

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House, Station Street, Nottingham on 25 November 2015 from 1.33pm - 3.44pm

Membership

Voting Members

Present

Councillor Alex Norris (Chair)
Dr Ian Trimble (Vice Chair)
Councillor Steve Battlemuch
Dr Marcus Bicknell
Alison Challenger
Martin Gawith
Helen Jones
Councillor Sally Longford
Councillor David Mellen
Alison Michalska
Dr Hugh Porter
Dawn Smith

Absent

Vikki Taylor

Non-Voting Members

Present

Lyn Bacon
Candida Brudenell
Peter Homa
Leslie McDonald
Chris Packham (substitute)

Absent

Ruth Hawkins
Mike Manley
Gill Moy
Jean Sharpe

Colleagues, partners and others in attendance:

James Blount	- Media Officer, Communications and Marketing
Wayne Bowcock	- Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Clive Chambers	- Head of Service – Safeguarding and Quality Assurance
Jean Cope	- PA for Councillor Alex Norris
Helene Denness	- Consultant in Public Health
Malcolm Dillon	- Nottingham Safeguarding Adults
Nick Hunter	- Nottingham Local Pharmaceutical Committee
Trevor Illsley	- Bayer
Andy Madeley	- Department for Work and Pensions
Pete McGavin	- Healthwatch Nottingham
Lynne McNiven	- Consultant in Public Health
Colin Monckton	- Director of Commissioning and Policy Insight
James Rhodes	- Strategic Insight Manager

Vinay Shankar	- GP Fellow, Nottingham City CCG
Rachel Sokal	- Nottingham City Council
Marian Taylor	- Taylored2you.org
Sandy Utton	- Zest Consultancy
Jo Williams	- Programme Manager for Integrated Adult Care, Nottingham City CCG
Phil Wye	- Governance Officer

29 APOLOGIES FOR ABSENCE

Simon Smith

30 DECLARATIONS OF INTEREST

Councillor Norris declared an interest as he is working with the Nottinghamshire Healthcare branch of UNISON

31 MINUTES OF THE LAST MEETING

The Board confirmed the minutes of the meeting held on 30 September 2015 as an accurate record and they were signed by the Chair

32 HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE REVISED TERMS OF REFERENCE

RESOLVED to agree the changes to the Health and Wellbeing Board Commissioning Sub-Committee Terms of Reference, subject to the adjustment of member job titles that have changed

33 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

RESOLVED to note the minutes of the Health and Wellbeing Board Commissioning Sub-Committee for the meetings held on 8 September 2015 and 13 October 2015

34 ROLE OF THE FIRE AND RESCUE SERVICE IN HEALTH & WELLBEING

Wayne Bowcock, Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service, introduced his report on the service's capacity to support more partnership working to support a range of health and wellbeing objectives and to create safer, healthier communities. Wayne highlighted the following:

- (a) the role of the fire service has changed over the last 30 years as the number of fires has decreased in Nottinghamshire from around 30,000 in the 1990s to around 10,000 today. This has arisen from a shift of focus from response to prevention. Staffing levels must remain the same in order to respond to emergencies but there are opportunities for firefighters to be used in new ways to help support health and wellbeing;

- (b) the fire service is a trusted profession which has respect amongst all age groups and communities and so can reach areas where other professions, such as social workers or the police, may not so easily reach. They also have skills and equipment which can be of help in medical emergencies;
- (c) the fire service would like to formalise relations with health services in a more strategic way and has had discussions with the Nottinghamshire Health and Wellbeing Board. A similar initiative in Manchester has reduced demand on acute medical services, saved money and reduced delays in accessing healthcare;
- (d) it is recommended that a joint health summit is held in the new year, with the fire service and both Nottingham City and Nottinghamshire Health and Wellbeing Boards;

The following comments were made by members of the Committee:

- (e) making every visit to a household worthwhile is important, and this should help with shrinking workforces in other areas. Often both services will be targeting the same households;
- (f) this collaboration could contribute to the Health and Wellbeing Strategy priorities around mental health, young offending and smoking;
- (g) effective sharing of information will be essential. Gathering data on mental health can be particularly difficult.

RESOLVED to

(1) note the report;

(2) support a workshop to be held with Board members and wider partners to discuss a plan for the service to work collaboratively in Nottingham and Nottinghamshire to improve health and wellbeing.

35 TEENAGE PREGNANCY IN NOTTINGHAM

Lynne McNiven, Consultant in Public Health, presented the joint report of the Corporate Director for Children and Adults and the Director of Public Health on unplanned teenage pregnancy in Nottingham, and efforts to reduce rates of teenage pregnancy and support teenage parents. Lynne highlighted the following:

- (a) Nottingham has made significant progress over recent years in reducing rates of unplanned teenage pregnancy, however the rate still remains significantly above the England average and the levels have flat lined whereas in other areas it is reducing;
- (b) Nottingham has a solid plan already in the Teenage Pregnancy Plan 2014-16 and its associated action plan. This is led by the Teenage Pregnancy Taskforce. Information and services are encouraged to be as accessible as possible, often through schools and GPs;

- (c) it is hoped that future actions and plans be developed in partnership, and so a formal link with the Health and Wellbeing Board is proposed, with regular reports to the Board and more engagement encouraged;
- (d) sexual health services have just been recommissioned in Nottingham. The new services will make the most of modern technology with use of apps and a website to engage young people.

RESOLVED to

- (1) commit to the Nottingham Plan objective to reduce the rate of teenage pregnancy by a further third through collective leadership;**
- (2) support the work of the Teenage Pregnancy Taskforce and receive regular updates from the Taskforce at Health and Wellbeing Board meetings;**
- (3) explore how organisations can support the work of the Teenage Pregnancy Taskforce in supporting the Teenage Pregnancy Plan 2014-16;**
- (4) commit to support the reduction of unplanned teenage pregnancy and support teenage parents.**

36 WELLNESS IN MIND: MENTAL HEALTH AND WELLBEING STRATEGY YEAR 1 REPORT

Helene Denness, Consultant in Public Health, presented the report of the Director of Public Health updating the Committee on the Nottingham City Mental Health and Wellbeing Strategy, and the ongoing work of the Mental Health Steering Group, made up of champions from member organisations of the Health and Wellbeing Board to consider themed aspects of mental health and wellbeing in Nottingham. Helene highlighted the following:

- (a) Wellness in Mind, Nottingham's Mental Health and Wellbeing Strategy was approved by Health and Wellbeing Board one year ago. At the same time the Board endorsed the 'parity of esteem' approach which gives equal weight to mental and physical health;
- (b) key areas of development since the strategy was approved include:
 - mental health literacy – more access to information and training programmes;
 - children and young people – establishment of the Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs (BEMH Pathway);
 - improving care, support and treatment;
 - crisis care – development of the Crisis Concordat;
 - suicide prevention – development of the Suicide Prevention Strategy;
 - mental health and employment – supporting people with mental health problems to remain in work;
 - relationship between physical and mental health;

- (c) remaining challenges include meeting the needs of diverse communities such as the Black and Minority Ethnic (BME) and homeless communities, ensuring that professionals and communities understand the mental healthcare system, and high levels of people out of work due to mental health problems;

The following responses were given in answer to questions from the Board:

- (d) mental health is increasingly seen as a long term problem. It also has links to many other issues such as alcohol misuse, offending, and older people;
- (e) there is a negative perception of a lack of hospital beds for mental health patients, however this is because many people are now supported in the community instead. Hospital provision is not always appropriate, so this negative perception needs to be changed.

The Board suggested that it would be helpful to have some clear defined measures and metrics with which success can be measured. Helene said that she would produce these.

RESOLVED to

- (1) note the range of activity to improve mental health that has taken place in the past year and consider how that 2016 Health and Wellbeing Strategy will reflect the aspirations of Wellness in Mind;**
- (2) consider member organisations of the Health and Wellbeing Boards' own commitment to the strategy and ensure their actions are reflected in the action plans;**
- (3) commit to work together to find solutions to issues that need improved partnership working, for example the mental health needs of the homeless population;**
- (4) support strategies to ensure synergy between mental health strategies including Wellness in Mind, Future in Mind, Suicide Prevention Strategy and the Nottinghamshire Crisis Concordat.**

37 HEALTH AND WELLBEING STRATEGY REFRESH UPDATE REPORT

James Rhodes, Strategic Insight Manager, updated the Board on engagement activity being undertaken for the refreshed Health and Wellbeing Strategy, highlighting the following:

- (a) initial engagement took place with existing networks, public events and front-line workforce focus groups. An online survey has also been produced and an online toolkit for groups to run their own sessions;
- (b) the aim has been to reach as many groups as possible, and attendance at sessions has been good;

- (c) the most common themes that have been brought up at the sessions so far have been social isolation, the cost of living a healthy life, life skills, mental health, disproportionate impact on BME communities, lifestyle factors and air pollution;
- (d) engagement findings and summary evidence from the Joint Strategic Needs Assessment will be presented at the Health and Wellbeing Board development session in December. Draft outcomes and priorities will then be produced for sign-off at the January Health and Wellbeing Board.

RESOLVED to note the engagement activity being undertaken so far

38 INTEGRATED CARE : SUPPORTING OLDER PEOPLE UPDATE

Jo Williams, Assistant Director Health and Social Care Integration, provided an update on the Integrated Care Programme for adults, highlighting the following:

- (a) the Implemented Care Programme for adults was established in July 2012 and is one of four priorities within the Health and Wellbeing Strategy with an aim to improve the experience of and access to health and social care services for citizens who are elderly or who have long term conditions;
- (b) the emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway;
- (c) progress has been made against all of the relevant Health and Wellbeing Strategy actions. Some of these targets are long-term and may take a long time to achieve;
- (d) focus is on supporting citizens to manage their own care, with a shift to self-care at home;

Jo then showed a video showing what progress has been achieved from a patient perspective.

Board members made the following comments:

- (e) mental health should have a role in the programme, including specialist mental health workers;
- (f) a cultural shift towards care at home is positive, however all medical equipment must be suitable, labelled and easy to use at home.

RESOLVED to

(1) note the progress of the Integrated Adult Care Programme;

(2) note the progress against the Health and Wellbeing Strategy actions

39 NCSCB AND NCASPB ANNUAL REPORTS 2014/15

Alison Michalska, Corporate Director for Children and Adults presented the 2014/15 annual reports of the Nottingham City Safeguarding Children Board (NCSCB) and the Nottingham City Adult Safeguarding Partnership Board (NCASPB). Alison thanked Paul Burnett, the former chair of both Boards, who produced the reports comprehensively.

Malcolm Dillon, Nottingham Safeguarding Adults, then talked through the NCASPB report, highlighting the following:

- (a) Malcolm is the new independent chair of the NCASPB – now renamed the Safeguarding Adults Board - and Chris Cook is the new independent chair of the NCSCB. The Safeguarding Adults Board is now a statutory function;
- (b) The Care Act 2014 brings in additional areas of adult safeguarding - modern slavery, domestic violence and self-neglect including hoarding which all involve a great deal of complexity;
- (c) the number of enquiries to NCASPB in 2014/15 was just over 1000, which is similar to the previous year. Three quarters of these were older people, and 39% were in care homes. There are safeguarding concerns in both supported settings and in home settings;
- (d) preventative approaches continue to be developed and non-statutory organisations are becoming increasingly important in identifying concerns;

Clive Chambers, Head of Safeguarding and Quality, talked through the NCSCB report, highlighting the following:

- (e) there has been a statutory requirement to have a Local Safeguarding Children Board for many years. The report also includes updates from all of the sub-groups of the Board, including the Child Death Overview Panel which identifies measures and learning to prevent further child deaths;
- (f) the report is positive about the outcomes of Common Assessment Frameworks (CAFs) but there is slight concern around a reduction in numbers. This may be due to more interventions from Priority Families;
- (g) there is growing demand for specialist services such as social care and there has been an increase in Child Protection Plans but performance with regard to the numbers of children in care has been maintained. There has been improvement in certain outcomes for care leavers;
- (h) there have been improvements in policy procedure and guidance related to safeguarding;
- (i) engagement with schools has improved but engagement with local communities needs improvement.

The following answers were given in response to questions from the Board:

- (j) home-educated children can be vulnerable. There is ongoing dialogue between agencies to address these concerns where identified;
- (k) non-disclosure continues to be a problem for children as they find it difficult to report abuse. In terms of disclosing to professionals research indicates they are most likely to report to schools so these must be supported to be confident in dealing with this. For safeguarding adults, it is important that staff and volunteers continue to be trained, especially given the high turnover in some care services;
- (l) the adult Board business plan includes the intention to map where there are low levels of safeguarding referrals, to focus safeguarding awareness raising – which may be the case among certain communities.

RESOLVED to agree the Annual Reports, subject to any comments, proposed additions or amendments.

40 FORWARD PLAN

RESOLVED to note the forward plan, subject to the addition of an item on outcomes of the peer review

41 UPDATES

a CORPORATE DIRECTOR OF CHILDREN'S SERVICES (Agenda Item 13a)

Alison Michalska, Corporate Director for Children and Adults, introduced her update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

b DIRECTOR OF ADULT SOCIAL CARE (Agenda Item 13b)

Helen Jones, Director of Adult Social Care, introduced her update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

c HEALTHWATCH NOTTINGHAM (Agenda Item 13c)

Martin Gawith of Healthwatch Nottingham introduced his update. There were no additions to the update which was circulated prior to the meeting and no questions were asked by members of the Board.

d DIRECTOR OF PUBLIC HEALTH (Agenda Item 13d)

Alison Challenger, Interim Director of Public Health, gave the following updates:

- (a) work is being undertaken to keep the profile of the winter flu vaccine high as winter begins;
- (b) HIV awareness week has recently taken place. HIV figures are increasing with high levels of diagnosis;
- (c) health profiles are now published on Nottingham Insight, which are a useful tool for research and information.

e CLINICAL COMMISSIONING GROUP (Agenda Item 13e)

Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group (CCG) gave the following updates:

- (a) there have been a number of role changes in roles and responsibilities within the CCG's staffing structure from 1 November 2015;
- (b) there have also been changes to the CCG's governing body and committees. This is to ensure that the CCG governing body has sufficient representation of its member practices. Dawn offered thanks to John Taylor and Graham Ward who have both made a significant contribution to Nottingham City CCG over the last nine years.