

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 26 September 2018 from 2.04 pm - 3.50 pm

Membership

Voting Members

Present

Councillor Sam Webster (Chair)
Hugh Porter (Vice Chair)
Marcus Bicknell
Hazel Buchanan
Helene Denness (substitute for Alison Challenger)
Martin Gawith
Councillor David Mellen
Alison Michalska

Absent

Councillor Cheryl Barnard
Alison Challenger
Councillor Carole McCulloch
Samantha Travis
Catherine Underwood
Sam Walters

Non Voting Members

Present

Tim Brown
Leslie McDonald
Gill Moy
Craig Parkin
Caroline Shaw
Jane Todd
Andy Winter

Absent

Ted Antill
Lyn Bacon
Hazel Johnson

Colleagues, partners and others in attendance:

Helen Carlin	- Transformation Programme Manager Adult Social Care
Amy Groom	- Market Intelligence Officer
Jane Laughton	- Interim Chief Executive, Healthwatch Nottingham and Nottinghamshire
Claire Novak	- Insight Specialist Public Health
Steve Thorne	- Communications
Jane Garrard	- Senior Governance Officer

33 MEMBERSHIP CHANGE

RESOLVED to note that

(1) Catherine Underwood has replaced Helen Jones as the Nottingham City Council Director of Adult Social Care;

(2) Craig Parkin has replaced Wayne Bowcock as the Nottinghamshire Fire and Rescue Service representative on the Health and Wellbeing Board;

(3) Hazel Buchanan, Director of Strategy and Partnerships, has replaced Gary Thompson as the Greater Nottingham Clinical Commissioning Partnership representative on the Health and Wellbeing Board; and

(4) Hazel Johnson, Associate Medical Director, has replaced Chris Packham as the Nottinghamshire Healthcare NHS Foundation Trust representative on the Health and Wellbeing Board.

34 APOLOGIES FOR ABSENCE

Alison Challenger (Helene Denness attending as substitute)
Councillor Cheryl Barnard
Councillor Carole McCulloch
Catherine Underwood

35 DECLARATIONS OF INTERESTS

None

36 MINUTES

The minutes of the meeting held on 25 July 2018 were approved as an accurate record and signed by the Chair.

37 ACTION LOG

The Action Log was noted.

38 HEALTH AND WELLBEING STRATEGY 2016-2020 - HEALTHY CULTURE

Helene Denness, Consultant in Public Health, introduced the report updating on strategic developments in relation to the Healthy Culture outcome of the Health and Wellbeing Strategy 2016-2020. She reported that there was little new data since the previous update in March 2018.

Amy Groom, Market Intelligence Officer, gave a presentation about Ask LION which forms part of the work of the Healthy Culture workstream. She highlighted the following information:

- a) LION supports citizens to connect to their communities. This supports the Better Lives Better Outcomes work by connecting people with their communities and helping them to choose the right support for them.
- b) LION also links to the social prescription and loneliness agendas.
- c) LION can be accessed through a variety of platforms including desktop, tablet and mobile phone. It is most commonly accessed via mobile phone.
- d) Providers are asked to create their own account to upload information directly to LION themselves.

- e) There is usually a trigger that prompts citizens to use LION e.g. those with a particular health or social care need.
- f) It can be a useful resource for the health and social care workforce to signpost service users to the support available.
- g) Over 60,000 users have used LION in the last 12 months. It is hoped that this will increase over time.
- h) The website is undergoing further development including updating the 'what's on' page; developing a wellbeing wheel; and undertaking a digital marketing campaign.

In response to Board Members' questions, the following additional information was provided:

- i) There is a children's section on LION but the website is primarily aimed at adults and parents.
- j) Information about support for people who want to stop smoking can be found in the 'healthy lifestyles' section.
- k) LION plays an important role in sharing information about local community groups which would otherwise not have a significant web presence.
- l) The website is a work in progress. It is acknowledged that the search function could be improved.

The Board discussed other aspects of the Healthy Culture outcome and made the following comments:

- m) The Delayed Transfers of Care metric is challenging and it could be useful to have a conversation at a future Board meeting on the key actions that organisations are taking to try and reduce Delayed Transfers of Care.
- n) The extent to which households are 'financially struggling' is measured by self-reporting via the Citizens Survey. However this survey only provides limited information and therefore it is not possible to extract the reasons why households are struggling financially. It is difficult to find appropriate measures for this.

RESOLVED to note the update on the Healthy Culture outcome of the Health and Wellbeing Strategy 2016-2020

39 CONSULTATION ON DRAFT ADULT SOCIAL CARE STRATEGY

Helen Carlin, Transformation Programme Manager Adult Social Care, introduced the report about the development of a new strategy for adult social care. She gave a presentation which highlighted the following information:

- a) There are approximately 22,000 contacts with Nottingham Health and Care Point every year, which equates to approximately 7,300 citizens. The majority of this relates to services for older people but, despite the lower numbers of people accessing services, the spend on services for people with learning disabilities is almost the same.
- b) There is rising demand for services. Demand for services for older people is expected to increase by 15% by 2025. The number of citizens aged 18-64 in need of care is expected to increase by 1% by 2025 with increasingly complex needs.
- c) Rising demand and financial pressures were key drivers for developing the new strategy
- d) The proposed vision for the strategy is that “we will enable all older and disabled citizens in Nottingham to live as independently as they can, with a connection to their communities. Where formal care and support is needed, its aim will be to retain and restore independence. No one will live in residential care unless all other options are exhausted”.
- e) The draft strategy contains 4 themes: prevention; community connections; independent lives; and choice and control.
- f) Prevention is key to reducing unnecessary demands on services.
- g) There are 3 Community Connector surgeries already in place and there are plans to increase this by March 2019.
- h) The provision of reablement equipment is important in helping people to retain their independence and support people in building skills.
- i) The focus of the strategy will be on outcomes that matter to individuals balanced with the need to ensure that support is proportionate and within available resources.
- j) Consultation has taken place over the previous 2 months with over 150 responses to the online survey so far.
- k) Most consultation responses are supportive of the draft strategy, but with comments around what success will look like and concern that mental health does not feature strongly enough.

During discussion the following comments were made:

- l) Housing is key to delivering sustainable adult social care, particularly for vulnerable adults.
- m) There are lots of good housing options for wealthy older citizens and these options e.g. supported living and care villages need to be accessible to all.

- n) There are a range of projects currently underway to develop housing options, for example independent living schemes and extra care villages in conjunction with Nottingham City Homes. Age UK is involved with these projects.
- o) The development of good quality housing options does cost a lot but it delivers better outcomes for citizens.
- p) There has been an over-reliance on residential care, especially for those with learning disabilities, and this has significant financial costs. Therefore there is a need to reduce unnecessary use of residential care and support citizens to live independently where possible. However it is important to recognise the legitimate role for residential care in the City and the strategy's approach to residential care could be more nuanced in this respect.
- q) Assistive technology is a good way of supporting people to stay independent in their own homes. There have recently been funding reductions to assistive technology services but, with self-funding options available, usage is still increasing.
- r) It is important to have honest conversations with citizens about demand and funding pressures so that they are aware what the issues are.
- s) Health colleagues are currently looking at population health and associated risk stratification, which is slightly different to prevention. It would be helpful if a similar approach was taken in relation to social care.
- t) The future of health and social care is integration and this could be more heavily emphasised in the strategy.
- u) The draft Strategy refers to social workers being embedded in GP practices. This is currently not the reality in all practices.

The Chair noted that the latest full version of the draft strategy had been circulated to Board Members.

RESOLVED to request that comments made by Board Members are incorporated into the consultation feedback and used to inform development of the final adult social care strategy.

40 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT

Claire Novak, Insight Specialist Public Health, introduced the report about the progress and development of the Joint Strategic Needs Assessment for 2018/19. She gave a presentation highlighting the following information:

- a) It has been an exceptional year with a lot of organisational changes that have impacted on processes and timescales.
- b) The chapter production process is being streamlined to fit with commissioning cycles.

- c) Discussions are taking place with colleagues from Nottinghamshire County Council to explore the possibility of producing some chapters on a wider footprint.
- d) The Board approved the Pharmaceutical Needs Assessment in March 2018 and, unless there are significant changes that require it to be published sooner, it will be refreshed in 3 years time. In the meantime the report set out a proposal for publishing supplementary statements in circumstances such as pharmacy closures and consolidations, new market entrants, and changes to opening hours that affect evenings, weekends and bank holidays.

During discussion the following comments were made and additional information provided:

- e) It is acknowledged that most people now look at websites such as NHS Choices to find out about pharmacy provision, but it is still a statutory requirement to publish a Pharmaceutical Needs Assessment.
- f) It would be helpful to be aware of the quality of pharmacy deliveries to citizens' homes, in order to protect citizens and support local markets.
- g) Chapters are produced based on prioritisation of local issues and then updated on a 3 yearly basis.

RESOLVED to

- (1) endorse the streamlining approach to Joint Strategic Needs Assessment chapter production;**
- (2) endorse the criteria and process for the issuing of supplementary statements to the 2018 Pharmaceutical Needs Assessment whereby the Board is consulted on notifications of proposed changes, and for notifications that require a response before the next Board meeting delegate authority to the Director for Public Health to respond to the consultation on behalf of the Board, with the consultation response reported to the next Board meeting; and**
- (3) note the 2018/19 workplan and progress and development of the Joint Strategic Needs Assessment.**

41 AMENDMENT TO HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

RESOLVED to recommend to Full Council that the Health and Wellbeing Board Terms of Reference are amended to add the Nottingham City Council Chief Executive as a non-voting member of the Board.

42 FORWARD PLAN

The Board's Forward Plan was noted.

43 HEALTHWATCH NOTTINGHAM AND NOTTINGHAMSHIRE

Jane Laughton, Interim Chief Executive Healthwatch Nottingham and Nottinghamshire, presented the report which provided an update on the work of Healthwatch, its current priorities and challenges. She gave a presentation highlighting the following information:

- a) On 1 June 2018 Healthwatch Nottingham and Healthwatch Nottinghamshire merged to form a single organisation - Healthwatch Nottingham and Nottinghamshire.
- b) The new organisation will continue to deliver specific functions to its two commissioning organisations (Nottingham City Council and Nottinghamshire County Council), but working together and aligned to the STP footprint will be beneficial to both areas.
- c) The new single organisation will cost less to run due to efficiencies.
- d) Healthwatch currently has approximately 30 active volunteers but there aren't enough from the City so they are actively trying to recruit a more diverse range of volunteers.
- e) There will continue to be a strong focus on seldom heard groups and Healthwatch will actively seek to work with these communities.
- f) Healthwatch operates through a 'network of networks' to connect with lots of organisations and share information with them.
- g) Healthwatch collects feedback in a range of different ways. One example is the 'enter and view' visits to care homes to talk to residents and their families about the quality of care received. A minimum of 4 visits is carried out each year in the City with a follow up report sent to the care home, local authority and Care Quality Commission. Other methods for gathering feedback include 'Question of the Month' and 'Talk to Us' points.
- h) Healthwatch is starting to look at the concept of system wide equality impact assessments in Mid Notts and learning could be transferred to other areas.
- i) Most people don't know about Healthwatch, and those that do usually don't know that it also covers social care. This needs to be addressed.

Board Members discussed opportunities for promoting volunteering with Healthwatch and suggested that consideration be given to trying to engage with students, permanently excluded pupils and home educated children.

The Chair noted that it was Martin Gawith's, Healthwatch Chair, last Board meeting and thanked him for this contribution to the work of the Board over many years.

RESOLVED

(1) to note the update on Healthwatch Nottingham and Nottinghamshire; and

(2) for Board Members to consider ways in which they could promote volunteering with Healthwatch.

44 BOARD MEMBER UPDATES

Jane Todd, Chief Executive Nottingham CVS and Representative of the Third Sector on the Board provided an update on work taking place in relation to disability and sports as part of the prevention agenda.

Hazel Buchanan, Director of Strategy and Partnerships Greater Nottingham Clinical Commissioning Partnership, informed the Board that:

- a) The Integrated Care System had been successful in obtaining funding for Building Health Partnerships. This will be used to build relationships between the voluntary, community and social enterprise sector and the Integrated Care System. There will be events coming up that relevant organisations will be invited to participate in.
- b) There is a lot of structural change taking place across the health system and the implications of this are being worked through.
- c) The Clinical Commissioning Partnership's AGM is being held on 26 September.

Alison Michalska, Corporate Director for Children and Adults informed the Board that the Independent Inquiry into Child Sexual Abuse is due to start hearing evidence in Nottingham the following week. There is a possibility that it could result in additional new disclosures about past abuse. Local GPs had already received information about pathways for supporting any patients making disclosures but this would be recirculated.

Andy Winter, Representative of Nottingham Universities, informed the Board that the University of Nottingham had recently published a Student Health and Wellbeing Strategy. The development of the Strategy had been supported by the City Council's Director of Public Health and work included mapping how the University Strategy aligns with the City's Health and Wellbeing Strategy.

Tim Brown, Department for Work and Pensions, reminded Board Members that Universal Credit is going 'live' in Nottingham on 17 October 2018.

Caroline Shaw, Nottingham University Hospitals NHS Trust, informed the Board that the Trust was expecting an inspection of Core Services and Well Led by the Care Quality Commission in the next couple of months.

45 QUESTIONS FROM THE PUBLIC

The Chair reported that 3 written questions had been received in advance of the meeting. The Chair and Vice Chair provided a response to the questions.

Question 1

Will the Chair including all associated bodies that commission local services, ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Response:

There is already a national process in place for reporting on waiting times for NHS funded services. Depending on the particular service this includes Referral to Treatment time, 2 week waits (for cancer services), waits for mental health services and diagnostics etc. Therefore additional provision of this information will not be requested.

Question 2

Will the Chair request that the waiting list for all social care services are published on a monthly basis where people are waiting for a review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Response:

Currently there is no waiting list for adult social care assessments.

Question 3

Will the Board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Response:

There are already numerous mechanisms in place for reporting to the Secretary of State for Health and Social Care which should ensure that he is aware of waiting lists and the costs of clearing those waiting lists. Therefore it is not considered necessary to provide additional information on this to the Secretary of State.