

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 January 2016 from 2.00pm – 3.53pm

Membership

Voting Members

Present

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

Absent

Helen Jones
Dawn Smith

Non-Voting Members

Present

Lyn Bacon
Mike Manley
Leslie McDonald
Gill Moy
Chris Packham (substitute)

Absent

Candida Brudenell
Ruth Hawkins
Peter Homa
Jean Sharpe

Colleagues, partners and others in attendance:

Peter Blackburn	- Nottingham Evening Post
James Blount	- Media Officer, Communications and Marketing
Julie Carlin	- PA to Alison Challenger
Chris Common	- Senior Corporate Performance Specialist
Alison Ellis	- Nottinghamshire LPC
Jane Garrard	- Senior Governance Officer
Trevor Illsley	- Bayer
Pete McGavin	- Healthwatch Nottingham
Colin Monckton	- Director of Commissioning and Policy Insight
Chris Packham	- Nottinghamshire Healthcare NHS Trust
James Rhodes	- Strategic Insight Manager
Vinay Shankar	- Nottingham City CCG
Kate Smith	- Smokefree Nottingham Co-ordinator
Vikki Taylor	- NHS England

Louise Walker - East Midlands Clinical Networks Senate
John Wilcox - Insight Specialist, Public Health
Phil Wye - Governance Officer

42 APOLOGIES FOR ABSENCE

Candida Brudenell
Ruth Hawkins
Peter Homa
Helen Jones
Dawn Smith

43 DECLARATIONS OF INTEREST

Councillor Norris declared an interest in Item 6 as he is working with the Nottinghamshire Healthcare branch of UNISON.

44 MINUTES OF THE LAST MEETING

The Board confirmed the minutes of the meeting held on 25 November 2015 as an accurate record and they were signed by the Chair.

45 JOINT HEALTH AND WELLBEING STRATEGY 2.5 YEAR PROGRESS REPORT

John Wilcox, Insight Specialist, Public Health, introduced the report outlining progress on the delivery of the Nottingham City Joint Health and Wellbeing Strategy 2013-2016 approximately 2.5 years after it was endorsed by the Health and Wellbeing Board, and proposed changes in the governance of the Priority Families programme.

This was the final scheduled overall progress report with an end of strategy report planned for the Board meeting in July. Updates were given on each of the Joint Health and Wellbeing Strategy's priority issues, as below:

Healthy Nottingham: Preventing alcohol misuse

- (a) there has been reductions in the number of adults drinking at higher risk levels and binge drinkers;
- (b) street drinking is being tackled under the 'Blue Light' initiative, centred in the Arboretum Ward, and a city-wide street drinking ban has now been successfully introduced;
- (c) the 'Cardiff Model' has been introduced to improve sharing of health and police data;
- (d) in partnership with DrinkAware, 'club hosts' have been introduced to prevent fights and sexual harassment in clubs;

Supporting Older People

- (e) there has been a consistent reduction in non-elective admissions;

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- (f) seven day working is now being implemented across a range of services areas with plans for further roll out based on need;
- (g) there has been service provider collaboration to develop a model of delivery for integrated reablement and urgent care pathways;

Early Intervention: Improving Mental Health – Improving early years experiences to prevent mental health problems in adulthood

- (h) since the launch of the Behavioural, Emotional and Mental Health (BEMH) pathway in December 2014 there have been 2572 referrals;
- (i) in quarter one on 2016/17 there will be a comprehensive evaluation of the BEMH pathway;

Early Intervention: Improving Mental Health – Mental health and employment

- (j) the original target to support 1,100 people over 3 years to remain in work or begin working will not be met, however 800 people have been supported and there have been other positive developments under this priority;
- (k) initiatives which have been set up by partners in the city which support people with health problems to remain in or begin working include the Nottingham Jobs Fund, Access to Work and more IAPT provision;

Changing culture and systems: Priority Families

- (l) the current number of families being worked with is 521;
- (m) governance for the Priority Families is to move to the Crime and Drugs Partnership (CDP), to link it better with other relevant services.

RESOLVED to

- (1) note the reported progress on the delivery of the Joint Health and Wellbeing Strategy;**
- (2) approve the proposed change of governance for the Priority Families programme from the Health and Wellbeing Board to the Crime and Drugs Partnership.**

46 HEALTH PROTECTION ASSURANCE

Alison Challenger, Interim Director of Public Health, introduced the report on new regulations on health protection responsibilities which came into force on the 1st April 2013 including local arrangements for delivery and assurance of the local response to the revised regulations, and informing and assuring the Board that the health protection arrangements meet the health needs of the local population. Alison highlighted the following:

- (a) health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events;

- (b) from 1st April 2013, the NHS transferred some of the responsibility for health protection to Public Health England, CCGs and Nottingham City Council;
- (c) uptake to vaccination programmes in Nottingham has been rising gradually over recent years, and in 2013/14, most were comparable with England, the exception being influenza vaccine uptake by the over 65s and the measles, mumps and rubella (MMR) booster at age 5;
- (d) uptake to the breast and bowel cancer screening programmes continue to remain lower than the regional and England average. Progress is monitored and reviewed regularly by regional screening boards who work with the council and the CCG to identify interventions to improve local uptake;

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

- (e) a risk register can be provided for Board members with the main potential risks for health in Nottingham. Some of the current risks are high prevalence of tuberculosis, HIV prevalence and late diagnosis, and uptake of the MMR and influenza vaccines;
- (f) some children in the city remain completely unimmunised. This situation could be improved by working more closely in partnership with children's centres, schools and other organisations that work with families.

RESOLVED to

- (1) note the report and assurance;**
- (2) note that effective health protection mechanisms are in place;**
- (3) note that further work is needed to maintain and further improve awareness, accessibility and uptake to health protection services.**

47 A STRATEGIC PUBLIC HEALTH FRAMEWORK FOR NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

Chris Packham, Nottinghamshire Healthcare NHS Foundation Trust, introduced the report updating the Board on the development of a strategic framework for public health which has been approved by the Nottinghamshire Healthcare NHS Board.

- (a) the development of a strategic framework for public health has been approved by the Nottinghamshire Healthcare NHS Board;
- (b) the Trust supports 142,000 individual patients and is also a major local employer. It is well placed to demonstrate and champion how a public health approach can benefit patients, staff and communities;
- (c) the Trust has an important part to play in improving the health of the public and reducing inequality through its work within the local health and social care communities;
- (d) the strategic framework focusses on areas that need improvement rather than areas where the Trust is already performing well as they are aiming for overall improvement;

Members of the Board made the following comments:

- (e) it is positive that the Nottinghamshire Healthcare NHS Trust has taken the lead by producing this framework document;
- (f) all strategies from the member organisations of the Board must link together collectively through the Joint Health and Wellbeing Strategy;

RESOLVED to support the approach of a strategic public health framework towards improving the health of patients, staff and local communities

48 HEALTH AND WELLBEING STRATEGY DEVELOPMENT UPDATE REPORT

James Rhodes, Strategic Insight Manager, introduced the report, highlighting the following:

- (a) an engagement strategy was carried out in October and November and almost 500 people provided their views. These views, along with the JSNA summary and Health and Wellbeing Board development session discussion, have formed the focus for the new strategy;
- (b) the priority outcomes for the new strategy have been identified as:
 - people in Nottingham adopt and maintain healthy lifestyles;
 - people in Nottingham will have positive mental wellbeing and those with serious mental illness will have good physical health;
 - there will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health;
 - Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing;
- (c) next steps nomination of Board sponsors for each outcome, nomination of lead officers for each priority area, development of delivery plane and relevant indicators and production of a first draft for consultation with stakeholders and citizens;

The Board thanked James for leading on the development of the new strategy. The following comments were made in the discussion that followed:

- (d) the strategy must fit with the Nottingham Plan and avoid duplication;
- (e) the strategy should include national policies that the Board supports, such as minimum alcohol pricing, and encourage healthy lifestyles on a national, local and personal level;
- (f) consultation from the voluntary and 3rd sector organisations has been done well and they feel that their views have been incorporated. It is important that this engagement continues;
- (g) there is little in the strategy about engagement with the private sector, and this could encourage them to take more positive roles in public health.

RESOLVED to

- (1) note the results of the initial engagement strategy activity and the summary evidence from the Joint Strategic Needs Assessment;**

(2) approve the strategic framework proposed as the basis of the next Health and Wellbeing Strategy;

(3) approve the next steps for the development of the strategy.

49 HEALTH AND WELLBEING BOARD PEER CHALLENGE 2015 - FINDINGS AND RECOMMENDATIONS

Alison Michalska, Corporate Director for Children and Adults, introduced the report highlighting a number of key areas for improvement in how the Health and Wellbeing Board operates and works following a local peer challenge. Alison highlighted the following:

- (a) it has generally been felt that the Health and Wellbeing Board is improving health, but there has also been enthusiasm for change;
- (b) an proposed action plan has been produced and this will be discussed in more detail at the Health and Wellbeing Board Development Session;
- (c) one of the main outcomes was that governance of the Board is not currently fit for purpose and a clear director-level lead is needed. The Director of Public Health has been recommended for this role;
- (d) another outcome was that the Commissioning Executive Group (CEG) should be broader and cover more than only commissioning. The relationship between the CEG and Board should be more two-way as well, with the Board having more influence over what will be discussed at CEG;
- (e) a proper induction for new members should be introduced and the role of members should be made clear;

The following comments were made by members of the Board:

- (f) there should be a clear plan for succession if members leave the Board;
- (g) the role of each member should be made clear, particularly expectations of the 3rd sector representative and the Healthwatch representative;

RESOLVED to note the findings of the report

50 EAST MIDLANDS CLINICAL NETWORKS AND CLINICAL SENATE

Louise Walker, East Midlands Clinical Senate, introduced the report providing the Board with information about the role and function of the East Midlands Clinical Networks and Clinical Senate and an update on progress against the business plan for 2015/16.

RESOLVED to note the briefing on the East Midlands Clinical Networks and the Clinical Senate

51 FORWARD PLAN

RESOLVED to note the forward plan

52 UPDATES

a CORPORATE DIRECTOR OF CHILDREN'S SERVICES (Agenda Item 11a)

Alison Michalska, Corporate Director of Children's Services, introduced her update. There were no additions to the update which was circulated prior to the meeting.

b DIRECTOR OF ADULT SOCIAL CARE (Agenda Item 11b)

Alison Michalska, Corporate Director for Children and Adults, introduced the update on behalf of Helen Jones. There were no additions to the update which was circulated prior to the meeting.

c HEALTHWATCH NOTTINGHAM (Agenda Item 11c)

Martine Gawith of Healthwatch Nottingham introduced his update. There were no additions to the update which was circulated prior to the meeting.

d CLINICAL COMMISSIONING GROUP (Agenda Item 11e)

Dr Hugh Porter, Nottingham City CCG, gave the following updates on behalf of the CCG Chief Operating Officer:

- (a) NHS planning guidance was published for 2016/17 on 22 December. This sets out the national priorities for 2016/17 and longer term challenges for local systems, along with financial assumptions and business rules;
- (b) Maxine Davis, Lay Member for Patient and Public Engagement has terminated her role with the CCG. Thanks were given for Maxine's contribution and positive input to the Governing Body.

A query was raised about the commissioning and scrutiny of the NHS 111 service. CCG colleagues confirmed that Nottingham City CCG commissioned the service for Nottinghamshire and that further information could be provided on how the contract is managed and performance monitored.

e DIRECTOR OF PUBLIC HEALTH (Agenda Item 11d)

Alison Challenger, Director of Public Health, announced the launch of the city's second Tobacco Control Strategy. 27% of adults in Nottingham are smokers, which is well above the national average of 19%. The strategy has four key aims:

- protect children from harmful effects of smoking;
- motivate and assist every smoker to quit;
- reduce the supply and demand of illegal tobacco;
- leadership, innovation and development in tobacco control.

Members of the Board were encouraged to sign the Nottingham City and Nottinghamshire County Community Declaration on Tobacco Control.

Alison gave the following further updates:

- (a) Nottingham City Council has produced a charter on Sex and Relationship Education (SRE), asking all Nottingham schools to sign up and commit to providing consistent and high-quality information for Nottingham's school children;
- (b) new guidance in relation to alcohol consumption was published in January 2016. The new guidance states that men and women should not regularly consume more than 14 units of alcohol per week, and that people should have several drink-free days per week.