

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Loxley House on **26 FEBRUARY 2014** from 1.32 pm to 3.52 pm

Voting members

- | | |
|--|---|
| ✓ Councillor Alex Norris (Chair) | Portfolio Holder, Adults and Health (minutes 41-44) |
| ✓ 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 |) |
| ✓ Jacqui Williams
(substitute for Vikki Taylor) | NHS England |
| ✓ Dr Chris Kenny | Director, Public Health, Nottingham City / Nottinghamshire County |
| ✓ Martin Gawith | 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

- | | |
|----------------------------|--|
| Councillor Eunice Campbell | Older Citizen's Champion |
| Alison Challenger | - Deputy Director of Public Health |
| David Jones | - Pensioners' Action Group |
| Sharan Jones | - Health and Wellbeing Manager |
| Noel McMenamin | - Constitutional Services Officer |
| Lynne McNiven | - Public Health Consultant |
| Colin Monckton | - Head of Commissioning and Insight |
| Linda Syston-Nibbs | - Screening and Immunisation Lead, NHS England |

41 APOLOGIES FOR ABSENCE

- | | |
|------------------------|--------------------------|
| Councillor Jon Collins | (other Council business) |
| Vikki Taylor | - NHS England |

Gill Moy	- Nottingham City Homes
Anne Danvers	- Nottingham Jobcentre Plus
Peter Homa) Nottingham University Hospitals Trust
Danny Mortimer)
Sarah Collis) Nottingham Third Sector Forum
Angela Kandola)
Elaine Yardley	(Director of Adult Provision / Health Integration, Nottingham City Council)

42 DECLARATIONS OF INTEREST

None.

43 MINUTES

The Board confirmed the minutes of the meeting held on 8 January 2014 as a correct record and they were signed by the Chair.

44 BETTER CARE FUND

Maria Principe, Director of Primary Care Development and Service Integration, NHS Nottingham City Clinical Commissioning Group (CCG), introduced a report requesting approval of the vision for and use of Better Care funds as detailed in the Better Care Plan appended to the report, as required by the NHS England Regional Team. Ms Principe made the following points:

- (a) the Plan covers the boundaries of Nottingham City and comply with national conditions. These include the protection of social care services, 7-day services in health and social care, better data sharing between health and social care, joint approach to assessments and care planning and agreement on consequential impact on the acute sector;
- (b) the Better Care Fund in Nottingham comes to £24.2 million and focuses on 7 elements/schemes: Independence Pathway, Co-ordinated care, Assistive Technology, Access and Navigation, Management, Carers and Disabled Facilities Grant;
- (c) citizen feedback is that the health and social care system is complex, it being difficult to access appropriate support in a timely way. Citizens want to see a simplified, integrated, citizen-centred system, with a single point of access and joint outcomes;
- (d) a Joint Vision has been developed which states 'We will improve the experience of and access to health and social services for citizens. More citizens will report that their quality of life has improved as a result of integrated health and care services. The number of citizens remaining independent after hospital admission will increase with improved and seamless transfers of care';
- (e) the aim is to focus on the whole person, not the condition, removing false divides between physical, psychological and social needs, tailoring services to need in a timely way and supporting independence;
- (f) the model being adopted includes a single point of access, the NHS number as core identifier, the implementation of Care Co-ordinators, integration between NHS and local authority provision, tailored services based on population need and access to assistive technology;
- (g) these changes will result in the right care being delivered in the right setting by a skilled workforce, maximising independence and minimising delays in provision.

During discussion, Board members made the following points:

- (h) Ms Principe confirmed that the Matrix is based on Nottingham City capacity, and that, while Nottingham was ahead of the game in many respects, the risk identified within the Matrix about the skilled resources in place to deal with increased complexity within the community is significant;
- (i) there was consensus that arrangements for the Better Care Fund were very complex and looked to deliver very ambitious outcomes, but they also offered much-needed clarity on what needed delivering. It was also difficult to predict how the roll-out of the efficiencies would affect demand;
- (j) in response to a Board member's question about the need to strengthen governance arrangements, Ms Principe expressed the view that leadership through the Integrated Programme Board would flex and evolve over time;
- (k) a Board member stated that the implications for mental health service provision were very wide-ranging, and that significant training was required at an early stage for community-based staff. A Board member also stated that a large degree of the success of these changes lay with lesser-paid staff and their 'buy-in' to these changes will be needed.

RESOLVED to approve the vision for and use of Better Care funds as detailed at appendix 1 and 2 to the report, as required by the NHS England Regional Team. Councillor Dave Liversidge abstained and asked that this be recorded.

Councillor Alex Norris left the meeting at this point, and Dr Ian Trimble, Vice-Chair, assumed the role of Chair.

45 AGE-FRIENDLY NOTTINGHAM AND NOTTINGHAM'S OLDER CITIZENS' CHARTER

Councillor Eunice Campbell, Older Citizens' Champion, introduced a report highlighting actions being taken and planned to develop Nottingham as an age-friendly city, making the following points:

- (a) Nottingham is a signatory to the Dublin Declaration on Age-Friendly Cities, working to enable older citizens to stay active, healthier and happier for longer, and to contribute fully to society;
- (b) as part of the Age-Friendly Nottingham initiative, older citizens have come together to develop the Nottingham Older Citizens' Charter;
- (c) the Charter features 12 pledges to help older citizens lead fulfilled lives. These include making engagement with older people integral to decision-making processes in Nottingham, promoting positive images of ageing, reducing loneliness and isolation, supporting housing, transport and assistive technology initiatives of benefit to older people and helping older citizens live without discrimination;
- (d) a key element of the Charter is to increase dignity and choice in health and social care services, adopting the principles in the National Pensioners' Convention Dignity Code;
- (e) proposed future action includes forming an Older Person's Steering Group and taking forward an action plan to help deliver on the Charter's pledges;
- (f) Councillor Campbell paid tribute to David Jones of the Pensioners Action Group and Sharan Jones, Health and Wellbeing Manager, for their work in developing the Charter.

Board members expressed support for the work undertaken to date and during discussion raised the following issues and points:

- (g) in response to a Board member's point, Ms Jones explained that developments in Nottingham were incorporated within the National Pensioners' Convention, but that older citizens in Nottingham wanted to have short, punchy, easily-understood Charter relating to Nottingham;
- (h) a Board member expressed the view that older Nottingham citizens did not have the disposable income often assumed by younger generations;
- (i) a Board member, while welcoming and supporting the work undertaken, cautioned against assuming that there was a single 'older person's view on any particular issue;
- (j) Ms Jones explained that the idea of a Steering Group came from older citizens themselves, who felt that they did not have a channel into decision takers' strategic thinking.

RESOLVED to

- (1) support the development of Age Friendly Nottingham and consider how their organisation might be engaged in the initiative;**
- (2) support the formation of an older citizens' steering group;**
- (3) agree to receive annual reports on progress against the Age Friendly Nottingham action plan.**

46 TEENAGE PREGNANCY IN NOTTINGHAM – UPDATE

Lynne McNiven, Consultant in Public Health, introduced the report, making the following points:

- (a) the latest data shows the current teenage pregnancy rate at 37.6 per 1000 girls aged 15-17, continuing the downward trend and putting Nottingham City in the top 30% of most improved local authorities for conception rates;
- (b) termination rates remain static in Nottingham, and under-16 conception rates were improving;
- (c) the Teenage Pregnancy Plan is being refreshed and developed, and will be going out to consultation shortly. As part of its development, there will be analysis of ward data to see whether there are pockets of the city not experiencing the same improvements in teenage conception rates;
- (d) early intervention and primary prevention remained central to continued improvement, and the Teenage Pregnancy Taskforce, chaired by Councillor Alex Norris, helped ensure reducing teenage pregnancy remains a high priority for Nottingham.

Board members welcomed the latest positive statistics and raised the following issues and points in the discussion which followed:

- (e) a Board member acknowledged the challenge of maintaining the positive 'direction of travel' where there were expenditure constraints. It was important to understand why Nottingham was doing well to inform future commissioning to know where future services might best be targeted;
- (f) a Board member advised that that Family Nurse Partnership, an intensive home visiting programme working with teenage parents to improve pregnancy outcomes, was only available to first-time teenage mothers, and not for each teenage pregnancy;
- (g) a Board member urged there to be a wider, more ambitious refresh, not just of the Teenage Pregnancy Plan, but of the existing model of service provision.

RESOLVED to

- (1) note the report, and in particular the development of the 2014/15 Teenage Pregnancy Plan;**
- (2) agree to receive further annual update reports on the work of the Teenage Pregnancy Taskforce.**

47 CLINICAL COMMISSIONING GROUP TWO-YEAR OPERATIONAL PLAN IN RESPONSE TO 'EVERYONE COUNTS: PLANNING FOR PATIENTS 2014/15 TO 2018/19

Dawn Smith, Chief Officer, NHS Nottingham CCG introduced a report summarising NHS England's ambitions for what CCGs and the wider commissioning system will deliver and highlighting the CCG's two-year operational plan. Ms Smith made the following points:

- (a) NHS England guidance stipulates what CCGs and the wider commissioning system will deliver, and the Board is required to consider whether the CCG commissioning plan takes proper account of the Joint Health and Wellbeing Strategy;
- (b) the NHS England guidance requirements focussed heavily on investment to support integrated care for older people, achieving parity of esteem for mental and physical health, delivering a programme of work to address Priority Families and delivering a shift in funding from acute to community services;
- (c) the guidance is largely silent on preventing alcohol misuse, reflecting the shift in responsibility to local authorities;
- (d) in addition to measures related to NHS England outcome ambitions, the CCG is required to select a local measure. Cancer mortality rates in Nottingham are higher than regional and national rates, with survivor rates significantly poorer, especially for bowel and prostate cancer. For this reason, the CCG proposes to include as its local measure improved screening rates for bowel cancer as its local measure.

The Board members noted the report and unanimously supported bowel cancer screening rates as a local priority. In the brief discussion which followed, Ms Smith confirmed that the definition of Priority Families in this context was slightly broader than that for the Priority Families initiative.

RESOLVED to

- (1) note the report;**
- (2) approve the CCG decision to continue the uptake of bowel screening as a local priority associated with the Quality Premium.**

48 HEALTH PROTECTION ARRANGEMENTS

Chris Kenny, Director of Public Health, Nottingham City and Nottinghamshire County, introduced a report explaining the new health protection duty delegated to local authorities and explaining the arrangements put in place to maintain and improve health protection for citizens. Chris Kenny made the following points:

- (a) Public Health England now has the responsibility to deliver the specialist health protection response to incidents and outbreaks formerly provided by the Health Protection Agency;

- (b) NHS England supports any NHS multi-agency response to an emergency as well as national screening and immunisation programmes, while NHS CCGs commission treatment services;
- (c) the Director of Public Health provided a 'local leadership function' to health protection, and co-chaired the Local Health Resilience Partnership, with responsibility for both preventative measures and health emergency preparedness, resilience and response.

In the brief discussion which followed, Board members asked for several concrete examples of what the public was being protected from, and asked how the system could be tested to ensure its resilience. In response, Dr Kenny undertook to submit a more detailed report to a future meeting of the Board, once a review of the Local Health Resilience Partnership Review had been completed.

RESOLVED to

- (1) note the City Council's new health protection duty;**
- (2) to receive an update report to a future Board meeting, following the Local Health Resilience Partnership Review.**

49 INCREASING THE PROTECTION OF NOTTINGHAM CITIZENS AGAINST VACCINE-PREVENTABLE DISEASE

Linda Syson-Nibbs, Screening and Immunisation Lead, NHS England, introduced a report updating the Board on changes to commissioning arrangements for national immunisation, and on recent improvements in immunisation uptake. Ms Syson-Nibbs made the following points:

- (a) commissioning arrangements for national immunisation programmes have changed, with NHS England Area Teams commissioning programmes and monitoring being carried out through the Nottinghamshire County and Nottingham City Immunisation Programme Board;
- (b) four new programmes were introduced in 2013, including change to the Meningitis C programme the introduction of rotovirus and shingles vaccines and seasonal flu vaccines for all 2 and 3 year olds;
- (c) there had been a high uptake of human papilloma virus (HPV) vaccination and Measles Mumps and Rubella uptake for both 2 year olds and for those aged 10 to 16 had been successful;
- (d) as well as reaching targets of 95% uptake for several programmes, it was planned to roll out the seasonal flu programme to all children aged 4 and possibly up to 17 years, creating serious capacity issues for the service;

Board members praised the achievement of the programmes to date and noted the very ambitious targets for immunisation coverage going forward. The Board raised the following issues:

- (e) a Board member highlighted the importance of joint commissioning to ensure that limited resources were appropriately targeted;
- (f) Ms Syson-Nibbs stated that concerns about capacity to deliver of the expanded immunisation programmes were not unique to Nottingham City and Nottinghamshire County. There were also particular issues on data collection and recording where communities were less settled.

RESOLVED to note the commissioning arrangements for national immunisation programmes and recent improvements in immunisation uptake in Nottingham.

50 FORWARD PLAN

The Board welcomed the more comprehensive Forward Plan, and its alignment with the work of the Commissioning Executive Group. Dawn Smith, Chief Officer, NHS Nottingham City Clinical Commissioning Group, advised that the CCG's 5-year Commissioning Strategy will be considered at the Board's April 2014 meeting.

RESOLVED to note the Forward Plan.

51 HEALTHWATCH NOTTINGHAM - UPDATE

Martin Gawith, Healthwatch Nottingham, introduced a report updating the Board on Healthwatch Nottingham activity, making the following comments:

- (a) the number of calls to Healthwatch Nottingham about dental home care for older people indicates an issue where citizens do not qualify for the Special Needs Dental Service offered by the Nottinghamshire Healthcare Trust;
- (b) there is an increase in complaints about GPs, and about the GP complaints system itself. Citizens felt uncomfortable complaining to the GP practice directly, or to dial a national hotline;
- (c) a significant number of calls to Healthwatch Nottingham has involved signposting local GP and dental services.

Board members made the following comments:

- (d) a Board member suggested that Healthwatch Nottingham could make a complaint to NHS England about the GP complaints system being inflexible and not customer-focused;
- (e) a Board member commented that there was a wider dental health issue in that there was no dentistry training in the East Midlands and that there was a lower concentration of dental services in the region.

RESOLVED to note this update and to continue to receive regular updates.

52 STATUTORY UPDATES

The Board received the following updates and requests:

(a) Chief Officer, NHS Nottingham City CCG

(i) South Notts Transformation Board

To help co-design and deliver a 5-year Strategy and 2-year Operational Plan for health services across South Nottinghamshire, a South Notts Transformation Board has been established. The Board is made up of the Chief Officers and Clinical Leads of the four South Nottinghamshire CCGs (Nottingham City, Nottingham West, Rushcliffe and Nottingham North and East) Social Care Leads and the main provider Chief Executives. The first briefing papers from the Board were circulated for information.

(ii) Family and Friends Test for maternity services

NHS England published the first results of the Friends and Family Test (FFT) for NHS maternity services, and Nottingham University Hospitals Trust scored considerably higher than the England

average in all four areas tested (antenatal services, labour ward/birthing unit or home birth services, postnatal ward and postnatal community services).

(iii) NHS Change Day

This year's Change Day is on 3 March 2014, with a target of 500,000 pledges from staff, patients and the wider public to make the NHS better.

(iv) Can't Make it? Then Cancel it!

The CCG has launched an awareness campaign about the cost to the NHS of missed hospital and GP appointments.

(b) Director of Public Health

(i) Tobacco/Smoking

Following on from the recent Public Health England 'toxic blood' smoking campaign, the City Council Leader has agreed to a Full Council debate on the Nottingham City Tobacco Strategy.

(c) Corporate Director, Children and Families

(i) OFSTED

Preparations were ongoing for the forthcoming OFSTED inspection, which was expected in March 2014.

(ii) Better Care Fund/service commissioning 0-5 years

Colleagues and partners were making good progress on getting ready for the Better Care Fund and for taking over commissioning of early years services, both of which were coming into effect from 2015/16.

(iii) 'Delivering Differently' bid

Nottingham City has reached the final 25 of the Cabinet Office-sponsored Delivering Differently challenge, aimed at helping local authorities to transform services through new delivery models such as mutuals and voluntary organisations.

RESOLVED to note the above updates.