

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on 27 July 2016 from 2.02 pm - 4.00 pm

Membership

Voting Members

Present

Councillor Steve Battlemuch
Dr Marcus Bicknell (Vice-Chair)
Alison Challenger
Martin Gawith
Helen Jones
Councillor Neghat Nawaz Khan
Councillor Alex Norris (Chair)
Jonathan Rycroft
Dawn Smith

Absent

Councillor David Mellen
Alison Michalska
Dr Hugh Porter

Non-voting Members

Present

Lyn Bacon
Stephen Dudderidge
Peter Homa
Leslie McDonald
Gill Moy
Maria Ward

Absent

Wayne Bowcock
Ruth Hawkins
Chief Superintendent Mike Manley
Michelle Simpson

Colleagues, partners and others in attendance:

- | | |
|-------------------|--|
| Ian Bentley | - Strategy and Commissioning Manager, Crime and Drugs Partnership |
| Sandra Crawford | - Nottinghamshire Healthcare |
| Nickey Dawson | - Priority Families Programme Co-ordinator, Nottingham City Council |
| Helene Denness | - Consultant in Public Health, Nottingham City Council |
| Jane Garrard | - Senior Governance Officer, Nottingham City Council |
| Ruth Hawley | - Library Lead – Economic Health and Wellbeing, Nottingham City Council |
| Dr David Hughes | - GP, NHS |
| David Johns | - Speciality Registrar, Nottingham City Council |
| Vanessa MacGregor | - Consultant, Public Health England |
| Pete McGavin | - Nottingham Healthwatch |
| Colin Monckton | - Director of Commissioning and Policy Insight, Nottingham City Council |
| Christine Oliver | - Head of Commissioning, Nottingham City Council |
| David Pearson | - Corporate Director, Adult Social Care, Health and Public Protection and Deputy Chief Executive, Nottinghamshire County Council |

- Lorraine Raynor - Chief Environmental Health and Safer Housing Officer, Nottingham City Council
- James Rhodes - Strategic Insight Manager, Nottingham City Council
- Rachael Shippham - Housing Strategy Specialist, Nottingham City Council
- John Wilcox - Public Health Insight Specialist, Nottingham City Council
- Laura Wilson - Governance Officer, Nottingham City Council

16 APOLOGIES FOR ABSENCE

Wayne Bowcock
Candida Brudenell
Chief Superintendent Mike Manley
Councillor David Mellen
Alison Michalska
Dr Hugh Porter
Michelle Simpson
Simon Smith

17 DECLARATIONS OF INTERESTS

None.

18 MINUTES

Subject to the title of minute 7 being amended to read 'Nottinghamshire NHS Sustainability and Transformation Plan', the minutes of the meeting held on 25 May 2016 were confirmed as a true record and signed by the Chair.

19 CHANGES TO HEALTH AND WELLBEING BOARD MEMBERSHIP AND REPRESENTATION

Councillor Alex Norris, Chair of the Board, introduced the report which detailed that the City Council had agreed changes to the Board's membership and voting arrangements at its meeting on 11 July 2016.

RESOLVED to

- (1) support the following amendments to the Health and Wellbeing Board membership:**
 - (a) add a representative of Nottinghamshire Fire and Rescue Service as a non-voting member;**
 - (b) add a representative of Nottingham universities as a non-voting member;**
 - (c) amend the Community and Third Sector representative (non-voting) to up to two individuals representing the interests of the third sector (non-voting);**
 - (d) amend the representative of JobCentre Plus (non-voting) to the representative of the Department for Work and Pensions (non-voting);**

- (2) **note that the following individuals have been nominated as representatives on the Health and Wellbeing Board:**
- (a) **Wayne Bowcock – Nottinghamshire Fire and Rescue Service representative (non-voting);**
 - (b) **Stephen Dudderidge – Nottingham universities representative (non-voting);**
 - (c) **Leslie McDonald and Maria Ward – Third Sector representatives (non-voting);**
 - (d) **Michelle Simpson – Department of Work and Pensions representative (non-voting);**
- (3) **note that Jonathan Rycroft has been nominated to represent NHS England (voting) on the Health and Wellbeing Board.**

20 JOINT HEALTH AND WELLBEING STRATEGY 2013-2016 END OF STRATEGY REPORT

John Wilcox, Public Health Insight Specialist, Nottingham City Council, introduced the report on the delivery of the City's first Joint Health and Wellbeing Strategy 2013-16, and highlighted that the Board's first Strategy was endorsed in June 2013, with four priorities:

- prevent alcohol misuse;
- provide more integrated care services for older people;
- intervene earlier to increase good mental health;
- support priority families.

Ian Bentley, Strategy and Commissioning Manager, Crime and Drugs Partnership, highlighted the following achievements and ambitions in relation to alcohol misuse:

- (a) a new integrated drugs and alcohol service to address the increasing numbers of poli-substance misuse problems has been commissioned;
- (b) clear mental health pathways have been put in place to assist an increasing number of chaotic, vulnerable drinkers into mental health treatment;
- (c) 36.5% of alcohol users and 48.7% of alcohol and substance misusers referred to the service have successfully completed the programme, which gives a mean average of 42.5%, well above the local mean target of 33%;
- (d) there are plans to increase the number of providers of identification and brief advice;
- (e) a new hospital alcohol carepath service needs to be commissioned to ensure robust treatment for those who are admitted for alcohol related illnesses;
- (f) the development of interventions to engage street drinkers and beggars into treatment needs to continue.

Christine Oliver, Head of Commissioning, highlighted the following achievements and ambitions in relation to supporting older people:

- (g) the ambition to deliver more proactive care is starting to be realised through multi-disciplinary teams working in Care Delivery Groups;
- (h) risk profiling and other relevant information is being used to support holistic care across organisational boundaries;
- (i) new roles have been established to support the integrated care model, eg care co-ordinators and housing health co-ordinators;
- (j) assistive technology has been expanded to support early intervention and more robust case management;
- (k) the integration of health and social care reablement and urgent care services will reduce duplication and ensure a period of rehabilitation to meet individual needs is available for citizens;
- (l) the self care pilot, which includes social prescribing, community navigators, and self care hubs is being rolled out across the City to support the shift to prevention and early intervention.

Helene Denness, Public Health Consultant, highlighted the following achievements and ambitions in relation to improving mental health:

- (m) the behavioural, emotional and/or mental health pathway for early years has been launched to ensure:
 - more children and young people have access to required support;
 - parents and carers are provided with parenting and behavioural support;
 - more appropriate referrals to Community Paediatricians for ADHD/ASD assessment;
 - there is a strategic link with wider children's mental health work through the Future in Mind Transformation Plan;
- (n) in relation to employment:
 - 1,054 people with health problems have been supported to remain in work, return to work, or gain employment through Fit for Work;
 - there is improved access and uptake of NHS psychological therapy services;
 - improved individualised mental health support is offered through the new Wellness in Mind service;
 - the Health, Wellbeing and Recovery College has improved the skills/knowledge/education of people with mental health problems;
 - cross sector front line staff are better able to support people with mental health problems after attending training;
 - the Individual Placement Support was successfully piloted in Nottingham;
 - there is targeted mental health and employment support for BME communities through STEPS;
 - Nottingham City Council has signed up to Time to Change and has become a Mindful Employer.

Nicky Dawson, Priority Families Programme Co-ordinator, highlighted the following achievements and ambitions in relation to priority families:

- (o) an evidence based way of working with whole families is being embedded, aligning public sector adults and children's services and using existing resources in a sustainable, cost effective and integrated way;
- (p) cross sector workforce development is taking place to support transformation and equip the city partnership with the skills needed to turn prevention and early intervention, with Nottingham work informing national policy;
- (q) employment support is now seen as integral to improved outcomes for families, especially for vulnerable citizens;
- (r) to date, improved outcomes have been achieved across all risk indicators for 1,292 families, or over 4,600 citizens (based on average family size). A further 1,113 families are currently in support, and by the end of the programme in 2020 at least 5,040 families will have been supported, which is approximately 18,000 citizens;
- (s) the programme has promoted improvements in joint strategic planning, information sharing, needs led assessment and planning, and evidencing the impact of interventions.

The following comments were made during the discussion:

- (t) great improvements have been made over the last 3 years, but there is further work to do and less resources so co-production needs to increase;
- (u) it is important to let the changes embed and be brave on how issues are tackled;
- (v) voluntary groups that aren't commissioned also need to be engaged to reach more communities.

RESOLVED to

- (1) note the progress and achievements on the delivery of the City's first Joint Health and Wellbeing Strategy 2013-16;**
- (2) support and endorse the future direction on the priority issues.**

21 HAPPIER HEALTHIER LIVES: NOTTINGHAM JOINT HEALTH AND WELLBEING STRATEGY

Further to minute 6 dated 25 May 2016, James Rhodes, Strategic Insight Manager, Nottingham City Council, introduced the report presenting the final version of the Joint Health and Well-being Strategy 2016 to 2020, with the overarching aim to increase healthy life expectancy and reduce health inequalities across the City, and highlighted the following points:

- (a) consultation on the strategy was undertaken throughout June. The feedback was predominantly positive, but some issues were raised and have been addressed:

Issue	Response
Delivery and accountability	The Health and Wellbeing Board will review progress and hold each other to account against the strategy's detailed action plans with each meeting focusing on one of the four outcomes of the strategy on a rolling basis. Detailed action plans will be refreshed annually to ensure they remain current.
Delivery should be targeted	Detailed action plans will be produced to focus on those areas/ communities disproportionately affected .
Missing priorities (sexual health, drugs, safe relationships)	The Health and Wellbeing Strategy Steering Group recommended the inclusion of sexual health in the strategy. Given the wide scope of the strategy, it was felt substance misuse was not generally an issue experienced in isolation to other problems and that this client group would be picked up throughout the strategy's themes. There was not sufficient evidence to prioritise safe relationships above the other issues already included in the strategy.
Jargon	The final strategy has been amended to make it more citizen focused.

- (b) detailed action plans will be submitted to the September meeting;
- (c) it is proposed that the Health and Wellbeing Strategy and the CCG Strategy are officially launched through a joint event.

The following comments were made during the discussion:

- (d) the action plans will include details of which proposals are currently resourced and which aren't;
- (e) changing the wording to 'I' statements may have more of an impact, ie "I will be physically active", instead of 'citizens will be physically active';
- (f) the Strategy needs to be branded with all partners logos;
- (g) relationships have been cemented through the first Strategy, which should make achieving the targets in the second Strategy more straightforward;
- (h) it could be useful to run case studies for each of the four priorities over the life of the Strategy, ie a current smoker accessing the support available and see whether they are still smoking in four years' time.

RESOLVED to approve the final version of the Strategy, and note the next steps.

22 NOTTINGHAMSHIRE NHS SUSTAINABILITY AND TRANSFORMATION PLAN

Further to minute 7 dated 25 May 2016, David Pearson, Corporate Director, Adult Social Care, Health and Public Protection and Deputy Chief Executive, Nottinghamshire County Council, introduced the report providing an update on progress to approve and develop the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) which will address key gaps around health and wellbeing, care and quality, and finance and efficiency; and highlighted the following points:

- (a) the STP was submitted to NHS England by the deadline of 30 June;
- (b) the feedback so far has been positive and it has strong support across all partnerships;
- (c) a key target is to increase life expectancy by 3 years across the City and County by addressing cardiovascular disease, mental health and childhood obesity;
- (d) social care is an issue nationally, and both authorities are making considerable improvements;
- (e) financial modelling has changed from population based to place based which should provide more opportunities;
- (f) cost improvement plans will be put in place, as well as implementation plans;
- (g) there is a fourth gap which requires a cultural change to ways of working and approaches in order to address it;
- (h) there is a need to translate the high level plans into action plans to ensure that the objectives are achieved;
- (i) the final submission will be in October 2016, and implementation will be towards the end of this financial year.

RESOLVED to

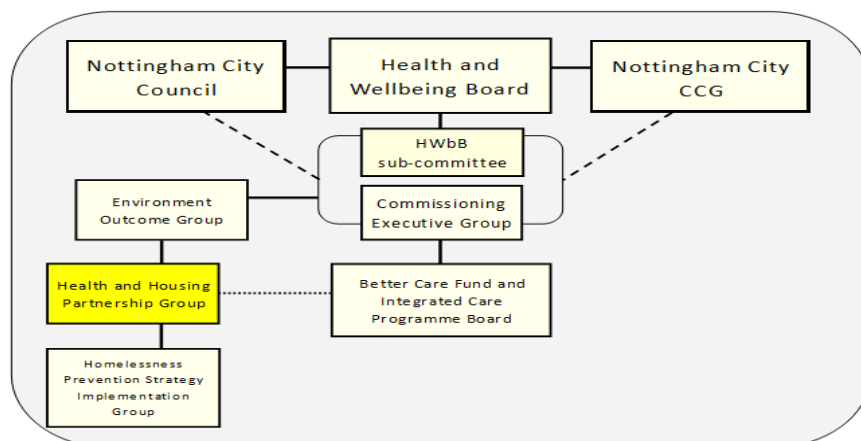
- (1) note that the Nottingham and Nottinghamshire STP was submitted on time and is awaiting final feedback and timescales for the next steps from NHS England;**
- (2) continue to secure support and resources from partner organisations for the planning and delivery of the Nottingham and Nottinghamshire STP;**

- (3) **continue to secure commitment to develop the ‘fourth gap’ around culture, leadership and changed mindsets in order to successfully implement the STP.**

23 NOTTINGHAM MEMORANDUM OF UNDERSTANDING

Gill Moy, Director of Housing Services, Nottingham City Homes, and Rachael Shippam, Housing Strategy Specialist, Nottingham City Council, introduced the report providing an update on progress on developing the Nottingham Memorandum of Understanding (MoU) and the implementation of the action plan to accompany it, and highlighted the following points:

- (a) the MoU is to support joint action on improving health through the home;
- (b) in December 2014 a national MoU was published, which led to a recommendation for local version in May 2015, with a task group being set up in October 2015;
- (c) this will be the first local MoU in the country and the intended outcome of the MoU is for citizens to report that they are healthier, happier and live independently for longer;
- (d) the objectives are:
- integration;
 - impact of housing sector;
 - reducing health inequalities;
 - reducing demand for health and social care;
 - supporting self care;
- (e) priority areas of focus include:
- evidencing need and impact;
 - developing innovative ways of working, sharing information, and maximising funding;
 - private sector homes;
 - financial resilience;
 - homelessness prevention;
- (f) the strategic alignment and governance:



- (g) consultation took place in May/June 2016;
- (h) to put it into place a new Health and Housing Partnership Group has been established, and reporting and governance arrangements are in place. The MoU will then be launched and reviewed in due course.

The Board welcomed the MoU and were supportive of its development.

RESOLVED to

- (1) note the drivers for the development of a Nottingham MoU, including the need for further integration of health, housing and social care services to support the delivery of positive health and wellbeing outcomes for citizens;**
- (2) endorse the MoU and encourage members to fully commit to supporting the delivery of the action plan;**
- (3) support a renewed Health and Housing Partnership Group to take responsibility for co-ordinating the implementation of the action plan and report back to the Environment Outcome Group of the Health and Wellbeing Board;**
- (4) sponsor the local and national launch of the Nottingham MoU.**

24 HEALTH PROTECTION ASSURANCE - UPDATE

Alison Challenger, Director of Public Health, Nottingham City Council, introduced the report focussing on potential risks and areas for development in relation to vaccination or screening intervention that would enable prevention or earlier detection of disease, and highlighted the following points:

- (a) a number of programmes in Nottingham suggest a lower uptake compared with the East Midlands and England. These include:
 - the seasonal influenza immunisation programme;
 - the measles, mumps and rubella (MMR) vaccination;
 - breast cancer screening;
 - bowel cancer screening;
 - HIV prevention and diagnosis.
- (b) different ways of marketing vaccination and screening need to be investigated, for example:
 - continuing reminders about MMR vaccination up until age 18, through the school nurse service in primary and secondary school and when young people first start university;
 - working with children's centres and antenatal clinics.

RESOLVED to note the contents of the report.

25 FORWARD PLAN

RESOLVED to note the Forward Plan.

26 UPDATES

(a) Corporate Director for Children's Services

There were no additions to the update which was circulated with the agenda.

(b) Director for Adult Social Care

There were no updates to be given.

(c) Director of Public Health

There were no additions to the update which was circulated with the agenda.

(d) Nottingham City Clinical Commissioning Group

Dawn Smith, Nottingham City Clinical Commissioning Group (CCG), informed the Board that an inspection of the CCG has taken undertaken by NHS England and, due to a rating of 'requires improvement' in finance, an overall rating of 'requires improvement' has been given.

(e) Healthwatch Nottingham

There were no additions to the update which was circulated with the agenda.