

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 25 February 2015 from 1:30pm – 3:35pm

Membership

Voting Members

Present

Lyn Bacon
Dr Marcus Bicknell
Steven Cooper
Martin Gawith
Dr Chris Kenny
Councillor Sally Longford
Leslie McDonald
Councillor David Mellen
Dr Hugh Porter
Dawn Smith
Dr Ian Trimble (Vice Chair)

Absent

Ruth Hawkins
Councillor Nicola Heaton
Peter Homa
Alison Michalska
Gill Moy
Councillor Alex Norris
Jean Sharpe
Vikki Taylor

Non-Voting Members

Present

Lyn Bacon
Dr Marcus Bicknell
Steven Cooper
Martin Gawith
Dr Chris Kenny
Councillor Sally Longford
Leslie McDonald
Councillor David Mellen
Dr Hugh Porter
Dawn Smith
Dr Ian Trimble (Vice Chair)

Absent

Ruth Hawkins
Councillor Nicola Heaton
Peter Homa
Alison Michalska
Gill Moy
Councillor Alex Norris
Jean Sharpe
Vikki Taylor

Colleagues, partners and others in attendance:

Nancy Barnard	- Nottingham City Council
Alison Challenger	- Nottingham City Council
Nicky Dawson	- Nottingham City Council
Lynne McNiven	- Nottingham City Council
Colin Monckton	- Nottingham City Council
Linda Sellars	- Nottingham City Council
Jeane Robinson	- Nottingham City Council
John Wilcox	- Nottingham City Council
Jo Williams	- Nottingham City Council

49 CHAIR

In the absence of Councillor Alex Norris, the Chair was taken by the Vice-Chair, Dr Ian Trimble.

50 APOLOGIES FOR ABSENCE

Councillor Alex Foster (Other Council Business)

Councillor Nicola Heaton (Personal)

Alison Michalska, Corporate Director for Children and Adults – Linda Sellars substituting

Vikki Taylor, NHS England – Steph Cook substituting

51 DECLARATIONS OF INTEREST

Lyn Bacon, Nottingham CityCare Partnership, declared an interest in item 8 “Approval of the Pharmaceutical Needs Assessment” (minute 57) as Nottingham CityCare Partnership has applied for a pharmacy license, but this interest did not prevent her from speaking on the item.

Leslie McDonald, HWB3 declared, an interest in item 4 “Suicide Prevention Strategy” (Minute 53) as Nottingham Counselling Service, the organisation for which he is Executive Director & Company Secretary, provides mental health services in the city, but this interest did not prevent him from speaking on the item.

52 MINUTES

The Board confirmed the minutes of the meeting held on 29 January 2015 as an accurate record and they were signed by the Chair presiding at the meeting.

53 SUICIDE PREVENTION STRATEGY

Chris Kenny, Director of Public Health, introduced the item to the Board. Lynn McNiven, Consultant in Public Health then provided the Board with the following information:

- a) The Strategy has been developed with the County Council and significant consultation has taken place.
- b) The Strategy identifies 5 Priorities:
 - Priority 1: Identify early those groups at high risk of suicide and self-harm and support early interventions;
 - Priority 2: Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs;
 - Priority 3: Access effective support for those bereaved of affected by suicide;
 - Priority 4: Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour;

Priority 5: Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour.

Lynn McNiven then responded to questions from members of the Board as follows:

- c) An action plan had been developed to support the Strategy which is to commence in April 2015. Champions for the Strategy have already been identified and a steering group has begun to meet.
- d) Historically, the number of suicides in Nottingham was at a higher level than the England average. Recently this has reduced and is now at the same level as the England average. The latest figures at an England-wide level were published this week and showed a slight increase. The latest Nottingham figures are not yet available.
- e) Working with the city's universities and further education colleges can be included in the Strategy.
- f) The third sector was involved in the consultation on the Strategy last year but some relevant providers may not have been contacted at that time. There are third sector representatives on the steering group and the group is keen to involve micro-providers. Lynn McNiven agreed to speak with Leslie McDonald about how to contact relevant micro-providers.

RESOLVED to:

- (1) Approve the Nottingham City Suicide Prevention Strategy;**
- (2) Agree that all Board Members will embed the Strategy within their own organisations and will work in partnership to deliver action plans resulting from the strategy;**
- (3) Agree to receive updates on the Strategy as part of reporting of Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy.**

54 HEALTH AND WELLBEING STRATEGY 18 MONTH REPORT

John Wilcox, Public Health Development Manager, introduced the report and a presentation which updated the Board on the progress made in implementing the Health and Wellbeing Strategy. The Strategy has an initial lifespan of three years of which eighteen months have passed. He explained how the report highlighted the negative impact that smoking has on health in the city and asked the Board to consider extending the Healthy Nottingham priority to include smoking as well as alcohol reduction. The report also asked the Board to delegate responsibility for drafting the next iteration of the Strategy to the Commissioning Executive Group.

Colleagues then provided updates to the Board on the progress made within the specific strategy themes. An update was not provided on alcohol misuse as this had recently been provided to the Board.

Jo Williams, Clinical Commissioning Group, updated the Board on progress against the Supporting Older People theme and provided the following information:

- a) Improvement can be demonstrated through the Better Care Fund matrix.
- b) New staff roles, including a Care Co-ordinator role, are embedding and having a positive impact, releasing clinical time.
- c) The city's Better Care Fund plan was one of only six nationally to be approved and the application to be a Wave Two Pioneer Site was accepted which will provide access to support from national bodies.

The Board congratulated all those involved on the progress made and their achievements.

Lynne McNiven, Consultant in Public Health, updated the Board on progress against the Early Intervention: Improving Mental Health theme and provided the following information:

- d) Multi-disciplinary teams have been brought together and a new children and young people's behavioural, emotional or mental health needs (BEMH) pathway was launched on December 15 2014.
- e) Between the launch and 19 January, 52 referrals were made to the pathway, of which 35 were for Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder assessment.
- f) Previously there were 1000+ referrals per year to top level services. The new pathway has shifted the focus to early intervention, reducing the burden on high level services and supporting individuals at the appropriate level.
- g) The pathway is a 2 year pilot, not a statutory service and therefore its future is dependent on the outcomes of the pilot.
- h) In relation to mental health and employment, Nottingham Fit for Work Service has supported 700 clients, 51% with mental health problems in 2014-15.
- i) Health and employment partnership group being developed to address gaps, particularly related to those with mental health problems.
- j) In response to a concern that the action identified to "improve the quality of jobs that people with mental health problems are able to access" was not robust enough Ms McNiven stressed the role the organisations represented on the Board have in relation to their own workforces.

Nicky Dawson, Priority Families Programme Co-ordinator updated the Board on the Priority Families Theme and provided the following information:

- k) The programme is progressing to plan. The target number of families have been engaged in the programme and have shown improved outcomes. This places the

city in joint top position nationally. The programme also won an award for the approach taken to apprentices.

- l) There has been a reduction of 46.5% in the number of Crime and Antisocial Behaviour offences committed by families engaged in the programme and the seriousness of the offences has also reduced.
- m) Over 1173 children have shown improved and maintained attendance at school and there has been a 20% reduction in absenteeism.

The Board then considered the recommendation to extend the Healthy Nottingham priority to also focus on smoking related harm. The Board recognised the impact smoking has on health in the city and the importance of the work being done to reduce levels of smoking and smoking related harm. However, the Board did not agree that it was appropriate at this stage to include in the Healthy Nottingham Priority as a significant amount of activity was already taking place to reduce smoking related harm without it being included in the Strategy. The Board agreed that further consideration of whether value could be added by including reducing smoking related harm in the Strategy should be undertaken by the Commissioning Executive Group when the group considers what should be included in the next iteration of the Strategy.

RESOLVED to:

- (1) note the reported progress on the delivery of the Joint Health and Wellbeing Strategy and the changes in the leadership of the strategy priorities;**
- (2) delegate responsibility to the Commissioning Executive Group for the development of a timetable and process for reviewing the 2013-2016 strategy and the development of a new Health and Wellbeing strategy from 2016;**
- (3) not extend the Healthy Nottingham priority to include reducing smoking related harm at this stage but to request that the Commissioning Executive Group consider whether to include reducing smoking-related harm in the new Health and Wellbeing Strategy from 2016.**

55 PRIORITY FAMILIES STRATEGIC REPORT

Nicky Dawson, Priority Families Programme Co-ordinator introduced the report and provided the following information:

- a) The Priority Families Programme is now entering Phase 2 of the national Troubled Families Initiative which will run from 2015 to 2020.
- b) Nottingham commenced Phase 2 six months early following the successful completion of Phase 1 and is supporting central government with the design and development of guidance and strategies for the programme.

- c) A provisional target of working with 3870 families during Phase 2 has been set. During 2015/16 it is expected that 890 families would be supported (23% of the total target number). There is a potential Payment by Results income of £7m across the life of the programme.
- d) A new Health domain has been added which will focus on mental health but also on physical health issues, in particular childhood obesity and smoking.
- e) Transfer of responsibility for decision making about release of resource for the programme from the Commissioning Executive Group to the Leadership Group is proposed in order to release timely resource for vulnerable families. Financial decisions would be authorised by the relevant Portfolio Holders, in line with the Council's constitutional decision making processes.

RESOLVED to:

- (1) note the performance summary for the completion of Phase 1 and that a departmental review of Phase 1 is in progress from which learning will be brought forward;**
- (2) note the report on Phase 2 implementation and new national targets and the new partnership measures included in the draft Priority Families Outcomes Plan;**
- (3) agree the proposals in the Priority Families Leadership Group Threshold Document to transfer responsibility from the Commissioning Executive Group to the Leadership Group to take decisions relating to the release of resource to the programme up to a value of £1m. Such decisions would then be authorised through the Council's delegated decision making process.**

56 BETTER CARE FUND

Jo Williams, Assistant Director of Health and Social Care Integration, reported on the proposal to reduce the target for non-elective admissions from 3.5% to 1.6% in the Better Care Fund (BCF) plan, highlighting the following points:

- (a) the BCF plan was approved in October 2014. National guidance suggested a target for non-elective admissions of 3.5% in 2015/16 and so this target was adopted. Since then NHS guidance has been changed and this figure can be revised to take into account actual performance in the year to date, likely outturn for the 2014/15 full year, and progress with contract negotiations with providers.
- (b) the revised target of 1.6% reflects the expected impact of the BCF schemes in Nottingham. It does not include schemes outside the BCF plan and the target of 3.5% remains as an ambition.

Colin Monckton, Head of Commissioning and Insight reported on proposals for governance of the BCF fund, highlighting the following points:

- (c) it is proposed that the Health and Wellbeing Board will make all decisions around the release of BCF money, to avoid duplication. Legal discussions are currently ongoing to make sure that interests of all parties will be protected but the proposals should be presented to the next meeting in May;
- (d) until the proposals are approved BCF decisions must continue to be shared by all separate partners.

RESOLVED to agree to a reduction in the BCF target for non elective admissions from 3.5% to 1.6%.

57 APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Jean Robinson, Head of Information (Public Health), introduced the report of the Director of Public Health on the Nottingham City Pharmaceutical Needs Assessment 2015 (PNA), highlighting the following points:

- (a) it is a statutory requirement for the Health and Wellbeing Board to approve the PNA, and for it to be published online by April 2015;
- (b) the PNA has already been approved by the Nottingham City Commissioning Executive Group (CEG), subject to an addition stating the skills and experience of pharmacy staff could be better used for identification of isolated older people;
- (c) the PNA does not identify any evidence of a lack of pharmacy provision in Nottingham, and population increase in the medium term (3-5 years) is not expected to rise above current capacity.

RESOLVED to

- (1) approve the Nottingham City PNA;**
- (2) approve publication of the PNA and its appendices on Nottingham Insight in April 2015;**
- (3) note that there are no cost implications associated with the PNA.**

58 SOUTH NOTTINGHAMSHIRE TRANSFORMATION PARTNERSHIP COMPACT

Hugh Porter, Clinical Lead, Nottingham City Clinical Commissioning Group, updated the Board on plans to create a South Nottinghamshire Transformation Partnership Compact, highlighting the following points:

- (a) the purpose of the Compact is to promote a commitment to partnership working in the South Nottinghamshire area and work to deliver improved health and wellbeing for citizens through reshaping the health and social care system;
- (b) implementation of the Compact has been consulted with partner organisation boards, including the Commissioning Executive Group (CEG), who had concerns

that there is no parity of esteem in the Compact. However, parity of esteem will be a standing item agenda on all South Nottingham Transformation Board meetings;

- (c) the Compact is a non-statutory body developing robust recommendations, but does not make decisions;

Hugh gave the following responses to questions asked by Board members:

- (d) not all members of the Compact will have the same views but the the Compact will align them for more positive outcomes;
- (e) plans for a combined authority with Derbyshire and Nottinghamshire are also under discussion but this will lead on growth, planning, economic development and transport and not social care. These plans will therefore have no impact on the Compact;
- (f) the partnership working promoted by development of the Compact will offer wider learning opportunities for all representatives.

RESOLVED to endorse the Compact.

59 FORWARD PLAN

RESOLVED to note the forward plan.

60 UPDATES

a HEALTHWATCH NOTTINGHAM

Martin Gawith of Healthwatch Nottingham provided an update on the organisation's latest developments:

- a) the organisation has concerns over the lack of consultation on the Care Act.
- b) work has commenced on a Young People and Mental Health Insight project.

b CORPORATE DIRECTOR FOR CHILDREN AND ADULT SERVICES

Candida Brudenell, on behalf of the Corporate Director of Children and Adult Services, gave the following update:

- a) Following the publication by Louise Casey into Rotherham Metropolitan Borough Council and its handling of issues around Child Sexual Exploitation (CSE), Nottingham City Council has produced a briefing about Child Sexual Exploitation (CSE) for all colleagues working with children and young people in Nottingham;
- b) Staffing Update
Steve Comb joined Nottingham City Council on 5th January 2015 as the new Head of Children in Care;

Clive Chambers joined Nottingham City Council on 9th February as the new Head of Safeguarding Quality Assurance;

c) IT Update

A new social care case management system has now been tendered which will deliver a number of improvements to the way Children and Adults work by consolidating systems and introducing more efficient and streamlined processes.

c DIRECTOR OF PUBLIC HEALTH

Dr Chris Kenny, Director of Public Health, informed the board that there has been an increase in scarlet fever diagnosis locally, as reported by the local media. Communications have been sent to schools and primary caregivers, the absolute numbers are small and the fever is easily treatable.

d CHIEF OFFICER, NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP

Dawn Smith, Chief Officer, Nottingham City Clinical Commissioning Group (CCG) gave the following update:

- a) the CCG will be given delegated authority for the commissioning of primary care services from 1 April 2015;
- b) NHS standards are good, and effort is being made on including mental health data into reports;
- c) a single Urgent Care Centre is being developed at the site of the current walk-in centre in Nottingham City Centre. This will be an all-in-one service and aims to reduce the number of people going to A&E at the Queens Medical Centre. The walk-in centre on the same site will remain but the branch on Parliament Street will close and become a GP surgery.

e CARE ACT 2014

Linda Sellars, on behalf of the Director of Adult Social Care, provided an update on the implementation of the Care Act in Nottingham City:

- a) there are 5 weeks until implementation of the care act and a checking process is now in place;
- b) 464 people attended the Every Colleague Matters events, and GP events will be run in April about the impact of the Care Act;
- c) Guidance on part 2 of the Care Act was published in February and Nottingham City is currently drafting a response to the consultation.

RESOLVED to

(1) note the updates

(2) agree that a full report on Child Sexual Exploitation be prepared for a future meeting