

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on 28 September 2016 from 2.01 pm - 3.11 pm

Membership

Voting Members

Present

Dr Marcus Bicknell (Vice-Chair)
Martin Gawith
Helen Jones
Councillor Neghat Khan
Councillor Alex Norris (Chair)
Dr Hugh Porter
Jonathan Rycroft
Dawn Smith

Absent

Councillor Steve Battlemuch
Alison Challenger
Councillor David Mellen
Alison Michalska

Non-voting Members

Present

Lyn Bacon
Stephen Dudderidge
Peter Homa
Gill Moy
Michelle Simpson

Absent

Wayne Bowcock
Ruth Hawkins
Chief Superintendent Mike Manley
Leslie McDonald
Maria Ward

Colleagues, partners and others in attendance:

Jane Garrard - Senior Governance Officer, Nottingham City Council
Sean Meehan - Health and Wellbeing Programme Manager, Public Health England
James Rhodes - Strategic Insight Manager, Nottingham City Council
Rachel Sokal - Public Health Consultant, Nottingham City Council
Laura Wilson - Governance Officer, Nottingham City Council

27 APOLOGIES FOR ABSENCE

Councillor Steve Battlemuch
Alison Challenger
Leslie McDonald
Councillor David Mellen
Alison Michalska
Maria Ward

28 DECLARATIONS OF INTERESTS

None.

29 MINUTES

The minutes of the meeting held on 27 July 2016 were confirmed as a true record and signed by the Chair.

30 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Councillor Alex Norris, Chair of the Board, introduced the revised Terms of Reference.

A query was raised as to whether under 'Voting arrangements' the last sentence should say 'The Chair of the meeting shall have a second or casting vote' instead of 'The Chair of the Board shall have a second or casting vote'.

RESOLVED, subject to the inclusion of the change above, to note the revised Terms of Reference for the Board.

31 HEALTH AND WELLBEING STRATEGY UPDATE

Further to minute 21 dated 27 July 2016, James Rhodes, Strategic Insight Manager, Nottingham City Council, introduced the report presenting the agreed Strategy in its final format, and the detailed action plans that sit behind it, and highlighted the following points:

- (a) the strategic framework was agreed by the Board in January, and developed in response to engagement findings and the Joint Strategic Needs Assessment. The Strategy is based around four key outcomes:
 - healthy lifestyles;
 - mental health and wellbeing;
 - healthy culture;
 - healthy environment;
- (b) the shared aims are to:
 - increase healthy life expectancy;
 - reduce inequalities;
 - promote self-care;
- (c) there is a Board level sponsor, Consultant in Public Health, and Insight Specialist assigned to each of the 4 outcomes, and a lead officer for each of the 20 priorities. They have all been involved in developing the detailed action plans;
- (d) the metrics will be reported annually to the Board, and progress on delivery will be reported on a rolling cycle with each Board meeting focussing on one of the 4 outcomes:
 - November 2016 – healthy lifestyles;
 - January 2017 – mental health and wellbeing;
 - March 2017 – healthy culture;
 - May 2017 – healthy environment;

- (e) proposals on delivery and reporting suggested at the Board's recent Development Session include:
- written reports with a presentation of the most important points, such as successes, areas of concern, and clear recommendations for Board/requests for action by partners;
 - having an increased focus on a small number of priority actions that the Board can add value to;
 - the use of citizen stories to make reporting more meaningful;
 - partner organisations leading by example in terms of leading agendas, signing up to initiatives, and being exemplars of the desired approaches/standards.

The following comments were made during the discussion:

- (f) it is important to address inequalities at each meeting to ensure that the poorest are being targeted as stated in the Vision;
- (g) the action plans need to be clear on how the priorities will be achieved within the limited resources available.

RESOLVED to

- (1) note the agreed Strategy, detailed at Appendix 1 of the report, and the contribution of all lead officers involved in its production, as detailed in appendices 2 to 5 of the report;**
- (2) approve the detailed action plans, detailed in appendices 2 to 5 of the report, and the next steps.**

32 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT

Rachel Sokal, Public Health Consultant, Nottingham City Council, introduced the report providing information on the progress and development of Nottingham City's Joint Strategic Needs Assessment (JSNA) for 2016/17, which contributes towards improving health and wellbeing and reducing inequalities for citizens, and highlighted the following points:

- (a) the JSNA is an assessment of the current and future health and social care needs of citizens, and informs priorities, targets and commissioning decisions;
- (b) statutory guidance states that local authorities and clinical commissioning groups (CCGs) have equal responsibility for the JSNA, but overall responsibility is with this Board;
- (c) the City's JSNA is produced in partnership with colleagues from public health, social care, Nottingham City CCG, and the Crime and Drugs Partnership, and there are almost 50 chapters covering clinical topics;
- (d) changes as a result of the Health and Social Care Act 2012 led to a lack of clarity regarding production of the City's JSNA and, to address this the JSNA Steering Group was refreshed in July 2015. The Steering Group reports to the

Commissioning Executive Group (CEG) and this Board, and oversees the maintenance and development of the JSNA;

- (e) the Steering Group has led a major project to re-establish cross-organisation responsibility and resourcing for the JSNA, which has resulted in the revision of the City's JSNA policy and process. The policy and process was supported at the CEG meeting on 20 April 2016;
- (f) the JSNA work plan for 2016/17 was finalised in June, and includes the updating of 8 remaining chapters from 2015/16 being updated, and an additional 6 chapters;
- (g) the JSNA's process and outcomes will be evaluated during 2016/17, but the framework for this is still being developed and will be presented to the Steering Group for approval. Board members will be consulted as part of the evaluation, and its findings will be presented to Board in September 2017.

The following comments were made during the discussion:

- (h) the JSNA needs to be responsive to needs, so a prioritisation framework is in place;
- (i) the chapters are refreshed as and when needed, and partners are involved in the amendments so share the information, but advertisement around changes is carried out;
- (j) the Voluntary and Community Sector have raised concerns that neurological conditions do not feature in the JSNA;
- (k) it would be helpful to engage with all levels in organisations to get input from those working in the areas on a daily basis;
- (l) marketing opportunities for new chapters need to be explored.

RESOLVED to

- (1) endorse the revised JSNA policy and procedure, detailed in Appendix 1 of the report, and support the approach it sets out;**
- (2) note the 2016/17 work programme, detailed in Appendix 2 of the report;**
- (3) note the progress and development of the JSNA.**

33 NOTTINGHAM CITY COUNCIL DECLARATION ON ALCOHOL

Sean Meehan, Health and Wellbeing Programme Manager, Public Health England, introduced the report detailing the Council's draft Declaration on Alcohol which is a statement about the Council's commitment to reducing the harms from alcohol, and is a pledge to take evidence based action. It will be presented to Full Council in November 2016 by Councillor Alex Norris, and highlighted the following points:

- (a) the key aim of the Declaration is to demonstrate Local Authority leadership in tackling the harms from alcohol, and to make a collective statement about the importance of alcohol harm locally and nationally. The Board's support would demonstrate cross organisational support for the commitments laid out in the Declaration;
- (b) it is based on successes nationally and locally with the tobacco control declaration, although Nottingham would be the first authority in the East Midlands to take the approach with alcohol;
- (c) it includes primary prevention, secondary prevention, and evidence based treatment;
- (d) health isn't currently a licensing objective, but work is being done nationally to see if it can be.

The following comments were made during the discussion:

- (e) there may need to be a greater focus on off-licences, as off-sales are now higher than on-sales;
- (f) supporting people who want to reduce their alcohol intake needs to be included;
- (g) there needs to be a greater focus on binge-drinking.

RESOLVED to note the draft Nottingham City Council Declaration on Alcohol.

34 FORWARD PLAN

Jane Garrard, Senior Governance Officer, Nottingham City Council, informed the Board that the Forward Plan is being remodelled to accommodate the themed meetings for reporting progress on the Joint Health and Wellbeing Strateg.

RESOLVED to note the Forward Plan

35 UPDATES

(a) Corporate Director for Children's Services

There were no additions to the update which was circulated with the agenda.

(b) Director for Adult Social Care

There were no updates to be given.

(c) Director of Public Health

There were no updates to be given.

(d) NHS Nottingham City Clinical Commissioning Group

There were no additions to the update which was circulated with the agenda.

(e) Healthwatch Nottingham

There were no additions to the update which was circulated with the agenda.