g) while recent campaigns have made an impact in terms of awareness, several Board members spoke of the need to target interventions to specific hard-to-reach, vulnerable groups, including immigrant communities and those with mental health issues. In response, Ms Corcoran confirmed that work was ongoing with Area Teams to ensure that screening programmes were targeted appropriately;
- (h) Board members undertook to make the presentation available to their individual organisations' Boards to consider how best to support cancer prevention and detection measures.

RESOLVED to note and endorse the report and presentation, and to agree that all partner organisations consider how best to:

- (1) promote key primary prevention measures for cancer, prioritising funding for programmes impacting directly on primary prevention, especially smoking cessation and weight management;**
- (2) promote national awareness and early detection locally;**
- (3) promote cancer screening programmes, especially bowel cancer screening.**

7 AVOIDABLE INJURIES

Sarah Quilty, Public Health Development Manager, introduced a report and presentation of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted the impact of avoidable childhood injuries

and progress on tackling the issue in Nottingham, and asked the Board's support for an Avoidable Injuries Strategy for Nottingham City.

Ms Quilty made the following points:

- (a) avoidable injuries are a leading cause of death and hospital admissions for children and young people in the UK;
- (b) in Nottingham, there were over 27,000 Accident and Emergency (A&E) admissions in the period 2010-13. Although this is not significantly different from the national average, there were significantly more A&E admissions in the 0-4 age range in Nottingham;
- (c) there is a strong correlation between social deprivation and the incidence of avoidable injuries among children and young people;
- (d) in response, a Strategic Group for Nottingham and Nottinghamshire has been established to work collaboratively across organisations and local government boundaries to ensure a co-ordinated approach to avoidable injuries among children and young people. An Avoidable Injuries Strategy for Nottingham City has also been developed in conjunction with key partners, addressing safety issues in the home, on roads and while taking part in leisure activities;
- (e) NHS Nottingham City has committed £460,000 to develop a 2-year Home Safety and Education Initiative, providing equipment and education in priority areas, while Public Health has commissioned an Injury Minimisation Programme for Schools (IMPS), providing injury education at all primary schools in Nottingham City. Programme feedback has been very positive;
- (f) the launch of the Avoidable Injuries Strategy coincides with the national National Child Injury Prevention Week.

The Board welcomed the report and supported its recommendations, and made the following points:

- (g) a Board member noted the correlation between avoidable injuries and deprivation, and made the point that wider efforts to address deprivation should impact positively on avoidable injury levels in the longer term;
- (h) in response to a Board member's question, Ms Quilty advised that initial avoidable injuries work was targeted in identified wards rather than specifically through the Priority Families programme;
- (i) Ms Quilty advised that health visitors will play a key role in the implementation of the Strategy.

RESOLVED to

- (1) note the report and endorse the Avoidable Injuries Strategy for Nottingham City;**

- (2) **ask the Commissioning Executive Group to monitor delivery of the Strategy on the Board's behalf.**

8 FORWARD PLAN

RESOLVED to note the Forward Plan, subject to correcting the email address for the Corporate Director for Children and Adults.

9 HEALTHWATCH NOTTINGHAM UPDATE

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

- (a) the Healthwatch Nottingham Annual General Meeting (AGM) which had taken place earlier that day had been a great success. The AGM received the first Healthwatch Nottingham Annual Report at the meeting;
- (b) the organisation is about to pilot 'Talk to Us' points at 2 Joint Service Centres, to be used for both specific consultation and for general feedback on health services;
- (c) Healthwatch Nottingham is currently involved in citizen engagement work with South Notts Transformation Board, and with consultation on Walk-in/Urgent Care centres;
- (d) Healthwatch Nottingham will launch a campaign providing information on the Electronic Prescription Service, enabling prescriptions to be sent directly from prescribers to dispensers. It is also involved with Healthwatch England's Special Inquiry into discharges from hospitals and care homes.

RESOLVED to note the report and Mr Gawith's verbal update.

10 STATUTORY UPDATES

The Board received the following updates:

(a) Corporate Director for Children and Adults

(i) Small Steps Big Changes

Nottingham's 'Small Steps Big Changes' bid to the Big Lottery Fund has successfully secured £45 million funding over 10 years to deliver a wide range of initiatives to improve the lives of 0-3 year-olds in Nottingham. Nottingham's bid, put together by a partnership led by Nottingham CityCare Partnership and including the City Council, was 1 of just 5 successful bids.

(ii) Safeguarding Inspection of Services for Children in Need of Help and Protection, Children looked After and Care Leavers

The final report arising from the City Council's Safeguarding Inspection in March/April 2014 identifies a number of areas for improvement required to achieve a 'good' rating. Improvement Plans are being compiled.

(iii) Staff changes

Tim O'Neill, Director for Vulnerable Children at Nottingham City Council, is leaving to take up a senior role at Rutland County Council. The new role of Director of Education at the City Council is about to be advertised.

(iv) School Attendance

The City Council is launching a major initiative, adopting a 'zero tolerance' approach to parents whose children are persistently absent from school.

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

(i) Public Health Outcomes Framework (PHOF) Update

The PHOF was refreshed in May 2014. Positive points for Nottingham City include a long-term closing of the gap in life expectancy between Nottingham and the England average (currently 2.3 years for men and 1.5 years for women), and improved mortality rates. Areas requiring improvement include smoking, obesity, alcohol admissions, breastfeeding rates and falls in older people.

(ii) 'Blood in Pee' campaign

There will be a national re-run of the successful 'Blood in Pee' campaign to promote earlier diagnosis of kidney and bladder cancer as part of the Be Clear on Cancer programme.

(iii) Health Checks

City Council and Nottingham City Homes colleagues have received NHS Health checks via a programme delivered by Nottingham City pharmacies. The checks seek to reach people who may be at increased risk of cardiovascular disease and are not targeted via the GP health check service.

(iv) Falls and bone health

A recent stakeholder event will inform the update of the local falls and bone health strategy.

(v) Public Health Stakeholder Group

A stakeholder Group has been established to inform the appropriate use of Public Health grant against local needs and priorities and inform commissioning decisions.

(c) Chief Officer, NHS Nottingham City CCG

(i) 360 degree Survey outcomes

NHS England conducted a survey earlier in 2014 to allow stakeholders to provide feedback on working relations with CCGs. The CCG performed strongly, the results indicating confidence in the CCG's ability to commission high quality services to improve outcomes for patients.

(ii) Co-commissioning of Primary Care

In May 2014, the NHS Chief Executive announced a new option for local CCGs the option to 'co-commission' primary care in partnership with NHS England, providing CCGs with greater influence over how NHS funding is being invested locally. Early indications are that member practices support more formal working relations with NHS England in relation to primary care commissioning, but that there is less appetite for delegating commissioning responsibility from NHS England to CCGs.

(iii) CCG Manifesto

NHS Clinical Commissioners have launched a Manifesto for Change, identifying challenges currently faced by commissioners and identifying 8 solutions to deliver high-quality, sustainable healthcare: free clinical commissioners to act in the best interest of patients; make local system leadership a priority; health and wellbeing boards as the focus of joined-up commissioning; CCGs must not be a risk pool for the NHS; support to deliver large-scale transformation at pace; connecting national and local commissioning; better alignment of local commissioning to healthcare quality and the new inspection regime; and competition in the NHS in the best interest of patients.

(iv) South Nottinghamshire Transformation

The 4 CCGs in South Nottinghamshire have submitted their 5 Year Strategy to NHS England. The Strategy covers Children's Services, Urgent Care, Proactive Care and Elective Care, and includes initial financial modelling to identify where health and social care efficiencies might lie to address future funding gaps.

(v) Non-recurrent funding for operational resilience and referral to treatment

NHS England has published a framework to support planning for operational resilience during 2014/15, covering both urgent and planned care.

(vi) Choice Policy across South Nottingham and Nottingham City

The South Nottinghamshire health and social care community has developed a policy for use in conjunction with the Hospital Discharge Policy to support the timely, effective transfer of medically fit patients ready for discharge from an NHS inpatient setting who need to move into a care home. The full policy will be considered at a future meeting of the Health and Wellbeing Board.

RESOLVED to note the updates.

11 HEALTH AND WELLBEING BOARD MEETING DATES 2014-15

RESOLVED to meet on the following Wednesdays at 1.30pm:

2014: 27 August 29 October

2015: 28 January* 25 February 29 April**

***originally scheduled for 7 January**

**** not 28 February, as stated on the agenda**