

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 27 August 2014 from 13.30 - 15.30

Membership

Voting Members

Present

Councillor Alex Norris (Chair)	Portfolio Holder, Adults, Commissioning and Health
Dr Ian Trimble (Vice-Chair)	NHS Nottingham City CCG
Helen Jones (for Alison Michalska)	Director of Adult Social Care
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
Dr Hugh Porter	NHS Nottingham City CCG
Dawn Smith	NHS Nottingham City CCG
Dr Arun Tangri	NHS Nottingham City CCG
Jacquie Williams (for Vikki Taylor)	NHS England

Absent

Alison Michalska	Corporate Director, Children and Adults
Vikki Taylor	NHS England

Non-voting Members

Present

Lyn Bacon	Nottingham CityCare Partnership
Steven Cooper	Nottinghamshire Police
Dr Michele Hampson	Nottinghamshire Healthcare NHS Trust
Peter Homa	Nottingham University Hospitals NHS Trust
Gill Moy	Nottingham City Homes

Absent

Sarah Collis	Nottingham Third Sector Forum
Peter Moyes	Nottingham Crime and Drugs Partnership

Colleagues, partners and others in attendance:

Alison Challenger	Public Health, Nottingham City Council
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Dr Joanna Copping	Public Health, Nottingham City Council
Liz Jones	Corporate Policy, Nottingham City Council
Noel McMenamin	Constitutional Services Officer
Ruth Rigby	Healthwatch Nottingham
Helen Ross	Public Health, Nottingham City Council
Helen Scott	Public Health, Nottingham City Council
John Wilcox	Public Health, Nottingham City Council
Dot Veitch	Early Intervention, Nottingham City Council

12 APOLOGIES FOR ABSENCE

Alison Michalska	Corporate Director, Children and Adults
Peter Moyes	Crime and Drugs Partnership
Vikki Taylor	NHS England

13 DECLARATIONS OF INTEREST

None.

14 MINUTES

The Board confirmed the minutes of the meeting held on 25 June 2014 and they were signed by the Chair.

15 SUSTAINABLE HEALTH AND CARE: LOCAL IMPLEMENTATION

Helen Ross, Public Health Manager, introduced a report and brief presentation seeking approval of a local Sustainable Health and Care: Local Implementation Plan to promote healthy lifestyles and the sustainable management of health, social and healthcare services. The Plan will also identify ways to save money and to contribute to priorities such as reducing obesity, increasing physical activity and improving mental wellbeing.

Ms Ross pointed out that Public Health and partner organisations in Nottingham had already made positive strides in embedding Sustainable Development and Health principles. Examples of good practice included the Health and Housing Partnership Board, the Clifton Greener Housing Scheme, Sustrans and Ridewise schemes, Nottingham University Hospitals Trust's Food for Life Catering Mark, which sourced local organic food, and Nottingham CityCare Partnership, which was 2013 Sustainable Provider of the Year.

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

- (a) both patients and staff had benefited from the Food for Life Catering Mark. Local sourcing of organic food helped improve quality and reduced 'food miles' carbon emissions, staff engaged with the initiative and it resulted in savings as well;

- (b) a Board member pointed out that reliance on IT and resulting hardware and software obsolescence had a significant impact on partners' carbon footprint, and asked that this be considered at the proposed HWB development session;
- (c) a Board member commented that the definitions of 'Sustainable Development' and 'Health' within the scope and remit need to be fully understood and agreed by all partners. It was agreed that these could be explored further at the development session.

RESOLVED

- (1) to note the sustainable development and health work undertaken in Nottingham City by Public Health and partner organisations;**
- (2) to approve the development of a Nottingham Sustainable Health and Social Care Local Implementation Plan that builds on local and national good practice;**
- (3) to approve a Health and Wellbeing Board development session on sustainable development and health facilitated by the Sustainable Development Unit in partnership with Public Health.**

16 WELLNESS IN MIND: THE NOTTINGHAM CITY MENTAL HEALTH AND WELLBEING STRATEGY 2014-2017

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report and presentation of the Director of Public Health, requesting approval of Wellness in Mind, Nottingham City's Mental Health and Wellbeing Strategy. Dr Copping highlighted the following points:

- (a) Nottingham has high levels of risk factors for poor mental health, including high unemployment and levels of deprivation, low educational attainment and physical health issues. People who are unemployed or have a disability have the lowest levels of mental wellbeing;
- (b) mental health problems are very common and often begin in childhood and adolescence. However, the stigma attached to mental health means that it is not openly discussed;
- (c) mental health problems are very costly, with 40% of all time off work due to mental health issues. They also have a large impact on physical health, with increased prevalence of smoking, drinking and drug use;
- (d) the Health and Wellbeing Board has already committed to the principle of 'parity of esteem' between physical and mental health, and partner organisations have appointed mental health 'champions' to take forward the mental health agenda within their organisations;

- (e) a mental health and wellbeing steering group has been established to roll out the Strategy's 5 priorities. These are: Priority 1 - promoting mental resilience and preventing mental health problems, Priority 2;- Identifying problems early and supporting effective interventions, Priority 3 – Improving outcomes through effective treatment and relapse prevention, Priority 4 – Ensuring adequate support for those with mental health problems, and Priority 5 Improving the wellbeing and physical health of those with mental health problems.

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

- (f) it was suggested that the report template for Health and Wellbeing Board could be amended to capture how recommendations addressed parity of esteem, and the Constitutional Services Officer confirmed that this could be done;
- (g) in response to a Board member's comment that children and young people did not appear to feature prominently in the document, Dr Copping explained that the original draft had focused on adult mental health, but that this initial bias would not be reflected in the implementation of the Strategy;
- (h) Board members commented that strong implementation using SMART objectives was vital to the success of the Strategy. Partners needed to be honest about the gaps and risks, and prioritise accordingly. The Board also needed to understand the financial implications in shifting resource to preventative interventions.

RESOLVED to:

- (1) approve 'Wellness in Mind', the Nottingham City Mental Health and Wellbeing Strategy;**
- (2) commit to take forward the Strategy through individual organisations and collective leadership;**
- (3) champion mental health and wellbeing in line with the previous commitment to give equal value to physical and mental health (parity of esteem);**
- (4) to consider mental health within all reports to the Board.**

17 NOTTINGHAM PLAN 2013-14 (YEAR 4): HEALTHY NOTTINGHAM TARGETS PERFORMANCE

Liz Jones, Interim Head of Corporate Policy, introduced a report and presentation of the Director of One Nottingham, setting out Year 4 performance against the six targets in the Healthy Nottingham theme of the Nottingham Plan to 2020. The key points highlighted in the report were:

- (a) Nottingham used the Local Citizen Survey to measure performance against the ambition to reduce smoking prevalence to 20% because it provided a larger, accurate sample size. Performance (28%) exceeded the Year 4 target of 30%, but prevalence in Nottingham was still significantly higher than the national average;
- (b) the ambition to reduce the proportion of overweight and obese adults in Nottingham to 58% was on track (currently at just under 61%), but there had not been a significant shift in prevalence. However, child obesity targets were not being met, and this was a significant concern;
- (c) Nottingham was on target to achieve the target of 56% of adults achieving 150 minutes of physical activity per week, the current rate being almost 52%;
- (d) teenage pregnancy rates continued to drop significantly, although they were still higher than the national average;
- (e) the data on reducing the proportion of people with poor mental health indicated that Nottingham's average mental wellbeing score of 52.6 was close to the England national average of 53.5, but there was no room for complacency;
- (f) the target to reduce alcohol-related hospital admissions was not on track, and the numbers of people successfully completing drug treatment, including alcohol treatment, was disappointing, and in part as a result of people presenting with complex needs;
- (g) a joint One Nottingham and Scrutiny Performance Panel is scheduled for September 2014, where childhood obesity and alcohol-related hospital admissions will be examined in more detail.

During discussion, Board members made the following comments:

- (h) Board members commented that a common thread for 'Red'-rated targets was children and childhood poverty. There was consensus that further work should be carried out on this cross-cutting issue, with one Board member suggesting that a 'summit'-style approach, similar to that used to galvanise partnership working on teenage pregnancy, would be appropriate.
- (i) Ms Jones advised that work was underway on reducing workless households, which would help reduce childhood poverty, although this had not yet had a significant impact. A Board member pointed out that being in work did not necessarily take people out of poverty;
- (j) the Board also agreed that joint One Nottingham and Scrutiny Performance Panel should look at addressing current shortfalls in successful drug treatment targets. Ms Jones informed the Board that the Crime and Drugs Partnership was currently being restructured, and that this could have an impact on performance in the short term;

- (k) in response to a Board member's comment that the smoking cessation target should be given an 'Amber' rating, Ms Jones advised that the 'Green' rating reflected the statistical data showing Nottingham being on track at this point in the Nottingham Plan.

RESOLVED

- (1) to note the progress on Healthy Nottingham targets and delivery against the Action Programme;**
- (2) to note overall progress of the Plan as at Appendix 1 to the report;**
- (3) to support the examination of childhood obesity, drug treatment rates and alcohol-related hospital admissions at the joint One Nottingham and Scrutiny Performance Panel in September 2014, and also to examine further the cross-cutting issue of childhood poverty.**

18 SOUTH NOTTINGHAMSHIRE HEALTH AND SOCIAL CARE COMMUNITY-LEAVING HOSPITAL DIRECTIVE POLICY AND GUIDANCE

Helen Jones, Director of Adult Social Care, introduced a report of the Corporate Director for Children and Adults, asking the Board's approval and support for the South Nottinghamshire Health and Social Care Community Leaving Hospital Directive Policy and Guidance. Ms Jones made the following points:

- (a) the Policy and Guidance has been developed through the Urgent Care Board and following extensive consultation to reduce acute hospital pressures by ensuring patients in recovery receive 'the right care in the right place at the right time';
- (b) transferring to other places of care from the acute environment when medically fit to do so is proven to be in patients' interests, and at the same time it frees up acute hospital resources for those most in need;
- (c) partners had to start a new conversation with the public to encourage buy-in to the approach, and a Press Release was to be issued explaining the Policy and Guidance and its benefits;
- (d) the key to the Policy's success was effective partnership working to ensure that interim suitable alternatives were available so patients could be discharged while waiting for their care home placement or home care package.

The Board strongly supported the Policy and Guidance, and made the following points:

- (e) agreed that successfully communicating the Policy was vital to avoid the perception that moving patients on was detrimental to their best interests;

- (f) a Board member commended the high standard of integrated services in Nottingham that made delivering the Policy possible, especially when there were ever-increasing levels of complex needs;
- (g) a Board member highlighted the fact that similar issues existed in mental health, and whether, in the interests of parity of esteem, a policy covering mental health patients could be adopted. Ms Jones undertook to identify the appropriate channels to take this forward.

RESOLVED

- (1) to approve and support the intention of the South Nottinghamshire Health and Social Care Community Leaving Hospital Directive Policy and Guidance, which will enable patients requiring recuperation to receive this in an appropriate community setting;**
- (2) to support Nottingham City's intention as a health and social care community to promote independence through early intervention;**
- (3) to support the intention of the Policy to improve efficiency and flow at the acute hospital by releasing hospital beds for those in need of urgent medical care;**
- (4) to ask the Director of Adult Social Services to contact the appropriate body to take forward a similar Policy for mental health patients.**

19 NHS HEALTH CHECK PROGRAMME

Helen Scott, Senior Public Health Manager, introduced a report advising the Board of the operation of the NHS Health Check Programme in Nottingham, highlighting the following:

- (a) responsibility for the Programme transferred from primary care trusts to local authorities in April 2013 and the Public Health grant which funds this mandatory Programme is ring-fenced until 31 March 2015. Local authorities must offer an NHS Health Check to eligible citizens aged 40-74 every 5 years, and must a year-on-year improvement in uptake;
- (b) the Programme is a cardiovascular risk assessment designed to detect or prevent diabetes, heart and kidney disease, stroke and dementia;
- (c) the Programme target is to invite 20% of the eligible population every year, and achieve a 50% uptake. Invite rates in Nottingham were 17.2% (down on the previous year) and uptake rates were 49.8% (up from the previous year), with a considerable variation in performance between practices and clusters;
- (d) To date, almost 4,000 high risk citizens had been identified, with over 1,000 new diagnoses resulting from assessments. Management of high-risk patients

lay with the CCG, while lifestyle services to support risk reduction lay with the local authority;

- (e) there have been a number of successful pharmacy-run outreach sessions targeting hard-to-reach groups, and market research has identified innovative communications and marketing methods to increase uptake. It was hoped to be able to go to procurement to target the service at diverse venues, including job centres and sports facilities.

During discussion, the following points were made:

- (f) there was a risk that the Programme could impact on health inequalities, as citizens in poorer health were less likely to uptake, while women were more likely to have a Health check;
- (g) it was confirmed that 50% of non-respondents were contacted a further 2 times, and remained in the population to be invited the following year. Citizens could also elect not to be involved with the Programme.

RESOLVED

- (1) to note the NHS Health check programme and outcomes;**
- (2) to support ongoing work with Nottingham City CCG and practices to increase the proportion of eligible people invited to have an NHS Health Check through dissemination of best practice, inter-practice arrangements and resource-sharing arrangements;**
- (3) to support the use of social marketing techniques to increase uptake of the invitation to have an NHS Health Check;**
- (4) to support the continuation of outreach pilots pending formal procurement;**
- (5) to support ongoing work with the CCG to ensure people identified as a result of an NHS Health Check and placed on their practice CVD high-risk register are appropriately supported and followed up.**

20 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT 2014

Dr Joanna Copping, Consultant in Public Health Medicine, introduced a report of the Director of Public Health, Nottinghamshire County and Nottingham City. The report highlighted progress of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2013/14 and plans to further develop the JSNA in 2014/15.

Dr Copping made the following points:

- (a) there has been a statutory requirement to deliver a JSNA since 2007. The JSNA identifies local health and wellbeing needs to inform commissioning plans and decisions, is approved annually by the Health and Wellbeing Board and is managed by the Commissioning Executive Group;
- (b) each JSNA topic chapter is now owned by a group with strategic commissioning responsibilities and multi-agency membership. The group identifies JSNA chapter author and informs and endorses chapter content. This new approach is designed to improve quality through wider involvement and 'buy-in' and better integrate with commissioning cycles;
- (c) the JSNA chapter template has been revised and strengthened in line with feedback from authors and users;
- (d) a new peer review process has been established, involving critical appraisal of JSNA topic chapters against specific criteria to ensure quality and consistency;
- (e) Nottingham Insight is the web-based system through which information on all 48 Nottingham JSNA chapters is held and accessed. An Insight Health and Wellbeing Steering Group has been established to manage and co-ordinate Nottingham Insight, and this will help enhance effective on-line data and intelligence sharing in Nottingham;
- (f) the report detailed JSNA topic chapter refreshes conducted in the previous year, and those planned in 2014/15;
- (g) other developments planned in 2014/15 included establishing a steering group for JSNA accountable to the Commissioning Executive Group, further support for 'owning groups', a detailed work programme to be developed for Nottingham Insight, and having wider stakeholder engagement in the JSNA process.

The Board welcomed and endorsed the report, and gave a clear statement that the JSNA was much more than a statutory requirement – it was fundamental to the delivery of the Health and Wellbeing Strategy and partners needed to commit to working with the Steering Group. The Chair was anxious that complex needs, older people and safeguarding were all addressed within the process;

RESOLVED to

- (1) note the progress made to ensure continual quality improvements, refresh and accessibility of the Nottingham City Joint Strategic Needs Assessment;**
- (2) endorse the proposed plans for further development of the Joint Strategic Needs Assessment.**

21 FORWARD PLAN

The Board was next scheduled to consider the Health and Wellbeing Strategy at its February 2015 meeting, and the Chair indicated that he wanted to continue to receive rolling updates on individual priorities. The Chair also asked for a presentation on the Care Act to come to a future meeting

RESOLVED to amend the Forward Plan to include a presentation on the Care Act at a future meeting of the Board.

22 HEALTHWATCH NOTTINGHAM UPDATE

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

- (a) Healthwatch Nottingham continued to increase its profile, with increased caller numbers to its Information line. GP services and dentists accounted for the majority of calls received. Healthwatch information was now available in every care home in Nottingham;
- (b) the organisation has now launched its 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's 'reflective audit' highlighted the need for further raising the profile of the organisation, and especially in respect of engaging with and championing the needs of seldom heard groups;
- (d) Healthwatch Nottingham has supported public engagement on CCG proposals to revise the current Walk In Centres to Urgent Care Centres and will be involved with the Family Support Pathway refresh.

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

23 STATUTORY UPDATES

The Board received the following updates:

(a) Corporate Director for Children and Adults

(i) Children and Adults Structure

Nottingham City Council is introducing a new Operating Model and as part of this restructure there have been significant changes, particularly within the Vulnerable Children and Families Directorate, where Mark Andrews has been appointed Head of Early Help Services. An appointment has not yet been made to the new Director of Education post. Viv McCrossen is moving on to new challenges and Ken Beaumont is to retire.

(ii) Post Inspection Action Plan

An Action Plan in response to the priorities identified following the 'Inspection of services for children in need of help and protection, children looked after and care leavers' has been submitted to the Secretary of State and Her Majesty's Chief Inspector.

(iii) Budget reviews

In the face of shrinking Government funding and increasing demand for services, proposals are being worked on to release savings by transforming service delivery, working better in partnership, managing demand and reducing some elements of service delivery.

(iv) Family Support Pathway Refresh

A refreshed Family Support pathway has been launched to take account of national legislative changes and local developments. Changes include using the term 'Early Help' in line with the Munro reports, and clearly showing where 'Children in Need' fits into the spectrum of need within the Social Care Threshold.

(v) Care Act

The Care Act became law in May 2014 and duties under the Care Act will impact on the council's costs significantly. A Programme Board is in place to implement those duties.

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

(i) Board Development sessions and Public Health Forum meetings

The next two development sessions will focus on Sustainable development and Health and Alcohol and/or Tobacco, while Public Health forum meetings are scheduled on Children's Emotional Health and Wellbeing (September), Mental Health (October) and Sexual Health (November).

(ii) Council Tobacco Debate

There will be a Full Council debate on tobacco control at its meeting on 8 September with a proposal to sign up to the Local Government Declaration on Tobacco Control.

(iii) Launches: Nottingham Older Citizens' Charter and new School Nursing model

There will be a launch of the Nottingham Older Citizens' Charter on 1 October to coincide with International Older People's Day. The new School Nursing model, with a focus on SRE, will be launched on 16 October at Nottingham Racecourse.

(iv) Core Cities Subgroup on Health and Employment

Nottingham will host a subgroup meeting on 29 October. A recent stakeholder event will inform the update of the local falls and bone health strategy.

(v) Health Protection

Public Health England (PHE) has recommended that University Freshers get a Meningococcal C booster, and has issued new guidance on whooping cough and pregnant women, and on assessing children and young people travelling from areas affected by the Ebola virus.

(c) Chief Officer, NHS Nottingham City CCG

(i) Care Quality Commission Inspection

The CCG had a Care Quality Commission (CQC) inspection in June 2014, visiting a number of providers and reviewing 8 child safeguarding cases. Initial feedback was generally positive. The report will be published on the CQC website shortly.

(ii) CCG Annual General Meeting

The CCG's first Annual General Meeting (AGM) will take place following the Governing Body meeting on 24 September 2014. Two short films, looking at integrating health and social care services and promoting responsible use of NHS services and resources, will be premiered at the AGM.

(iii) Better Care Fund

The CCG had received 2 letters on the Better Care Fund. A joint DCLG/DoH letter provided an update on changes being made to further develop the programme, including finalising pay for performance arrangements and making explicit the need for Better Care Plans to demonstrate how they will reduce emergency admissions. A second letter from the Better Care Fund Programme Director, Andrew Ridley, set out his plans for the programme.

(iv) New Health and Social Care Integration Option

NHS England has announced plans for a new Integrated Personal Commissioning programme, blending comprehensive health and social care funding for individuals, allowing them to direct how it is used. The 4 groups expected in the first wave from April 2015 are people with long term conditions, children with complex needs, people with learning disabilities and people with severe and enduring mental health problems.

(v) Understanding the new NHS - Guidance

NHS England has published 'Understanding the new NHS: a guide for everyone working and training within the NHS', reflecting the changes in the new NHS.

RESOLVED to note the updates.