

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham NG1 6GN on 30 November 2016 from 14.00 - 16.10

Membership

Voting Members

Present

Councillor Steve Battlemuch
Dr Marcus Bicknell
Alison Challenger
Martin Gawith
Helen Jones
Councillor Alex Norris (Chair)
Hugh Porter
Dawn Smith

Absent

Councillor Neghat Khan
Councillor David Mellen
Alison Michalska
Jonathan Rycroft

Non-voting Members

Present

Lyn Bacon
Wayne Bowcock
Leslie McDonald
Gill Moy
Maria Ward

Absent

Peter Homa
Mike Manley
Chris Packham
Michelle Simpson
Claire Thompson

Colleagues, partners and others in attendance:

Samad Abdul	- Public Health, Nottingham City Council
Kevin Baker	- Nottingham Deaf Wellbeing Action Group
Ian Bentley	- Crime and Drugs Partnership, Nottingham City Council
Susan Bloomfield	- Nottingham Deaf Wellbeing Action Group
James Blount	- Communications, Nottingham City Council
Richard Buckwell	- Keep Our NHS Public
Marie Cann-Livingstone	- Teenage Pregnancy and Early Intervention Specialist, Nottingham City Council
Charlotte Cooper	- Souprunners
Alison Ellis	- Nottinghamshire Local Pharmacy Committee
Michael Franuton	- Nottingham CityCare Partnership
Laura Hammond	- Nottingham Post
Ruth Hawley	- Nottingham City Libraries/ Nottingham and Nottinghamshire Health Information Forum
Jill Henshaw	- NSLIS Interpreter
David Johns	- Public Health, Nottingham City Council
Caroline Keenan	- Public Health, Nottingham City Council
Maxi Leigh	- Support for Survivors
Ross Longhurst	- Keep Our NHS Public
Gabriella Machokas	- Nature in Mind, Framework

Health and Wellbeing Board - 30.11.16

Pete McGavin	- Healthwatch Nottingham
David Pearson	- Nottinghamshire County Council
Dianne Prescott	- Nottinghamshire Sustainability and Transformation Plan
Antony Quinn	- Nottingham Deaf Wellbeing Action Group
Claire Smith	- NSLIS Interpreter
Rachel Sokal	- Public Health Consultant, Nottingham City Council
Les Townsend	- Nottingham Deaf Wellbeing Action Group

36 CHAIR'S ANNOUNCEMENT

The Chair was delighted to announce that Nottingham City Clinical Commissioning Group and Nottingham City Council, in association with partner organisations had won the 2016 HSJ Award for Improved Partnerships between Health and Local Government.

37 CHANGES TO BOARD MEMBERSHIP

RESOLVED to note that Claire Thompson has been nominated to replace Stephen Dudderidge as the Representative of Nottingham Universities on the Health and Wellbeing Board.

38 APOLOGIES FOR ABSENCE

Peter Homa
Councillor Neghat Khan – unwell
Councillor David Mellen – personal
Alison Michalska
Chris Packham
Jonathan Rycroft
Michelle Simpson

39 DECLARATIONS OF INTEREST

None.

40 MINUTES

The minutes of the meeting held on 28 September 2016 were confirmed as an accurate record and signed by the Chair.

41 THE MICHAEL VARNAM AWARDS 2016

The Chair reported that the annual Michael Varnam Awards had been presented in October 2016. He thanked all of those shortlisted for the award for the significant contribution that they make to their communities.

Susan Bloomfield gave a presentation on behalf of the Nottinghamshire Deaf Wellbeing Action Group (NDWAG) about the aims and work of the Group and some of the experiences and issues facing deaf people in accessing health services. She highlighted the following information:

- a) NDWAG is an expanding organisation which aims to ensure that deaf people have equal access to all health and social care services by promoting understanding of health issues within the deaf community; holding regular consultations with the deaf community and feeding back issues to providers; and working to get information about health and social care services accessible in British Sign Language (BSL).
- b) Many health and social care commissioners and providers in Nottingham, including NHS Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust, have signed the BSL Charter and they should be proud of this.
- c) NDWAG held an event in September to provide education and information. More events are planned for the future.
- d) NDWAG has produced a report on findings from a survey about deaf people's experiences of local health and social support. The report can be accessed from the Group's website. One of the findings of the survey was that some providers are scared to speak to deaf people directly, which shouldn't be the case.
- e) People who can hear often have a range of options and choices open to them. Deaf people often have more issues to deal with but with a reduced range of options. Deaf people are not always aware of the options available. Hearing people can get information from a wide variety of sources that are not open to deaf people, particularly for those whom English isn't their first language.
- f) There can be problems for deaf people in understanding about their medication and therefore taking it incorrectly, for example if interpreters are not available then deaf people have difficulty in asking pharmacists for advice. This impacts on health outcomes for deaf people.
- g) There is often a lack of interpreters for deaf carers who accompany patients to their appointments. There can also be an expectation that family members will be the interpreter for a deaf patient and this is not appropriate because they are present at an appointment as a carer not an interpreter and should not be expected to carry out both roles at the same time.
- h) Deaf people can experience problems in communicating with their GP surgery. For example if a deaf person requires an urgent appointment surgeries often implement a process of a GP calling back to discuss the issue in the first instance and this isn't possible for deaf people. It was suggested that better use could be made of technology to communicate with deaf people.
- i) Complaints and feedback processes are often in English and for many deaf people English is not their first language. This makes it harder for deaf people to give feedback on their experiences.
- j) Deaf people should have better access to psychological therapies in their own language e.g. BSL at all steps of the care model.
- k) Deaf people can access NHS 111 but only for limited hours until midnight.

RESOLVED

- (1) to recognise and thank all of those shortlisted for, and particularly the winners of the Michael Varnam Award for their dedication, enthusiasm and achievement; and**
- (2) that the Chair and Vice Chair will meet with representatives of the Nottingham Deaf Wellbeing Action Group to discuss the issues raised during the meeting.**

42 HEALTHY AND WELLBEING STRATEGY 2016-2020. HEALTHY LIFESTYLES PRIORITY REPORT

Helen Jones, Director of Adult Social Care, and Rachel Sokal, Public Health Consultant, introduced the report providing the Board with information on strategic developments in relation to the Healthy Lifestyles Outcome of the Health and Wellbeing Strategy 2016-2020. Lead officers for the priority areas provided detail on

progress, issues and challenges, focusing on where the Board could add value. The following information was highlighted:

- a) Some of the indicators in the Public Health Outcomes Framework, for example HIV late diagnosis, have changed and therefore targets within the Strategy Action Plan have been amended to reflect this.
- b) Most Board member organisations have signed up to the Tobacco Control Declaration and while this shows commitment, organisations need to develop action plans to implement it. City Council colleagues can provide advice and support to organisations in doing this.
- c) Nottingham Community Voluntary Services (NCVS) has signed the Tobacco Control Declaration on behalf of the voluntary sector.
- d) Many organisations haven't reviewed their workplace smoking/ smokefree policies since 2006 when the legislation changed and therefore policies don't take into account use of e-cigarettes. Organisations may also wish to consider other changes, such as allowing staff time off work to access smoking cessation services.
- e) The Emergency Department and primary care are key settings for delivery of alcohol identification and brief advice (IBA). Currently penetration rates are relatively low but still some of the highest rates in England. Further funding is being sought for a team based within the Emergency Department to deliver IBA. There have been some technological issues but this should be resolved by early January with the technology then available to use in the Emergency Department.
- f) Delivery of IBA in primary care is being explored to identify barriers and enablers.
- g) One of the key issues in better understanding alcohol related crime is that apart from drunk and disorderly and drink driving offences, recording of alcohol-related crime and anti-social behaviour is often not accurate. The use of breathalysers in custody suites is currently not supported.
- h) The Healthy Weight Strategy is being refreshed but there is a risk that ambitions won't be delivered unless there is a cultural shift in beliefs translated into action. Ambitions cannot be achieved by the isolated efforts of a single organisation but require a systematic change for the whole population.

During discussion the following comments were made:

- i) Targets in relation to sexual health are on track so were not highlighted for attention at this meeting.
- j) The Sustainability and Transformation Plan has a focus on reducing smoking and obesity and this reflects the need for a partnership approach to these issues.
- k) There needs to be support for individuals and populations to be healthy not just tackling issues once people have started smoking or are overweight and a problem exists.
- l) Effective education in schools and colleges could contribute towards creating a healthy population.
- m) Role models for the City could be used to encourage people to make healthy choices.
- n) Taxation has contributed towards people's decisions in relation to smoking. Taxation on other products could contribute towards encouraging people to make healthy choices.
- o) The One Nottingham Board provides a partnership vehicle for taking action on these issues.
- p) It is important for Board member organisations to provide leadership and demonstrate their commitment to promoting healthy lifestyles amongst their workforce, in their policies and in delivery of their services to customers.
- q) Some people find it hard to access physical activities due to the cost and there could be scope to work with leisure facility providers to review pricing structures. However it is important to remember that being physically active is not just about deliberate/ conscious activity.
- r) There needs to be sufficient resourcing in order to achieve ambitions within the Strategy.

RESOLVED to

- (1) consider options for developing more radical plans for the Healthy Lifestyle Outcome at the Health and Wellbeing Board's Development Session on 21 December;**
- (2) support the Board Sponsor and Public Health Consultant meeting with Board members where organisations are deemed to not be sufficiently contributing to the agendas;**
- (3) request that all Board member organisations sign the Tobacco Control Declaration and then develop action plans which demonstrate their contribution to tobacco control;**
- (4) request that all Board member organisations review their workplace smoking/ smokefree policies to determine how they are classifying the use of e-cigarettes;**
- (5) request that all Board member organisations consider how they can support a system approach to alcohol identification and brief advice within their organisations;**
- (6) support an increased focus and ambition to addressing physical activity, diet and healthy weight in the City and consider more detailed system level proposals for how this will be achieved at a future meeting; and**
- (7) request that all Board member organisations identify a strategic lead for physical activity, diet and obesity and review approaches for their workplace and workforce in line with the actions within the Health and Wellbeing Strategy.**

43 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

David Pearson, Sustainability and Transformation Plan Lead, introduced the report and gave a presentation on Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP). He highlighted the following information:

- a) The STP has been developed in response to the NHS Five Year Forward View to close gaps in health and wellbeing, care and quality and finance and efficiency.
- b) There have been national media reports about STPs being developed secretly without public engagement. NHS England had issued national guidance requesting that plans were not developed in the public gaze to allow space for plans to be tested. However in Nottingham and Nottinghamshire the STP is being developed to build on the work of existing vanguards which are developing innovative solutions and expertise. These vanguards have been subject to consultation and citizen engagement which has informed the STP.
- c) The STP footprint covers a large diverse population, including variation between the City and County, with growing need and demand. There has been a 16% increase in over 85s population; an 11% increase in people with a learning disability; a 40% increase in acute admissions relating to over 65s; and increasing life expectancy means that there are more people living longer with ill health/ complex long term conditions. There are also increasing numbers of young people with complex needs.
- d) Extensive consultation in recent years has shown that local people want support to stay well and independent; quality care with more services in or close to home; and joined up services that will be there for future generations.

- e) The STP is being developed in a complex landscape.
- f) Nottingham University Hospitals and Sherwood Forest Hospitals are no longer merging but continuing collaborative arrangements will make the most of expertise in improving care and quality.
- g) STPs are required to work towards closing three gaps (see bullet a) and locally a fourth gap to transform culture has been identified. This relates to leading change across the system and not just being successful as individual organisations. It also refers to promoting independence and self care, consistent pathways and management of risk.
- h) Priorities for change are to promote wellbeing, prevention, independence and self care, which aligns with Health and Wellbeing Strategy ambitions to improve healthy life expectancy; deliver technology enabled care (Nottinghamshire plans for this are recognised by NHS England as being one of the best in the country); strengthen primary, community, social care and carer services; simplify urgent and emergency care; and ensure consistent and evidence based pathways in planned care.
- i) There are supporting themes to enable the priorities to be delivered, including improving housing and the environment to address the wider factors that impact on health and wellbeing.
- j) 'Enabling' workstreams include workforce and organisational development; maximising estate utilisation; and communications and engagement which will be critical in engaging citizens.
- k) It is anticipated that benefits of the STP will include increasing healthy life expectancy by three years (by 2020); delivering proactive co-ordinated care for citizens at risk reducing the number who 'bounce' between services; delivering a 30-40% reduction in inappropriate medical admissions and a 25-35% reduction in surgical admissions which will result in a reduction of 200 beds over 5 years; development of a primary care urgent hub and co-located single front door access to GPs within Emergency Departments; a purpose built CAMHS and perinatal facility; and back office consolidation across NHS providers to make sure they are as lean and efficient as possible.
- l) Achievement of ambitions within the STP will require organisational and cultural change for the workforce and citizens.
- m) Integration is a means to an end, not an end in itself, and the quality of services still has to be the focus.
- n) The STP was published on 24 November 2016 and citizens are invited to give feedback and comments on the vision, areas of focus and general direction of travel by 15 January 2017. STP leads want as much dialogue as possible. Consultation outcomes will be used to further develop the draft Plan.
- o) Going forward there will be further opportunities for engagement on specific service changes with formal consultation if required.

During discussion the following comments were made:

- p) The health and social care sector is facing significant financial pressures. There needs to be a national debate about levels of funding for health and social care but local systems need to be able to demonstrate that they are making best use of the resources available to them in order to justify requests for further funding.
- q) It is inevitable that in the future there will be more specialisation of services based in specific locations. Nottingham is fortunate to have a large teaching hospital in its area.
- r) Primary care needs to be strengthened, and this will contribute to reducing pressures on the Emergency Department.
- s) Existing engagement mechanisms will be used for consultation and each partner organisation will be asked to lead on consulting with their stakeholders.
- t) It is unrealistic to expect to get feedback on the Plan from patients, citizens and the health and social care workforce before the deadline of 15 January.
- u) The Plan has not yet been signed off and will be further developed in response to feedback and other drivers throughout the five year period. The current feedback period isn't the only opportunity for wider stakeholders to influence the Plan.

- v) There are statutory requirements in relation to consultation on specific service changes.
- w) Preliminary work is taking place on how to deliver the Plan.
- x) There has been some engagement with the voluntary sector but representatives of the voluntary sector would have preferred to have been involved from the start of the process. It will be important to identify opportunities for the voluntary sector to play a role going forward. It is likely that this role will vary in relation to particular aspects of the Plan, for example there is likely to be a greater role for the sector in prevention activity.
- y) Nottingham CityCare Partnership is the only organisation from the independent sector in the country actively engaged in development of an STP.
- z) There is a role for the Health and Wellbeing Board to hold STP leaders to account.

RESOLVED to:

- (1) note the draft Sustainability and Transformation Plan published on 24 November 2016;**
- (2) request that all Board members commit to seeking views of workers and citizens on the Plan;**
- (3) support the commitment within the Sustainability and Transformation Plan to the Greater Nottingham Delivery Unit as the primary area responsible for services to the citizens of Nottingham; and**
- (4) request that consideration be given to extending the deadline for the current public engagement exercise.**

44 HEALTH AND WELLBEING BOARD WAYS OF WORKING

RESOLVED to adopt the revised Health and Wellbeing Board Ways of Working document.

45 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan 2016/17.

46 BOARD MEMBER UPDATES

There were no additions to the written updates submitted by Board members and circulated with the agenda.

47 NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP

48 NOTTINGHAM CITY COUNCIL CORPORATE DIRECTOR FOR CHILDREN AND ADULTS

49 NOTTINGHAM CITY COUNCIL DIRECTOR FOR ADULT SOCIAL CARE

50 NOTTINGHAM CITY COUNCIL DIRECTOR OF PUBLIC HEALTH

51 HEALTHWATCH NOTTINGHAM

52 THIRD SECTOR

53 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 14 SEPTEMBER 2016

RESOLVED to note the minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 14 September 2016.

54 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 9 NOVEMBER 2016 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 9 November 2016.

55 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - OBESITY

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on obesity had been published.

56 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DIET AND NUTRITION

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on diet and nutrition had been published.

57 LAUNCH OF 'HAPPIER, HEALTHIER LIVES' NOTTINGHAM CITY JOINT HEALTH AND WELLBEING STRATEGY 2016-2020

Councillor Norris advised Board members that 'Happier, Healthier Lives' Nottingham City Joint Health and Wellbeing Strategy 2016-2020 would be launched on 7 December 2016.