

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 March 2016 from 14.00 - 15.40

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
Dr Hugh Porter
Dawn Smith

Absent

Alison Michalska
Vikki Taylor

Non-Voting Members

Present

Lyn Bacon
Candida Brudenell
Peter Homa
Leslie McDonald
Gill Moy
Simon Smith

Absent

Superintendent Mike Manley

Lorraine Raynor (representing
Superintendent Mike Manley)

Colleagues, partners and others in attendance:

Ian Bentley	- Crime and Drugs Partnership
Julie Carlin	- PA to Alison Challenger
Jane Godden	- Head of Commissioning Care Homes and Individual Care Packages, Nottingham City CCG
Laura Hailes	- Nottingham CityCare Transformation Fellow
Christine Oliver	- Crime and Drugs Partnership
James Rhodes	- Strategic Insight Manager
Vinjay Shankar	- GP, Nottingham City CCG
Dot Veitch	- Partnership Support Officer

- Jo Williams - Assistant Director of Health and Social Care Integration,
Nottingham City CCG and Nottingham City Council
- Jane Garrard - Senior Governance Officer

53 CHAIR'S INTRODUCTION

The Chair noted that Dot Veitch's role is changing and she will no longer be providing support to the Board. On behalf of the Board he thanked her for her work and contribution. He also noted that support to the Board will now be provided by Jane Garrard, Senior Governance Officer.

54 APOLOGIES

Alison Michalska
Superintendent Mike Manley (represented at the meeting by Lorraine Raynor)

55 DECLARATIONS OF INTEREST

None.

56 MINUTES OF THE LAST MEETING

At the meeting on 27 January 2016 a query about the commissioning and scrutiny of NHS 111 had been raised and this was not included within the minutes. Subject to inclusion of this issue, the Board confirmed the minutes of the meeting held on 27 January 2016 as an accurate record and they were signed by the Chair.

57 HAPPIER HEALTHIER LIVES: NOTTINGHAM JOINT HEALTH AND WELLBEING STRATEGY 2016 - 2020

James Rhodes, Strategic Insight Manager, gave a presentation outlining the work that had taken place to develop the Joint Health and Wellbeing Strategy and next steps. He noted that it had not been possible to circulate the draft Strategy to Board members prior to the meeting, as indicated in the report, and therefore he proposed changes to the recommendations set out in the report. The following key issues were highlighted:

- a) In January the Board agreed the vision, framework and priorities (summarised in Appendix A to the report) and nominated sponsors and lead officers for each area (set out in Appendix B to the report).
- b) During March sponsors and lead officers developed the actions plans and Strategy, including ensuring links to relevant Nottingham City Clinical Commissioning Group plans. Several of the action plans still need further refining.
- c) Some of the proposed targets include terminology that could be difficult for members of the public to understand e.g. 'improving healthy life expectancy in

comparison with other Core Cities' and there is a need to identify citizen-friendly ways of explaining them.

- d) The first draft of the Strategy will be circulated to Board members within the next week for comment.
- e) During April further work will take place to refine the action plans, including holding 4 workshops. Lead officers for each outcome area will also be identified.
- f) The final draft Strategy will be presented to the Board in May to approve for public consultation.
- g) Following public consultation in June the Board will be asked to approve the final Strategy in July and detailed action plans in September.

During discussion the following comments were made:

- h) Whether there is scope to differentiate between different groups within the Strategy where appropriate, for example targets and actions that are particularly relevant to children and young people.
- i) It is important that information about sponsors and lead officers is kept up to date. It was suggested that responsibility for this lie with the post of the relevant sponsor.
- j) Given that the Strategy will last until 2020, is it realistic to aim to be 'smoke free'?
- k) It is important that the narrative of the Strategy makes it clear how it links with other work rather than duplicating it.

RESOLVED to:

- (1) note the progress so far in developing the Nottingham Joint Health and Wellbeing Strategy;**
- (2) request that Health and Wellbeing Board members review the initial draft of the Strategy to be circulated following the meeting;**
- (3) approve the principle of adopting the same headline targets as Nottingham City Clinical Commissioning Group;**

(4) approve additional governance arrangements to appoint a lead officer for each outcome from either Nottingham City Council or Nottingham City Clinical Commissioning Group; and

(5) approve the amended timetable for development of the Strategy as:

- **April: review and refine high level action plans and nominate lead officers for each outcome**
- **May: draft Strategy to Health and Wellbeing Board for approval for consultation**
- **June: consultation on the draft Strategy**
- **July: final Strategy to Health and Wellbeing Board for approval**
- **September: detailed action plans to Health and Wellbeing Board.**

58 2016/17 CCG OPERATIONAL PLAN

Dawn Smith, Chief Operating Officer of Nottingham City Clinical Commissioning Group introduced the report detailing how Nottingham City CCG is responding to the NHS Five Year Forward View and associated national planning guidance. The CCG has developed an Operational Plan for 2016/17 (attached to the report) and is required to submit it to the Health and Wellbeing Board for approval. The following information was highlighted:

- a) The Operational Plan has been produced to NHS England specifications, and a more public-friendly, accessible version will be produced.
- b) In drafting the Operational Plan consideration was given to the draft Joint Health and Wellbeing Strategy and discussions of the Health and Wellbeing Board;
- c) Quality Premiums are a mechanism by which CCGs can access additional government funding. There are a number of national standards and CCGs can also choose 3 local measures to include. Local measures must be chosen from a restricted list, be an area in which the CCG is a current outlier and be something that is measurable within a one year timeframe.
- d) The CCG's Governing Body considered the Operational Plan on 30 March 2016 and identified the following areas for inclusion as the Quality Premium local measures:
 - a. improving access to psychological therapies
 - b. reducing numbers of pregnant women smoking at the time of birth
 - c. increasing the number of people who have stopped smoking beyond 4 weeks.

During discussion the following comments were made:

- e) GP recruitment and retention is a national issue and is often more acute in inter-city areas. It is not allowed to be a priority within the Operational Plan but is a priority area for the CCG. Work is already taking place, including establishment of a GP Fellowship Scheme and forming alliances to enable

GPs to better support each other, especially important for smaller practices. Improving GP provision is indirectly incentivised in many of the national measures because availability of robust primary care will be key to achieving them.

- f) The inclusion of measures focused on reducing smoking was welcomed, particularly the focus on reducing smoking by pregnant women as this is a really challenging issue. Measures to reduce smoking support ambitions within the Council Plan.
- g) The City has a problem with social isolation and loneliness. It has been included within various strategies e.g. the draft Joint Health and Wellbeing Strategy but it was suggested that there was scope for a greater, more transformational focus.
- h) The CCG is facing financial and political pressures but achievement of the Plan is manageable assuming national demands don't increase further. It is beneficial that key partners share ambitions, are undertaking joint working and looking for opportunities to achieve efficiencies.

RESOLVED to:

- (1) note the planning guidance produced by NHS England and approve Nottingham City Clinical Commissioning Group Operational Plan 2016/17; and**
- (2) approve the decision taken at the Nottingham City Clinical Commissioning Group Governing Body on 30 March 2016 identifying local measures associated with the Quality Premium as:**
 - a. improving access to psychological therapies;**
 - b. reducing numbers of pregnant women smoking at the time of birth; and**
 - c. increasing the number of people who have stopped smoking beyond 4 weeks.**

59 HEALTH AND WELLBEING STRATEGY ALCOHOL MISUSE PRIORITY UPDATE

Christine Oliver, Head of Service Crime and Drugs Partnership, introduced the report updating the Board on progress against health and wellbeing objectives and the specific actions within the Health and Wellbeing Strategy 2013-2016 relating to alcohol misuse. She highlighted that:

- a) Reducing alcohol misuse is a broad agenda encompassing a wide range of activities on prevention, treatment and enforcement.
- b) Successful completion of treatment programmes has improved and Nottingham is now the second best performing Core City for drugs and alcohol.

- c) Representations to treatment have reduced from 21% in June 2015 to 10% in January 2016. This is in line with the national average.
- d) Drop outs from treatment services are at an all-time low.
- e) Violence in the night-time economy has fallen.
- f) There are long term challenges, including reducing alcohol related hospital admissions; reducing alcohol related mortality; and reducing the percentage of people drinking at a high level.
- g) Current risks are the tender process aligning drug and alcohol services; and penetration of the population into treatment.

In response to questions the following additional information was provided:

- h) Work is taking place to target specific communities, for example Big Lottery funding is being used to target entrenched drinkers who aren't in treatment. There is also a specific project targeting street drinking with both treatment and enforcement. There is a specific operation in the Forest/ Arboretum/ Berridge area trying to get treatment resistant individuals into treatment using a multi-agency approach. The top cases are subject to case conferencing.
- i) Prevention is crucial to changing the culture across the City. Cultural ambitions are included within the new draft Health and Wellbeing Strategy.
- j) There is a case for rethinking how performance is measured as the statistics are volatile and may not give a clear picture of progress.

RESOLVED to:

(1) note the progress against the Health and Wellbeing Strategy actions for addressing alcohol misuse; and

(2) note additional activity to address alcohol misuse.

60 REPORT OF THE JOINT HEALTH AND WELLBEING BOARD WORKSHOP ON WORKFORCE

Lyn Bacon, Chief Executive of CityCare presented the report and gave a presentation about the findings from the Joint Nottinghamshire and Nottingham Health and Wellbeing Boards workshop on workforce and next steps. During the presentation she highlighted the following information:

- a) There are a number of drivers for focusing on workforce issues including strategic workforce activity arising from the Sustainability and Transformation Plan.

- b) Each Sustainability and Transformation Plan area is required to have a Local Workforce Action Board (LWAB) by April 2016. Supported by Health Education England, the LWAB will oversee strategic workforce activity relating to the Sustainability and Transformation Plan. It needs sign off from the system leader.
- c) The LWAB will be responsible for 4 key areas of work:
 - i. assessment of the current NHS and social care workforce and labour market issues;
 - ii. development of a high level workforce strategy setting out the workforce implications of the Sustainability and Transformation Plan's ambitions;
 - iii. development of a workforce transformation plan for what is needed to deliver the Sustainability and Transformation Plan's ambitions; and
 - iv. development of an action plan identifying the necessary investment in workforce needed for Sustainability and Transformation Plan delivery.
- d) Health Education England has commented that Nottinghamshire is ahead of others in embracing the transformation agenda.
- e) Five key work streams have been identified:
 - i. Workforce transformation e.g. role redesign, new ways of working
 - ii. Human resources policy and practice - bringing HR leads together to discuss what is needed and how it can be achieved
 - iii. Organisational development – including cultural change, collective leadership and workforce engagement
 - iv. Workforce intelligence, modelling and analysis – looking at what the ideal workforce is
 - v. Workforce productivity e.g. use of pharmacists
- f) Funding has been received to pump-prime the development of a local employer-led health and social education facility for the whole workforce to support workers to graduate/ post-graduate level.
- g) The outcome of the bid for the National Excellence Centre will be announced in July 2016.
- h) Resource is being identified to develop training for new and existing homecare staff.
- i) Resource is being identified for an urgent care training hub.
- j) A hub and spoke model of working with New College and D2N2 is being developed.

- k) The intention is to look at the workforce by place, rather than by organisation or profession. This could be done by identifying one Care Delivery Group area to focus on.

During discussion the following comments were made:

- l) Tackling workforce issues connects to delivery of the Joint Health and Wellbeing Strategy action plans.
- m) It is important to consider the wider workforce beyond NHS and social care, for example the Fire Service.
- n) Workforce issues are part of wider strategies and need to be tackled across Nottinghamshire. There are differences between the City and County and also variations within the City. The focus on place should help to make sure City-specific issues are not lost by looking at community needs and bringing workforce and place together.
- o) There was support for the proposal to focus on a Care Delivery Group area.
- p) Leslie McDonald, Third Sector Representative, welcomed opportunity to engage voluntary and community organisations. He suggested that this could help to develop leadership skills in smaller organisations supporting their future sustainability and improving the quality of services they provide.
- q) There are opportunities to promote wider aspects of the health and wellbeing agenda, such as employment e.g. providing employment opportunities for women can help to address issues such as poverty, social exclusion.

Lyn Bacon said that she would welcome suggestions of a Care Delivery Group area to focus on.

RESOLVED to:

- (1) create a single Strategic Workforce Development Plan for health and social care across Nottinghamshire including the City reflecting on previous strategies for lessons learnt;**
- (2) ensure workforce groups, such as Local Education and Training Council (LETC), Health Education England working across the East Midlands, D2N2 LEP Health and Social Care Action Plan and the service transformation programmes have alignment with one another and make best use of resource for the whole system;**
- (3) support Nottingham CityCare's joint bid with the City Council, New College Nottingham and D2N2 for the National Skills Academy: Establishing**

Excellence Centres for the training of health and social care support workers;

- (4) note the D2N2 Skills and Employment Board Health and Social Care Sector Skills Action Plan is due in the spring of 2016; and**
- (5) note a Workforce Transformation Group and a HR Directors' Network has been established to develop a collaborative action plan and will identify the resources and funding to realise the projects required for local implementation. This plan will come back to Commissioning Executive Group for oversight on funding and delivery.**

61 2016/17 BETTER CARE FUND PLAN

Jo Williams, Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council introduced the report setting out the draft 2016/17 Better Care Fund Plan that was submitted to NHS England on 21 March 2016. She informed the Board that the Plan will be amended following feedback before final submission on 25 April 2016 (the Regional Team have now requested it by 15 April). During her introduction and in response to questions she provided the following information:

- a) Requirements for submission include:
- i. A narrative plan describing the system wide vision and how the Better Care Fund will support it. This will show the changes made to last year's Plan to reflect progress made;
 - ii. Confirmation of funding contributions. Additional funding contributions are the same as last year. There have been no discussions to expand contributions because of work to look at establishing a pooled budget for adult social care;
 - iii. Scheme level spending plans. This is unchanged from last year.
 - iv. Metrics – there are 4 national and 2 local metrics. The local metrics include reducing delayed transfers of care. There will be a deep dive to look at the reasons for delayed transfers of care.
- b) The pooled budget (established under Section 75) is in place and amendments will be made to reflect this year's Plan.
- c) There is no national assurance process for the Plan this year. Instead it will require regional assurance and sign off.
- d) Initial feedback on the draft Plan has been received from the Regional Team. An initial rating of 'assured' has been received subject to three key lines of enquiry.

- e) Local action plans will include mental health issues.

During discussion the importance of having agreed definitions around delayed transfers of care was raised.

RESOLVED to ensure an agreed definition of a delayed transfer of care is applied to the deep dive analysis into reasons for the recent increase in delayed transfers of care.

62 PERSONAL HEALTH BUDGETS (PHBS) – DEVELOPING A LOCAL OFFER

Jane Godden, Head of Commissioning Care Homes and Individual Care Packages, presented the report on developing a local offer for personal health budgets. She highlighted the following information:

- a) National planning guidance relating to the NHS Five Year Forward View requires clinical commissioning groups to develop a local offer for personal health budgets by 1 April 2016.
- b) The guidance requires the local offer to be approved by the Health and Wellbeing Board prior to publication.
- c) Personal health budgets are already provided to some individuals, for example those entitled to NHS Continuing Healthcare.
- d) The extension of personal health budgets to other groups is complex and it is proposed to take a steady approach by focusing on a small number of areas – continuing to provide personal health budgets for adults eligible for NHS Continuing Healthcare and children eligible for children’s continuing care (including adults whose care package is jointly funded with the local authority); and developing personal health budgets for adults with a learning disability in line with wider plans to transform care for people with learning disabilities across Nottinghamshire, and for citizens with a range of long term conditions possibly including mental health.
- e) There is no new money available to develop personal health budgets.
- f) For Nottingham City there is a target of between 300-600 people to be in receipt of a personal health budget by 2020.
- g) Lessons are being learnt from the experience of Nottingham City Council in developing personal budgets.
- h) Discussions are being held between the CCG and City Council about the possibility of a future shared direct payment service.

During discussion the following comments were made:

- i) From 1 April 2016 there will be a push to ensure those eligible for NHS Continuing Healthcare are in receipt of a personal health budget; and then plans will be identified to roll it out to those with learning disabilities. Based on NHS England guidance the approach will be a slow roll out to ensure it is right.
- j) When personal budgets were introduced in adult social care additional funding was available to enable 'double running' in the beginning. It will be challenging to introduce personal health budgets without this additional funding.
- k) Given the tight criteria for eligibility the numbers of individuals affected is small. There is potential to do a lot more.
- l) In the future there could be scope to have just one personal budget rather than some individuals having a personal budget for social care and a personal health budget.

RESOLVED to approve the Nottingham City Clinical Commissioning Group's local offer for personal health budgets.

63 NOTTINGHAM CITY COUNCIL COMMISSIONING INTENTIONS 2016/17

Candida Brudenell, Strategic Director for Early Intervention, introduced the report setting out commissioning intentions that the City Council has identified as relevant to the Health and Wellbeing Board. She informed the Board that it is intended to bring a report detailing the City Council and Nottingham City Clinical Commissioning Group's joint commissioning intentions to the Health and Wellbeing Board in May.

RESOLVED to note the commissioning activity identified subject to further prioritisation work with Nottingham City Clinical Commissioning Group.

64 FORWARD PLAN

Alison Challenger, Director of Public Health, reminded Board members that a Development Session looking at the Peer Review had been scheduled for 8 April 2016.

RESOLVED to note the Forward Plan subject to inclusion of a report regarding the City Council and Nottingham City Clinical Commissioning Group's joint commissioning intentions in May.

65 UPDATES

66 CORPORATE DIRECTOR OF CHILDREN'S SERVICES

Helen Jones, Director of Adult Social Care, introduced the written update from the Corporate Director of Children and Families. There were no additions to the update which was circulated with the agenda.

67 DIRECTOR OF ADULT SOCIAL CARE

Helen Jones, Director of Adult Social Care, introduced the update. There were no additions to the update circulated with the agenda.

68 HEALTHWATCH NOTTINGHAM

Martin Gawith, Chair Healthwatch Nottingham, introduced the update from Healthwatch Nottingham. There were no additions to the update which was circulated with the agenda.

69 CLINICAL COMMISSIONING GROUP

Dawn Smith, Chief Operating Officer Nottingham City Clinical Commissioning Group introduced the update from the Clinical Commissioning Group. In addition to the written update circulated with the agenda she highlighted that:

- a) The footprint for the Sustainability and Transformation Plan is the whole of Nottinghamshire, except for Bassetlaw. David Pearson, Corporate Director for Adult Social Care, Health and Public Protection, Nottinghamshire County Council has been appointed as the lead.
- b) There had been two significant Care Quality Commission inspection reports published recently. One related to Nottingham University Hospitals NHS Trust which received a 'Good' rating; and the other related to a GP practice and appropriate action had been taken in response to the issues identified.
- c) The CCG was currently refreshing its strategy and strategic priorities.

a DIRECTOR OF PUBLIC HEALTH (Agenda Item 12e)

Alison Challenger, Director of Public Health, gave an update on relevant public health issues including:

- a) The results of the Citizens Survey are now available on the Nottingham Insight website. It found that smoking prevalence had dropped and the City was on track to meet the 2020 target.
- b) The Chancellor had announced a 'sugar tax' in the recent Budget. Local implications are not yet clear.
- c) Public Health England has launched a big campaign 'How Are You?' Materials are available for local use and there is a need to consider how Nottingham can benefit locally from this campaign.

