

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 24 July 2019 from 2.07 pm - 4.45 pm

Membership

Voting Members

Present

Councillor Eunice Campbell-Clark (Chair)
Dr Hugh Porter (Vice Chair)
Councillor Cheryl Barnard
Dr Marcus Bicknell
Andrea Brown
Sarah Collis
Alison Michalska
Councillor Adele Williams

Absent

Councillor Leslie Ayoola
Alison Challenger
Samantha Travis
Catherine Underwood

Paula Child (Substitute for Catherine Underwood)

Non-Voting Members

Present

Lyn Bacon
Leslie McDonald

Jules Sebalin (Substitute for Jane Todd)

Absent

Tim Brown
Ian Curryer
Matthew Healey
Gill Moy
Craig Parkin
Hazel Johnson
Jane Todd
Andy Winter
Alison Wynn

Colleagues, partners and others in attendance:

Uzmah Bhatti - Public Health Insight Manager
Helene Denness - Consultant in Public Health
Catherine Kirk - SRE Consultant
Richard Taylor - Environmental Health Officer
Ruth Taylor - NHS Consultant in Sexual Health

17 APOLOGIES FOR ABSENCE

Ian Curryer - Chief Executive Officer
Hazel Johnson - Nottinghamshire Healthcare Trust.
Jane Todd - Nottingham CVS – Substitute sent
Catherine Underwood - Director of Adult Social Services (Substitute sent)
Alison Wynne - Nottingham University Hospital Trust (Substitute sent)

Marie Cann-Livingstone - Teenage Pregnancy Specialist

18 DECLARATIONS OF INTERESTS

None.

19 SEXUAL HEALTH AND TEENAGE PREGNANCY

Helene Denness, Consultant in Public Health, introduced the topic of Sexual Health (including RSE and Teenage Pregnancy) to the Board. She summarised the complex commissioning model meaning that local authorities, CCGs and NHS England are each responsible for different services within sexual and reproductive health landscape. She went on to introduce Uzma Bhatti, Public Health Insight Manager who presented a number of slides around sexually transmitted infections, highlighting the following points:

- (a) Some STI rates in Nottingham were higher than comparators. Whilst acknowledging the gravity of this, it was highlighted that Nottingham had significantly high testing rates and positivity rates. There is a suggestion that higher testing leads to higher detection rates and the fact that Nottingham had high positivity rates meant that the right people were being tested and testing resources were being used efficiently;
- (b) there has been an increase in rates of Gonorrhoea, with a small but steady increase in diagnoses in older age groups. This trend in the diversification of age groups is also seen across other STIs;
- (c) there has not been a significant reduction in the instances of genital warts since 2016, further work is underway to understand this and inform any action.

Catherine Kirk, SRE Consultant presented slides to the committee focusing on Relation and Sex Education highlighting the following information:

- (d) RSE Day was celebrated in late June this year in Nottingham with an aim to increase family and community engagement;
- (e) there have been a number of concerns and challenges in recent months and Nottingham City Council recognises the concerns raised by some families and is leading discussion and supporting schools to enable all young people to access age appropriate RSE;
- (f) The RSE Charter is currently being refreshed and updated guidance issued in light of new legislation being issued recently;
- (g) Nottingham City Council recognises that it is important to work with parents around their concerns and share best practise with schools to encourage an open and frank dialogue between parents, schools and the wider community;

Helene Denness went on to present information around teenage pregnancy.

- (a) To date the work to reduce teenage pregnancy rates has been effective and the rate of teenage pregnancy has been reduced by almost 65% in Nottingham since the baseline year of 1998.
- (b) However, teenage pregnancy rates in Nottingham are still higher than the national average, higher than our statistical neighbours and there are still wards within Nottingham where the rate is significantly higher than the Nottingham average.
- (c) Since 2012 there has not been a statistically significant reduction in the Nottingham teenage pregnancy rate.
- (d) Nationally and locally, 80% of teenage conceptions are to 16 and 17 year olds with the remaining 20% to under-16 year olds.

Ruth Taylor, NHS Consultant in Sexual Health gave the Board an overview of some cases seen in the City Centre Clinic on a daily basis and the day-to-day work her colleagues performed. She emphasises the range of ages of patients as well as the range of issues they presented with.

Following questions and comments the following information was highlighted:

- (h) Although there is no specific mention of work with BAME communities, a Health Equity Audit with a specific focus on access by BME service users is being conducted. The results of this audit will be shared with Board members when they are available.
- (i) Demographics of patients accessing clinics are recorded but rely on self-identification of patients and not all patients wish to declare their ethnicity, therefore, there are a high number of incomplete records in terms of ethnicity.
- (j) There are a number of services available where there are multi-language clinicians, most notably at the Mary Potter Centre. If committee members are aware of links that can be made into BAME and emerging communities they are asked to make officers aware so that further connections into the community can be made;
- (k) There were a number of well publicised protests around RSE in schools recently. Head Teachers, the Leader of the Council, and the Deputy Leader of the Council met with religious and non-religious groups, to discuss concerns. Parents had access to the teaching materials and the community was reassured. In addition to this Councillors have signed up to the RSE charter;
- (l) Commissioning pathways need to be improved to ensure that services are not duplicated and that no one falls into gaps between services. Once the PCN's and the ICP is in place, it is envisaged that better collaboration will be facilitated and will lead to more efficient commissioning of sexual health services;

- (m) A targeted focus on digital education should be considered for 12-25yr olds as an effective way of further progressing access to information and education around sexual health;

RESOLVED to:

- (1) Conduct a sexual health commissioning review to ascertain if and where there are any gaps**
- (2) Aim to protect the sexual health budget from further cuts.**
- (3) To consider guidance in the House of Commons Health and Social Care Committee report on Sexual Health and identity long term opportunities around integrating commissioning of services**
- (4) Support the RSE agenda mandatory roll-out and continue to work together to overcome challenges and resistance by addressing local people's concerns**
- (5) Support recommendations from the Teenage Pregnancy JSNA upon completion later this year.**

20 NOTTINGHAM CITY'S MENTAL HEALTH AND WELLBEING STRATEGY 2019-2023

Helene Denness, Consultant in Public Health, introduced the report on Nottingham City's Mental Health and Wellbeing Strategy for 2019-2023 to the Board. She advised the Board that the strategy had been refreshed and builds on the work done by the previous strategy. Following brief discussion and questions, the following points were raised:

- (a) There are many strategies being refreshed and rewritten at the current time and it is important that they give consistent messages to staff and to patients. This particular strategy links into and aligns with the ICS and Mental Health Strategy;
- (b) The message of the Strategy is easy and simple early access, aims to reduce stigma and correct and timely support in crisis;
- (c) Concerns were raised that the funding for the Time to Change programme ends at the end of August 2019, those champions currently in place are working hard to continue to offer the programme after this time but there will be no dedicated support for the programme and that there is a significant risk that the programme will not be able to run as it currently stands;
- (d) There are no measurable targets within the report, no way of presenting the progress from the old strategy or project the success of the new strategy. The Board felt that this could be added to the Strategy to make it more measurable throughout its life to ensure efficiency;

- (e) There is emphasis on an element of delivery by the voluntary and community sector within the strategy, and the issue of funding and support was raised. The organisations are all run independently and there is no one overarching organisation that coordinates them;

RESOLVED to:

- (1) Endorse Nottingham City's Mental Health Strategy 2019 – 2023**
- (2) Agree to commence the process of signing up to the prevention concordat for better mental health through the Mental Health and Wellbeing Steering Group, which will coproduce an action plan.**

21 DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY

Uzmah Bhatti, Public Health Insight Manager informed the Board that work on the new Health and Wellbeing Board Strategy would be starting very soon. She asked for feedback from members on the current strategy.

The main point made by members was that it would be important to learn from the current strategy and thoroughly evaluate it. It was suggested that a refresh should focus more on how the HWB Board responds holistically to a multitude of asks across other plans through collective responsibility for services

RESOLVED for all members to feedback on the current strategy, and reflections on what to do for the next strategy via email to kate.morris2@nottinghamcity.gov.uk

22 CLINICAL SERVICES STRATEGY

Duncan Hanslow, Programme Director, Integrated Care System introduced the report summarising the work of the Clinical and Community Services Strategy which gives a framework for the future model of clinical and community health and wellbeing services across Nottingham and Nottinghamshire. This review will drive the work to develop services in terms of what will be delivered and where. The main points of the appended presentation highlighted were:

- (a) The Clinical service strategy aims for the integration of care systems, looking at the whole provision, ensuring that scale and sizing is correct for the community it serves. This allows the services to be sustainable of services in a challenging funding landscape;
- (b) The strategy will form a place based model of care, define standardisation and autonomy across different levels of care, enable and embed personalised care, prevention and early intervention and ensure that the ICS is responsive to changes that may emerge in the future;
- (c) There are 6 main principles to the clinical model
 - Care provided close to home will be effective and appropriate whilst promoting equality of access

- Prevention and Early intervention will work to maximise the health of the population making “every contact count”
- Mental health and wellbeing will be considered alongside physical health and wellbeing
- High levels of engagement and collaboration both within the ICS and with neighbouring ICS’s
- Models of care will be based on evidence and best practice, ensure pathways are aligned and will avoid unnecessary duplication
- Designed in partnership with local people and operate across the complete health care system delivering consistent outcomes for patients.

(d) A number of service reviews are taking place the ones currently prioritised are:

- Cardio Vascular Disease – Stroke
- Respiratory – COPD and asthma
- Frailty
- Children and young people
- Colorectal services
- Maternity and Neonates;

Member of the Board asked a number of questions and the raised a variety of issues. The following was highlighted:

(e) Within the published report, and the presentation there is no reference to the voluntary sector, however assurances were given that discussions were ongoing with a number of different organisations, relating to the service reviews and the strategy as a whole;

(f) The point around communication with the voluntary and community sector was made, that as there is no overarching organisation to disseminate information to the different groups, careful consideration must be given to communicating with individual groups;

RESOLVED to note the strategy and provide feedback on the strategy and its likely impact

23 PROPOSED MERGER OF NOTTINGHAM CITY AND NOTTINGHAMSHIRE CCG

Dr Hugh Porter, Clinical Chair NHS Nottingham City CCG , gave a verbal update to the Board on the proposed merger of Nottingham City and Nottinghamshire Clinical Commissioning Groups.

He highlighted the following points:

(a) Historically there has been close working across the 6 CCG’s within Nottingham and Nottinghamshire. In the last 12 months, plans have been developed to merge them into one coherent Clinical Commissioning Group.

(b) This large group would be responsible for strategic commissioning rather than the pathway commissioning;

- (c) Public consultation has taken place and 68% of responders were in favour of the merger. 60% of partner organisations who responded were also in favour of the merger;
- (d) There are a number of financial efficiencies to be made as a result of the merger;

Following questions and comments from the Board further information was highlighted:

- (e) Concerns were raised about the size of the proposed new group and a loss of local/city based focus. This would be mitigated against by the creation of a City ICP who would be responsible for the pathway commissioning for the City;
- (f) The next step will be to apply to NHS England for approval of the merger. Time scales suggest the merger would occur in April 2020 if the application to NHS England was successful;
- (g) Concerns were raised about the recent history of restructure, and the potential for further workforce drain and impact on frontline staff. It was acknowledged that the recent restructures and the potential merger has been difficult on staff, however work to align staff prior to the merger is already underway to mitigate further change later in the process;

RESOLVED to note the update on the proposed Merger of Nottingham City and Nottinghamshire CCG's

24 BOARD MEMBER UPDATES

a THIRD SECTOR

Jules Sebelin advised the Board that a review of provider networks was taking place to ensure that the right communications were reaching the relevant organisations.

b HEALTHWATCH NOTTINGHAM AND NOTTINGHAMSHIRE

Sarah Collis informed the Board that upcoming key priorities are mental health for young people. This will include the development of a Healthwatch Board for Young People.

There is ongoing recruitment to ensure that the Healthwatch Board is representative of the community. Applications are particularly welcome from BAME and emerging community applicants.

c NHS GREATER NOTTINGHAM CLINICAL COMMISSIONING PARTNERSHIP

None

d NOTTINGHAM CITY COUNCIL CORPORATE DIRECTOR FOR CHILDREN AND ADULTS AND DIRECTOR OF ADULT SOCIAL SERVICES

Alison Michalska advised the Board that following a recent inspection 97.5% of schools within the Nottingham Schools Trust are rated as good.

She also informed the Board that following the announcement of her retirement at the end of 2019 her replacement as Corporate Director for People will be Catherine Underwood. A full and thorough hand over period is already underway.

e NOTTINGHAM CITY COUNCIL DIRECTOR FOR PUBLIC HEALTH

None

25 MINUTES

The minutes of the meeting held on 29 May 2019 were confirmed as a correct record and they were signed by the Chair.

26 FORWARD PLAN

There was discussion around the themed topics coming over the next 6 month with some amendments and updates made to the Plan.

RESOLVED to note the forward plan.

27 ACTION LOG

The Chair remained partners of the importance of feedback on actions taken between meetings.

28 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE HELD ON 29 MAY 2019 (DRAFT)

RESOLVED to note the minutes of the Health and Wellbeing Board Commissioning Sub Committee held on 29 May 2019

29 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS - AIR QUALITY AND SMOKING & TOBACCO CONTROL

RESOLVED to note the new Joint Strategic Need Assessment Chapters on Air Quality and Smoking & Tobacco Control

30 QUESTIONS FROM THE PUBLIC

None.