

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on **8 JANUARY 2014** from 1.32 pm to 3.55 pm

Voting members

Councillor Alex Norris (Chair)	Portfolio Holder, Adults and Health
Dr Ian Trimble (Vice-Chair)	NHS Nottingham City CCG
Councillor Jon Collins	Leader/Portfolio Holder – Strategic Regeneration and Community Safety
Councillor Dave Liversidge	Portfolio Holder – Commissioning and Voluntary Sector
Councillor David Mellen	Portfolio Holder - Children's Services
Alison Michalska	Corporate Director, Children and Adults, Nottingham City Council
Dr Hugh Porter)
Dawn Smith) NHS Nottingham City CCG
Dr Arun Tangri)
Vikki Taylor	NHS England
Dr Chris Kenny	Director, Public Health, Nottingham City / Nottinghamshire County
Adele Cresswell	Healthwatch Nottingham

Non-voting Members

Elaine Yardley	-	Director, Adult Provision / Health Integration, Nottingham City Council
Tim O'Neill	-	Director, Family Community Teams, Nottingham City Council
Gill Moy	-	Nottingham City Homes
Lyn Bacon	-	Nottingham CityCare Partnership
Peter Moyes	-	Nottingham Crime and Drugs Partnership
Michele Hampson	-	Nottingham Healthcare NHS Trust
Anne Danvers	-	Nottingham Jobcentre Plus
Angela Kandola)	Nottingham Third Sector Forum
Sarah Collis)	
Daniel Mortimer	-	Nottingham University Hospitals NHS Trust (for Peter Homa)
Steven Cooper	-	Nottinghamshire Police (City Division)

indicates present at meeting

Colleagues, partners and others in attendance

Mark Andrews	-	Head of Family Community Teams North
Marcus Bicknell	-	NHS Nottingham City CCG
Alison Challenger	-	Deputy Director of Public Health
Nicky Dawson	-	Priority Families Programme Co-ordinator
Noel McMenemy	-	Constitutional Services Officer
Colin Monckton	-	Head of Commissioning and Insight
Alison Weaver	-	Service Manager, Inclusive Education Service

30 **APOLOGIES FOR ABSENCE**

Councillor Jon Collins	(other Council business)
Chris Kenny	(Director of Public Health, Nottingham City and Nottinghamshire County)
Martin Gawith	(Healthwatch Nottingham)
Elaine Yardley	(Director of Adult Provision / Health Integration, Nottingham City Council)

31 DECLARATIONS OF INTEREST

Dr Trimble and Dr Tangri both declared an interest in agenda item 7 'Improving General Practice – A Call to Action' as general practitioners providing primary care services. The interest was considered insufficient to prevent them from speaking or voting on the item.

32 MINUTES

The Board confirmed the minutes of the meeting held on 30 October 2013 as a correct record and they were signed by the Chair.

33 PRIORITY FAMILIES

Mark Andrews, Head of Family Community Teams North, introduced a report updating the Board on the delivery of the Priority families programme, highlighting the following points:

- (a) the Trouble Families Peer Review process was conducted in partnership with Wakefield Council, and initial findings were positive, especially relating to the ambitious scale of change to culture and ways of working being delivered;
- (b) while currently on track with Payments By Results (PBR) claims, there was a potential reputation and financial risk in not meeting future PBR targets because of the ambitious pace of change;
- (c) almost 1200 families have been identified and half of those have been or are being engaged. DCLG is aware that the bulk of allocations is planned for quarter 4 and rates progress to date positively, but there is a risk that it will not be possible to deliver the 360 further allocations needed to meet target;
- (d) the programme has identified some short term funding gaps in support for families, and the report recommended delegating authority to the Priority Families Partnership Leadership and the relevant Portfolio Holders to make short term funding decisions to address gaps around identified need;
- (e) the government requirement to match families to certain criteria could prove problematic. For example, certain groups were under represented in terms of school attendance because of the positive cultural attitude to the value of education;
- (f) the Troubled Families Initiative has been extended to 2020, and will have a greater emphasis on early intervention and prevention, targeting 400,000 families nationally.

During discussion, Board members commended the Programme Team's success to date, and made several comments:

- (g) a Board member requested sample case studies to help understand how priority families were being helped in practical terms under the programme;
- (h) a Board member requested an equality and diversity breakdown of the families being identified and engaged under the programme.

RESOLVED to

- (1) note the briefing paper with key findings from the Troubled Families peer review, with a 'next steps' report to follow receipt of the detailed peer review letter from the Local Government Association;**

- (2) **note the progress update;**
- (3) **agree short term funding decisions to be delegated to the Priority Families Partnership Leadership Group and the Portfolio Holder for Commissioning and the Voluntary Sector and Portfolio Holder for Children's Services, in liaison with the Health and Wellbeing Board Commissioning Executive Group where appropriate, with a full process briefing to be submitted to the Board for final approval;**
- (4) **note the information about the nature of the extension (phase 2) to the Government Troubled Families Initiative and progress to date for phase 1 ending March 2015;**
- (5) **request the Director of Family Community Teams to provide additional briefing information identified at (g) and (h) above.**

34 SAFE FROM HARM STRATEGIC COMMISSIONING REVIEW RECOMMENDATIONS

Coiln Monckton, Head of Commissioning and Insight, introduced a report highlighting a number of recommendations relating to the conclusions of the Safe From Harm (SFH) Strategic Commissioning Review, and to the commissioning of Domestic and Sexual Violence and Abuse (DVSA) services. Mr Monckton made the following points:

- (a) the review found there to be effective provision for specialist DSVA services, and recommended investment to maintain existing levels of service;
- (b) there was a need to manage DVSA more effectively through earlier intervention, which resulted both in better outcomes for survivors and in more efficient use of resources;
- (c) more focused work was needed on perpetrators, and the Police and Crime Commissioner was looking to commission research through the University of Nottingham;
- (d) the review recommended aligning Nottingham City joint commissioning arrangements with those of Nottinghamshire County Council and NHS England where appropriate;
- (e) there was little specialist provision for abuse among young people in intimate relationships and this gap could be addressed under the Child Development Strategic Commissioning Review ;
- (f) the refresh of a Nottingham DVSA strategy and action plan being developed by the Crime and Drugs Partnership will help improve understanding of underlying issues facing black, minority ethnic and refugee communities, including honour based violence, forced marriage and trafficking.

During discussion, Board members raised the following issues and points:

- (g) Peter Moyes, Nottingham Crime and Drugs Partnership, confirmed that a special Commissioning Group had been established to identify ways to close the £297,000 annual funding gap for current provision due to the ending of non-recurrent funding;
- (h) the issue of modern-day slavery, which had increasing coverage nationally, did not form a major part of the analysis, but would be taken forward as part of the DVSA strategy refresh and action plan;
- (i) several Board members made the point that the DVSA strategy refresh and action plan should ensure greater understanding of issues faced by people with learning disabilities, and the impact more widely of mental health issues on the profile of DVSA in Nottingham.

RESOLVED to

- (1) note the analysis conducted as part of the Safe from Harm strategic commissioning review;**
- (2) support maintaining the current level of investment into the commissioning of specialist Domestic and Sexual Violence Abuse (DVSA) services, requiring all partners to continue funding the specialist services (£2,543,492) and looking to resolve the £297,000 funding gap;**
- (3) note that partner decision making bodies will agree recommendations regarding ongoing commissioning of current service provision;**
- (4) support the joint commissioning approach adopted by Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Crime and Drugs Partnership and the Police and Crime Commissioner's Office in the commissioning of all services in Nottingham, recommending aligning commissioning arrangements with Nottinghamshire County Council and NHS England where appropriate, with lead responsibility for alignment lying with the Nottingham Crime and Drugs Partnership;**
- (5) note that the Child Development Strategic Commissioning Review will take forward work to investigate ways of releasing resources to invest in Early Intervention measures;**
- (6) support the refresh of the DVSA strategy and action plan being developed by the Crime and Drugs Partnership;**

35 CHILDREN AND FAMILIES BILL 2013: PROGRESS IN IMPLEMENTING THE NEW 0-25 SPECIAL EDUCATION NEEDS (SEN) SYSTEM

Alison Weaver, Service Manager, Inclusive Education Service introduced the report, making the following points:

- (a) the Children and Families Bill introduces significant changes to Special Education Needs (SEN) provision, requiring a single co-ordinated assessment process, personal budgets for families and improved transition into adulthood;**
- (b) there are around 1,000 services users covering both mainstream and specialist education provision in Nottingham, and these numbers were increasing;**
- (c) work on aligning resources on the basis of current information is ongoing, and delivering the changes by September 2014 is on track. The financial implications of the changes were not yet clear. Once developed, the draft joint commissioning strategy, and proposals around joint commissioning arrangements, contracts and budget will be shared with both the Commissioning Executive Group and the Board, in line with governance arrangements.**

In the brief discussion which followed, Board members made the point that, while the report was clear on process and systems, it was unclear what the outcomes would be for children and young people. In response, Ms Weaver confirmed that positive outcomes for service users were central to the new SEN system, and that these would be made clear in the update report later in 2014. Delivering more than the Bill's statutory requirements had been the intention from the outset.

RESOLVED to

- (1) note the implications of the Children and Families Bill from September 2014, and the progress to date in delivering the changes required;**

- (2) **support the partnership approach being adopted to implement these changes through joint commissioning, delivery and funding of these services;**
- (3) **agree to receive a further update report in June 2014, once the overall financial implications of implementing these changes were clearer.**

36 IMPROVING GENERAL PRACTICE – A CALL TO ACTION

Vikki Taylor, Director of Commissioning, NHS England and Dawn Smith, Chief Officer, NHS Nottingham CCG introduced a report and gave a joint presentation on the 'Improving General Practice – A Call to Action' initiative, highlighting the following points:

- (a) the Call to Action on improving general practice was launched in July 2013, setting out current issues and future challenges to the NHS. It requires CCGs to work with NHS England to engage with a range of stakeholders, including Health and Wellbeing Boards to explain these challenges and then develop a 5 year commissioning plan;
- (b) the key challenges include capacity pressures, with a 50% increase in consultations, coupled with falling practice income, a shift in services from secondary to primary care, and national and localised workforce shortages;
- (c) feedback from stakeholders indicated a need to empower patients to take responsibility for their health and put them in control of their care, providing real choices beyond service provision;
- (d) people wanted to understand the breakdown of costs involved in treatment, and there was support for charging in certain areas, such as for not attending appointments;
- (e) the time was right to build on and increase integration and provide single points of access, as well as harnessing existing technologies such as online bookings and skype to deliver more effective services;
- (f) public and stakeholder engagement will inform the piloting and testing of new ways of working in general practice from January 2014 onwards; public and stakeholder engagement will inform the piloting and testing of new ways of working in general practice from January 2014 onwards;

During discussion, Board members raised the following issues:

- (g) a Board member asked how learning and best practice is currently disseminated. The CCG has a programme of practice visits and the outcomes of these are shared with general practices across the City. NHS England is also looking to establish a Primary Care Shared Learning resource;
- (h) several Board members agreed that demand exceeded capacity under the current service model, that new ways to manage and filter demand could lead to equally effective outcomes, and that an integrated service model was the right way to go forward;
- (i) the Third Sector had a key role to play in providing long-term self-care support to ease pressure on primary care services;
- (j) workforce shortages were not confined to GPs – there as a shortage of nurses in general practice as well.

RESOLVED to note the report and presentation.

37 HEALTHWATCH NOTTINGHAM - UPDATE

Adele Cresswell, Healthwatch Nottingham, updated the Board on Healthwatch Nottingham activity. In particular, work continued jointly with the Nottingham University Hospitals Trust in building a diary of patient experience. Ms Cresswell shared the experience of an elderly patient who had difficulty in getting a head wound treated around the New Year period, and she invited narratives from GPs, councillors and colleagues to help build a composite picture of the patient experience. A Board member suggested that Ms Cresswell provide her email details so that Board members could share their experiences and those of their constituents or patients.

RESOLVED to note the update.

38 FORWARD PLAN

RESOLVED to note the Forward Plan without discussion.

39 STATUTORY OFFICER UPDATES

The Board received the following updates and requests:

(a) Corporate Director for Children and Families

(i) NHS Social Care Funding 2013/14

The Health and Wellbeing Board's terms of reference require it 'to oversee, where appropriate, the use of relevant public sector resources across a wide spectrum of services and interventions to ensure outcomes from health care, social care and public health interventions'. As part of this remit, the Corporate Director, Alison Michalska, asked the Board to note that a Section 256 Partnership Agreement was in place between Nottingham City Council and NHS Nottingham City CCG covering the use of £5.548 million of NHS Social Care funding to be transferred from Health to Local Authorities in 2013/14. Ms Michalska confirmed that the Agreement had been approved through both parties' constitutional processes, and explained that NHS England had asked for evidence that the Board was content before releasing the funding. She also confirmed that the Board will have the opportunity to consider proposals in detail when considering the Better Care Fund report at its February 2014 meeting.

RESOLVED to note and support the Section 256 Partnership Agreement in place between Nottingham City Council and NHS Nottingham City CCG to cover the transfer and use of £5.548 million of NHS Social Care funding.

(ii) Point of Access Team

'Children and Families Direct', the new service acting as first point of contact for advice, guidance and referral into Children's Services had gone live and was working very well. Already there had been an increase in numbers of complex referrals.

(iii) Adoptions

The number of successfully completed adoptions in Nottingham was 55, which was higher than ever before.

(iv) North of England Education Conference

Nottingham is hosting the Conference from 15-17 January 2014, and partners are asked to consider their involvement in it – discounted rates are available for local organisations.

(v) Partnership working

Work is ongoing across the Council to address both winter pressure issues and on working up Better Care Fund proposals with partners.

(b) Director of Public Health

(i) Age-Friendly Cities

Nottingham had signed up to the Dublin Declaration on becoming an age-friendly city. Proposals for an Older Citizens Charter were out to consultation.

(ii) Smoking

Public Health England had launched a 'toxic blood' smoking campaign highlighting the hidden dangers of smoking.

(iii) Change4Life

The Change4Life smart swaps campaign had been launched, urging families to make healthier food, drink and activity choices.

(c) Chief Officer, Clinical Commissioning Group (CCG) (Dawn Smith)

(i) Everyone Counts: Planning for Patients 2014/15 to 2018/19

NHS England has published planning guidance with proposals for how to invest the NHS Budget sustainably over the next 5 years. Commissioners must develop 2-year operational and 5-year strategic plans, and NHS England expects to see better physical and mental health outcomes for citizens over a range of indicators. Further progress will be reported at the February 2014 meeting.

(ii) Better Care Fund (formerly Integration Transformation Fund)

The Better Care Fund comes into effect from 2015/16 but planning for its use must be completed before the start of the 2014/15 financial year. The NHS England 5-year planning guidance includes a template for developing agreeing and publishing a Better Care Plan, which is currently being worked up by the Contact Executive Group. The Plan will come to the February 2014 Board meeting for approval.

(iii) Challenge Fund

NHS England is inviting GP surgeries to apply for part of a £50 million Challenge Fund to pilot improvements in access to appointments. At least 9 pilots, one in each NHS region, will be established, and Nottingham City is compiling a bid for submission in February 2014.

RESOLVED to note the above updates.

40 NOTTINGHAM CITY SAFEGUARDING CHILDRENS/ADULTS BOARD ANNUAL REPORT

Paul Burnett, Independent Chair of the Nottingham City Safeguarding Children/Adults Board introduced the report, previously circulated at the Board's October 2013 meeting (minute 29(a)(viii) refers). Mr Burnett welcomed the opportunity to address the Board in person, and made the following points:

- (a) there was an increase in adult referrals, especially in the over 65 age group in the care setting, and Mr Burnett believed this was down in part to a lack of understanding of the thresholds;
- (b) while procedures and policies were in place, there was a need for further testing to evidence their impact, and carrying out this testing, plus evaluating the impact of financial constraints, were the key challenges in 2014;
- (c) there was also an increase in child safeguarding referrals, which Mr Burnett believed was down to earlier targeted intervention identifying at-risk families;
- (d) as with adults, there was an issue with understanding the thresholds to be applied and with the variable quality of data available;
- (e) priorities in 2014 included rolling out the New Assessment Framework and being 'fit for OFSTED', as well as the ongoing challenge to deliver improved safeguarding at a time of significant change and continuing financial constraint.

In the brief discussion which followed, the Board and Mr Burnett made the following points:

- (g) more collective working and improvements within one partner agency could lead to knock-on benefits for all partners. For example, targeted work in Leicestershire around missing children established that almost three quarters of cases involved just 11 children from 2 residential care homes, leading to substantial budget savings;
- (h) there was scope for smarter commissioning of children's services, especially around early help;
- (i) there was also scope for sharing information on safeguarding 'near-misses' between agencies.

RESOLVED to note the report and points arising from discussion and to thank Mr Burnett for his attendance.