

NOTTINGHAM CITY COUNCIL

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 28 March 2018 from 2.35 pm - 4.45 pm

Membership

Voting Members

Present

Councillor Nick McDonald (from 3:15pm)
Dr Marcus Bicknell (Chair until 3:15pm)
Councillor Cheryl Barnard
Alison Challenger
Martin Gawith
Helen Jones
Councillor David Mellen (until 3:30pm)
Alison Michalska (until 3:30pm)
Dr Hugh Porter

Absent

Gary Thompson
Samantha Travis
Sam Walters
Councillor Marcia Watson

Non Voting Members

Present

Wayne Bowcock (until 4:05pm)
Phyllis Brackenbury (as substitute)
Antony Dixon (as substitute)
Tim Guyler (as substitute)
Chris Packham (until 3:50pm)
Jules Sebelin (as substitute)

Absent

Ted Antil
Lyn Bacon
Louise Craig
Leslie McDonald
Gill Moy
Tracy Taylor
Andy Winter

Colleagues, partners and others in attendance:

Karla Banfield	- Market Strategy and Development Manager, Nottingham City Council
Uzmah Bhatti	- Insight Specialist – Public Health, Nottingham City Council
James Blount	- Communications, Nottingham City Council
Jennifer Burton	- Insight Specialist – Public Health, Nottingham City Council
Kinsi Clarke	- Nottingham Refugee Forum
Helene Denness	- Public Health Consultant, Nottingham City Council
Jane Garrard	- Senior Governance Officer, Nottingham City Council
Rachel Jenkins	- Nottingham City Clinical Commissioning Group
David Johns	- Public Health Registrar, Nottingham City Council
Caroline Keenan	- Insight Specialist – Public Health, Nottingham City Council
Bobby Lowen	- Commissioning Lead, Nottingham City Council
Sean Meehan	- Public Health England, East Midlands
Dave Miles	- Assistive Technology Specialist, Nottingham City Council and Nottingham City Clinical Commissioning Group
Peter Morley	- Commissioning Manager, Nottingham City Council

Claire Novak	- Insight Specialist – Public Health, Nottingham City Council
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Christine Oliver	- Head of Commissioning, Nottingham City Council
David Pearson	- Nottinghamshire Sustainability and Transformation Partnership
Ciara Stuart	- Assistant Director Out of Hospital Care, Nottingham City Clinical Commissioning Group

71 APOLOGIES FOR ABSENCE

Lyn Bacon – Phyllis Brackenbury attended as substitute

Louise Craig – Jules Sebelin attended as substitute

Leslie McDonald

Gill Moy – Antony Dixon attended as substitute

Tracy Taylor – Tim Guyler attended as substitute

Samantha Travis

Marcia Watson

72 DECLARATIONS OF INTERESTS

Hugh Porter declared an interest in Agenda Item 9 'Targeted Interventions Savings' in that the University of Nottingham Health Service is a Level 2 Sexual Health Services Provider.

Tim Guyler declared an interest in Agenda Item 9 'Targeted Interventions Savings' in that Nottingham University Hospitals NHS Trust is a Level 3 Sexual Health Services Provider.

73 JOINT HEALTH AND WELLBEING STRATEGY HEALTHY CULTURE ACTION PLAN UPDATE

Marcus Bicknell, Lead Board Member for the Healthy Culture Outcome of the Joint Health and Wellbeing Strategy introduced the report providing information on developments in relation to the Healthy Culture Outcome. A presentation was given by Karla Banfield, Rachel Jenkins, Dave Miles and Bobby Lowen in which the following information was highlighted:

- a) LION is over-performing against targets, with 47,000 unique hits on the website last year (compared to a target of 20,000) and 30,000 people returning and regularly using LION. This suggests that LION is pitched correctly and people like what is available. LION is also over-performing in terms of the number of providers listed on the site.
- b) The next steps for LION are to focus on creating more dynamic content for the website.
- c) A self-care awareness campaign was run last year in conjunction with LION. The campaign encouraged people to think about their wellbeing and 'try something new today'. The campaign was run through social media and leaflets in GP surgeries, libraries and leisure centres.

- d) The social prescription scheme is now in operation across all GP practices in the City, and prescriptions can be given by any practitioner in the surgery not just doctors.
- e) So far there have been just over 500 social prescriptions made in the City and there are opportunities to significantly increase this.
- f) Over 7300 citizens currently have an assistive technology package, which supports vulnerable citizens and helps to reduce social care costs and demand for the ambulance service.
- g) Consultation has been carried out on revising the eligibility criteria for assistive technology. All those currently accessing the service were consulted and a response rate of 43% was achieved. The consultation findings reaffirmed the proposal to focus on supporting people most in need and targeting those in receipt of social care. Individuals not eligible will still be able to self-fund. Work is required to address concerns raised in the consultation and mitigate risks. A decision about eligibility criteria is due to be taken by the Health and Wellbeing Board Commissioning Sub Committee at its meeting on 28 March 2018.
- h) Lots of City residents are exposed to financial difficulty and this was one of the most commonly mentioned issues affecting wellbeing when consultation on the Health and Wellbeing Strategy was carried out.
- i) A multi-agency Financial Resilience Strategy has been developed and is now being delivered.
- j) The City Council commissions a range of advice services in addition to its internal welfare rights service but there are significant funding challenges and a new plan is needed to respond to those challenges.
- k) £300,000 funding has been received from the Local Government Association to fund prevention work in relation to financial vulnerability.
- l) There is a lack of awareness of the issues relating to financial vulnerability and there are opportunities for partners to identify individuals in financial difficulty and sign post them to available support and services.
- m) Current work aims to bring partners together to work to reduce financial difficulties, which might include exploring the need for community specific advice e.g. for the deaf/ hard of hearing. A review of support for people in financial difficulty will take place over the next 3 months to inform service delivery from October 2018.

During discussion the following comments were made:

- n) Progress with LION is really positive but there is scope to make it more 'young-people' friendly, including links to websites that young people more readily access.

- o) There is a need for more information for frontline staff about social prescriptions but progress is positive. A report on social prescribing is going to the Clinical Commissioning Group Cluster Boards in May to reinvigorate the scheme.

RESOLVED to

- (1) note the contents of the report;**
- (2) support the transition of assistive technology service delivery focusing on targeting support for citizens in receipt of social care;**
- (3) ask Board members to promote the self-pay element of the assistive technology service to maximise the number of citizens supported through assistive technology;**
- (4) ask Board members to identify key individuals from their organisation/ sector to get involved in work to develop self-care across the City;**
- (5) ask Board members to encourage their workforce to use LION and promote LION to their partners and within the communities that they operate;**
- (6) ask Board members to nominate a representative from their organisation/ sector to get involved with work to address financial vulnerability and encourage process changes to embed recognition of financial vulnerability and access to assistance and advice within their services; and**
- (7) raise awareness of the links between poverty and health and wellbeing.**

74 BME HEALTH NEEDS ASSESSMENT - COMMUNITY OF PRACTICE

Jennifer Burton, Insight Specialist – Public Health, introduced the report updating on work to develop a Community of Practice Group to take forward the recommendations of the Black and Minority Ethnic Health Needs Assessment, which had been considered by the Board in September 2017. She informed the Board that work had taken place to develop the Community of Practice Group but unfortunately the first meeting had to be postponed due to poor weather. The first meeting has been rescheduled for May 2018.

Kinsi Clarke from the Nottingham Refugee Forum, which is involved with the Health Needs Assessment and the Community of Practice, gave a presentation about healthcare for refugees and asylum seekers. She highlighted the following information:

- a) The Refugee Forum provides a 'one stop shop' for a range of services including housing, legal services, welfare rights, employment, Vulnerable Persons Resettlement, health, ESOL classes and support for Unaccompanied Asylum Seeking Children. Due to a lack of funding, legal services, welfare

rights and support for Unaccompanied Asylum Seeking Children are coming to an end.

- b) Between January 2017 and January 2018, the Forum saw 2,201 new people and opened 11,579 new cases. Of these 698 related to health.
- c) Lots of people seen by the Forum speak little or no English and therefore the Forum has an interpreting service.
- d) The Migrant Health Project supports people to engage with primary care, for example registering with a GP and dentist and, where necessary, accessing maternity and midwifery services.
- e) Approximately half of City GPs are taking part in the Clinical Commissioning Group's Local Enhanced Service Scheme enabling practices to spend more time with patients who need interpretation services. This has helped to improve the situation.
- f) Women in the later stages of pregnancy is one of the most common emergency situations affecting refugees and asylum seekers and good relations have been developed with the midwifery service.
- g) New NHS regulations restricting free access to services have created problems. In many cases individuals are now required to pay for care and the cost prevents many people from being able to do so. It is also affecting individuals who are still able to get free care because they are now fearful of trying to access services. As a result individuals go untreated for conditions such as tuberculosis until it becomes an emergency situation which is then more costly to deal with.
- h) It can be difficult for refugees and asylum seekers to access mainstream mental health services and this is an important issue – recently there was one suicide and one attempted suicide in Nottingham. There was a small pilot carried out in conjunction with the Clinical Commissioning Group but, despite its success, it was not possible to continue with it.
- i) Language barriers are an increasing issue and there is inadequate interpreting provision. This affects access to primary care.

RESOLVED to

- (1) note the progress in developing a Community of Practice Group to take forward the recommendations from the Black and Minority Ethnic Health Needs Assessment and develop into actions;**
- (2) note the progress in sharing the findings of the Black and Minority Ethnic Health Needs Assessment with the Sustainability and Transformation Partnership Leadership Team and other key stakeholders; and**
- (3) thank Kinsi Clarke, from the Refugee Forum, for sharing useful information on healthcare for refugees and asylum seekers.**

75 NOTTINGHAM CITY PHARMACEUTICAL NEEDS ASSESSMENT 2018 COMPLETION

Claire Novak, Insight Specialist – Public Health, introduced the Pharmaceutical Needs Assessment (a full copy of which had been circulated to Board members in advance and was available at the meeting), development and publication of which is a statutory function of the Board. She highlighted the following information:

- a) A range of partners had been involved in development of the revised Pharmaceutical Needs Assessment (PNA) including the Local Pharmaceutical Committee, the Local Medical Committee and the Clinical Commissioning Group Medicines Management Team.
- b) A formal 60 day consultation was carried out on the assessment, and information about the consultation had previously been presented to the Board.
- c) The assessment outlines information on services provided by community pharmacies and dispensing appliance contractors, including essential services and advanced services, by Care Delivery Group area.
- d) Some services are commissioned by NHS England and some are commissioned locally, for example the needle exchange.
- e) The assessment found a density of pharmacy 2:1 per 10,000 population, which is the same as the England average.
- f) The assessment found that the current balance of services does provide a comprehensive range of services and found no evidence of a lack of provision.
- g) The PNA will be reviewed by 2021 or sooner if there is a significant change in need or supply.

During discussion, the following points were made:

- h) Community pharmacies provide an invaluable service.
- i) There are two distance selling pharmacies in the City but they are major national chains. Distance selling pharmacies could be a risk to local community pharmacies and they don't have the same direct links to patients, for example the ability to provide advice. It is difficult to predict the future of distance selling pharmacies and the situation is being kept under review.
- j) There is scope to increase the role of community pharmacies in prevention activity.

RESOLVED to approve the revised Nottingham City Pharmaceutical Needs Assessment 2018.

76 HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE
TERMS OF REFERENCE

RESOLVED to approve the revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee.

77 STP UPDATE

David Pearson, STP Lead and Corporate Director for Adult Social Care and Health Nottinghamshire County Council, and Hugh Porter, GP and Chair of Nottingham City Clinical Commissioning Group Governing Body gave an update and presentation on the work of the Sustainability and Transformation Partnership (STP) and Greater Nottingham Integrated Care System (ICS) over the last six months. They highlighted the following information:

- a) The purpose of this work is to integrate health and social care systems to provide integrated services for citizens and make best use of resources.
- b) Since the previous update to the Board, two additional workstreams have been added to the STP: development of an acute clinical services strategy; and development of an overarching mental health strategy.
- c) Phase 3 in development of the ICS is looking at what is required to progress the framework and deliver the enablers (identified in Phase 2). This includes establishing best practice care, developing optimal infrastructure and putting an operating/ governance model in place. The Integrated Discharge workstream is an example of early success reaching 240 supported discharges against a target of 180.
- d) There are other examples of successes so far, for example Health Foundation research on Enhanced Care in Care Homes found a 48% reduction in emergency admissions as a result. There have also been technological improvements with the establishment of a data warehouse that is more advanced than elsewhere in the Country. Integrated personal budgets are also being piloted.
- e) There are major challenges including financial challenges for organisations and performance on A&E waits.
- f) This is a big journey for the system and it needs to be done with citizens through engagement at an STP level and engagement at a Greater Nottingham level.
- g) The next steps include aligning best practice with Mid Notts across the STP; developing optimal system infrastructure including IT; exploring how the commissioning of services needs to change; and strengthening leadership and governance.

During discussion, Board members made the following comments:

- h) There needs to be clarification about the role of the Health and Wellbeing Board. It was suggested that the Board could play a role in looking at the detail of the Phase 3 analysis to explore and debate options in public before making recommendations to individual organisations and the STP Leadership.
- i) It will be difficult to achieve integration because it will require major change by organisations.
- j) Support of Board members is needed in order to deliver the STP workstreams.
- k) There are risks to the STP and ICS from individual organisational decisions which may fragment or dismantle services while the ICS is being developed.

RESOLVED to

- (1) include regular updates about progress of the Sustainability and Transformation Partnership and Greater Nottingham Integrated Care System on the Board's Forward Plan for 2018/19; and**
- (2) hold an additional Board meeting specifically to look at the results of the Greater Nottingham Integrated Care System Phase 3 analysis.**

78 MINUTES

The minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

79 ACTION LOG

RESOLVED to note the progress recorded in the Health and Wellbeing Board Action Log.

80 ANNUAL REVIEW OF JOINT HEALTH AND WELLBEING STRATEGY PERFORMANCE METRICS

Caroline Keenan, Insight Specialist – Public Health, introduced the report setting out the first annual performance dashboard of Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020. During her presentation she highlighted the following information:

- a) The Strategy has two overarching aims: to increase healthy life expectancy; and reduce inequalities by targeting neighbourhoods with the highest preventable mortality.
- b) The City is on track to achieve the aim of reducing preventable mortality in the worst affected areas. Rates of preventable mortality are significantly higher than the City average in 7 of the 35 Middle Layer Super Output Areas (MSOAs).
- c) Male healthy life expectancy has remained stable over the last 3 years but female healthy life expectancy has reduced significantly. Therefore

performance is not on track to deliver the Strategy's ambition. Alcohol related hospital admissions; physical activity and excess weight; and poverty and air quality have been identified as the three key performance metrics to focus on in order to increase healthy life expectancy in the City.

Outcome 1: Healthy Lifestyles

- d) In terms of sexual health, rates of under 18 conceptions have reduced but are not quite achieving the target; but the target trajectories have been met in relation to reducing new sexually transmitted infection diagnosis to the top 4 core cities average and reducing the percentage of HIV late diagnosis.
- e) In terms of alcohol, performance in reducing alcohol related anti-social behaviour is on track but the target is not being met for reducing night time economy violence, however there are issues with crime reporting. Alcohol related hospital admissions is getting worse and is significantly worse than comparators.
- f) In terms of smoking, progress is being made in reducing the percentage of pregnant women who smoke to the top 4 core cities average but it is not on target; and performance in reducing the percentage of adults in routine and manual groups who smoke is also not on track. However, performance is on track to reduce the percentage of adults who smoke to the top 4 core cities average.
- g) In terms of physical activity, obesity and diet, performance against most of the metrics is moving in the wrong direction and getting significantly worse.

Outcome 2: Mental Health

- h) Performance in increasing IAPT (Psychological Therapy Services) referrals is not being met rather than 'on track' as stated in the report, although there has been an improvement in referrals compared with the baseline year of 2015/16.
- i) The target for early access to psychosis services is on track with the current rate 65% compared to a target of 50%.
- j) Indicators for employment and health have not been met and the service is now being decommissioned.

Outcome 3: Healthy Culture

- k) The main areas of concern are performance in reducing the percentage of children in low income families; and reducing delayed transfers of care both of which are not on target.
- l) There are significant challenges in reducing delayed transfers of care and the metric will not be met for the rest of the year.
- m) Good progress is being made around reablement.

Outcome 4: Healthy Environment

- n) The percentage of households experiencing fuel poverty is getting worse and more focus is required.
- o) In terms of air quality, one metric is on track and the other two are not. However there is some concern about the robustness of air quality data.

During discussion, Board members made the following comments:

- p) As outlined, for example, in Agenda Item 9 'Targeted Interventions Savings', some of the services supporting metrics which are not being met are being dismantled due to budgetary pressures within commissioning organisations.
- q) It is concerning that the most recent data shows female healthy life expectancy is lower than male healthy life expectancy, when historically it has been the opposite.
- r) It is concerning that performance on some metrics is going backwards.
- s) This is half way through the life of the Strategy and it is important to focus on what can be achieved in the remaining two years.

RESOLVED to note Nottingham City's position against the Joint Health and Wellbeing Strategy's performance metrics and acknowledge the progress made to date.

81 TARGETED INTERVENTIONS SAVINGS

Alison Challenger, Director of Public Health, introduced the report providing an overview of savings which were proposed and agreed by Nottingham City Council following a review of its targeted intervention activity. She highlighted the following information:

- a) 'Targeted intervention' refers to non-statutory services commissioned or provided by the Council that contribute to the improvement of health and wellbeing. These services were reviewed and savings proposals identified.
- b) Consultation was carried out on the proposals and consultation responses were taken into account during decision making.
- c) It is acknowledged that the agreed savings do raise some concerns but with changes in culture and approach it will not be the end of the story in terms of improving the health and wellbeing of citizens in these areas.
- d) When public health responsibilities were transferred to local authorities in 2013 it created opportunities for things to be done differently, with greater reach into local communities. Many current services are still based on what was commissioned historically. This provides an opportunity to develop new approaches to improving health and wellbeing.

During discussion, Board members made the following comments:

- e) It is understood that these were difficult decisions for the City Council to make but it is difficult for partners due to the pace of decision making, a feeling that consultation was limited and a lack of information about the organisational context in which decisions were made, for example the extent to which public health is affected by budget pressures compared to other services provided by the local authority.
- f) There is a concern that savings to the City Council will shift work and cost onto other partners.
- g) The Joint Health and Wellbeing Strategy has a strong public health and prevention focus but the ability to deliver on this is likely to be adversely affected by these changes.
- h) Other Council services beyond those considered directly to be focused on prevention contribute to improving health and wellbeing, for example access to leisure centres facilitates social prescribing and encouraging use of public transport facilitates financial savings to be made to other services.
- i) There are opportunities to build on the positive work already taking place within the system, for example Nottingham University Hospitals NHS Trust is doing more to address alcohol misuse and smoking than ever before. These issues aren't just the responsibility of the local authority and there is a role for the Board to consider what all Board members can reasonably do to contribute and how the Board, as a partnership, can help to mitigate associated risks.
- j) It is important that the impact of these savings is measured and understood.
- k) There is concern about whether there will be further cuts to public health services in future years and the additional impact that this could have.
- l) The Clinical Commissioning Group is supporting the City Council by agreeing a 90/10 split in favour of the City Council on Better Care Fund savings.
- m) It is really important that integration happens at pace to help alleviate pressure on all health and social care organisations. One of the challenges is that there isn't funding to support 'double running' so tough decisions will have to be made from the outset. There is a need to identify a first significant step that can be taken to build trust between organisations whilst things develop further.

In response the Nottingham City Council Portfolio Holder for Adults and Health commented that:

- n) The budgets of all Council departments have been significantly reduced with the exception of adult social care, so it is not just public health services that have been affected.
- o) The Council has other areas of responsibility, not just public health and adult social care, that it has to fulfil.

- p) Unless things significantly change, the City Council is likely to have to make further difficult decisions next year.

Alison Challenger offered to speak to Board members on an individual basis to address any specific questions or concerns.

RESOLVED to

(1) note the contents of the report; and

(2) consider proposals for how things can/ will be done differently to mitigate risks associated with Nottingham City Council's savings to its targeted intervention services at a future meeting of the Board.

82 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan for 2018/19.

83 BOARD MEMBER UPDATES

RESOLVED to note the Board Member Updates circulated with the agenda.

84 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - CHILDREN IN CARE

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Children in Care.

85 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY

RESOLVED to note the new Joint Strategic Needs Assessment Chapter on Life Expectancy and Healthy Life Expectancy.

86 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - EVIDENCE SUMMARY

RESOLVED to note the new Joint Strategic Needs Assessment Chapter Evidence Summary.

87 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 31 JANUARY 2018 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 31 January 2018.

88 QUESTIONS FROM THE PUBLIC

The Chair informed the Board that two questions had been received from members of the public.

Question 1

Question

I write to ask, as a concerned resident, that ACO/ICS plans are rejected. Further, I ask that those members of the boards representing residents be fully informed from a wide range of sources, and the plans understood in the context of the government's long term aims to americanise our system. I believe that the plans represent the downgrading and rationing of services in line with wider government plans to eventually fully privatise the NHS and have no faith in their promise that comprehensive healthcare will always remain free at the point of use. ACO's/ICS's open the door for a two tier health service or worse - full privatisation requiring patients to have health insurance. Government need to fund the NHS appropriately instead of using the 10 billion they plan to raise by selling off our NHS buildings and land. I do not believe that any change to the organisation and delivery of health services can be legally made without passing through parliament and being voted on as per the Judicial Review Challenge of Stephen Hawking et al. I believe that any changes to the organisation and delivery of services and accountability should be subject to a full Public Formal Consultation Process. To my knowledge, this has not happened and the public remain largely unaware.

Response

The Chair responded that, as agreed under Agenda Item 8 'STP Update', the Board will be holding a specific meeting to look at issues relating to development of the Greater Nottingham Integrated Care System.

Question 2

Question

Cigarette and tobacco smoking continues to be the single most significant determinant of preventable ill health in Nottingham City. There is a positive correlation between smoking prevalence and deprivation within the City. Work done while preparing plans for Nottingham and Nottinghamshire STP recognised promoting wellbeing and prevention as one of the priorities to have the biggest impact on improving health and wellbeing of the population. How then does the Council justify cutting down on services which promote healthy lifestyle? The decision appears to be taken in silo for an organisation instead of working towards healthier communities as a partner in Integrated care systems.

Response

The Chair responded that savings to targeted intervention services, including smoking cessation, were discussed under Agenda Item 9 'Targeted Interventions Savings'. It is acknowledged that the impact of smoking on health is an issue for the City. The Council is sighted on the risks of disinvesting in the current smoking cessation service and anticipates that there will be an impact. A comprehensive approach is needed to reduce smoking prevalence in the City. Work is taking place to analyse options for supporting people to stop smoking and, as agreed under Agenda Item 9, a report will be coming back to a future Board meeting on this.