

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 January 2017 from 14.02 – 16:40

Membership

Voting Members

Present

Councillor Alex Norris (Chair)
Councillor Steve Battlemuch
Dr Marcus Bicknell
Martin Gawith
Alison Challenger
Helen Jones
Councillor Neghat Khan
Alison Michalska
Hugh Porter
Jonathan Rycroft
Dawn Smith (left 3:40pm)

Absent

Councillor David Mellen

Non-voting Members

Present

Ted Antill
Lyn Bacon (from 2:45pm)
Wayne Bowcock
Peter Homa (from 2:40pm)
Leslie McDonald
Chris Packham
Claire Thompson
Maria Ward

Absent

Gill Moy
Michelle Simpson

Antony Dixon (substitute for Gill Moy)

Colleagues, partners and others in attendance:

Kevin Banfield	- Nottingham City Council
James Blount	- Communications, Nottingham City Council
Louisa Butt	- Nottingham City Safeguarding Adults Board Manager
Chris Cook	- Chair, Nottingham City Safeguarding Children Board
Graham DeMax	- Housing Partnership and Strategy Manager, Nottingham City Council
Malcolm Dillon	- Chair, Nottingham City Safeguarding Adults Board
Laura Iremonger	- Nottingham City Libraries, Nottingham City Council
Sharan Jones	- Public Health, Nottingham City Council
John Matravers	- Service Manager Safeguarding Partnerships, Nottingham City Council
Timothy Ogilvie	- Public Health, Nottingham City Council

Liz Pierce - Public Health, Nottingham City Council
Rachel Sokal - Public Health Consultant, Nottingham City Council
Jane Garrard - Senior Governance Officer, Nottingham City Council

58 CHANGE TO BOARD MEMBERSHIP

RESOLVED to note that Ted Antill has been nominated to replace Mike Manley as the Nottinghamshire Police representative on the Health and Wellbeing Board.

59 APOLOGIES FOR ABSENCE

Councillor David Mellen - personal
Michelle Simpson

60 DECLARATIONS OF INTEREST

None

61 MINUTES

Subject to the following amendments being made, the minutes were confirmed as an accurate record and signed by the Chair.

Minute 42 c)

Nottingham Community Voluntary Services had not yet signed the Tobacco Control Declaration on behalf of the voluntary sector. They were holding a consultation with their members and would then decide whether or not to sign on their behalf.

Minute 43 n)

The deadline for feedback and consultation on the STP was 17 February. A consultation meeting in the City was being held on 22 February.

62 HEALTH AND WELLBEING STRATEGY - MENTAL HEALTH THEME

Dr Chris Packham, Associate Medical Director, Nottinghamshire Healthcare Trust and lead for the mental health theme of the Health and Wellbeing Strategy 2016-2020 introduced the report and gave a presentation focusing on the Strategy's priority outcome: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health. He highlighted the following key points:

- (a) There are 4 priorities within this outcome that are being worked on:
- Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it.
 - Reaching people most in need was a constant challenge.
 - There was a large selection of providers that citizens could access within Nottingham City, this included many voluntary sector providers.
 - The target for Early Intervention in Psychosis was 50% of people referred to receive treatment within 2 weeks of referral. At present

- this target was being exceeded at 61% receiving treatment within 2 weeks.
- There were mixed messages from people accessing the services available around how they felt about accessing services. More work was needed to encourage people to feel comfortable with engaging further.
- People with long-term mental health problems will have healthier lives.
 - People experiencing long term mental health problems were more likely to die earlier through physical health problems. The major contributor to this was smoking and smoking related disease. Work was underway to reduce the use of tobacco products by people with long term mental health problems.
 - Screening programmes would continue to target minority groups, focus was currently on prostate cancer screening in the Afro-Caribbean community.
- People with, or at risk of, poor mental health will be able to access and remain in employment.
 - Employment is a big part of recovery and there was lots of work ongoing to improve prospects of employment for those with mental health problems.
 - A Health and Employment Support service had been commissioned
 - A cross sector steering group and detailed action plan was being developed
 - Nottingham was participating in a pilot to access psychological therapy services through employment advice.
 - A new scheme introducing individual placement support for people with serious mental illness had begun.
- People who are, or are at risk of, loneliness and isolation will be identified and supported.
 - It was anticipated that this would be the most challenging priority within the mental health theme of the Strategy.
 - This was mainly an issue for people aged over 50, people with long term conditions and people with mental health problems.
 - Mapping of loneliness and supporting services within the City was underway.
 - Further work was needed to understand and tackle this issue.

Following questions and comments from the Board the following additional information was provided:

- (b) Nottinghamshire Healthcare Trust continued to work with providers to increase the number of people accessing services, and to ensure that there were a variety of services accessible to all people within Nottingham. A piece of work was needed to establish which groups or communities were not accessing the services currently available and why and to look at tailoring services to suit their needs.
- (c) There were now four Improving Access to Psychological Therapy (IAPT) providers, which was the largest portfolio of providers Nottingham had ever had, treating a wide range of issues.

- (d) Citizens had the choice to self-refer to these services so it was important that they were well promoted. At present 15% of patients self-referred and Nottinghamshire Healthcare Trust was striving to reach 20%. Better and more widespread promotion of the Wellness in Mind service, which was relatively new, should help to achieve this. Information regarding where services are advertised and promoted would be provided to the Board;
- (e) Increasing access targets was ambitious and the recruitment of trained therapists to increase the workforce would be challenging. Services not provided by the NHS were not seen as replacement services but as complimentary services to enhance rather than replicate the work of NHS providers. This was particularly true of the services provided by the universities for their students who access these services.
- (f) Social isolation and loneliness was a focus for a range of different bodies, particularly those concerned with safeguarding. There was an awareness of this being an issue in the City.
- (g) Nottinghamshire Healthcare Trust followed guidelines from Public Health England and believes that E-cigarettes are 95% safer than tobacco products. There was a small, unknown risk factor particularly around the flavoured varieties however the overarching advice is that E-cigarettes were a better option than normal tobacco.
- (h) It was hoped that it would be possible to establish baseline figures for smoking by people with mental health illness within the next 3 – 6 months dependant on IT solutions.

RESOLVED to

- (1) thank Dr Chris Packham for his presentation and report and to note the actions, progress and risks relating to the mental health priority of the Health and Wellbeing Strategy;**
- (2) request that Board members agree to continue to support their mental health champions to engage with the Wellness in Mind Strategy and the Health and Wellbeing Strategy mental health priority; and**
- (3) request that Board members contribute to delivery of the action plans for the mental health priority.**

63 PHYSICAL ACTIVITY, DIET AND NUTRITION AND HEALTHY WEIGHT STRATEGY

Helen Jones, Director of Adult Social Services Nottingham City Council and lead for the healthy lifestyles theme of the Health and Wellbeing Strategy and Rachel Sokal, Consultant in Public Health, presented the report outlining a strategic approach to increasing the focus and ambition for the City with regard to physical activity, obesity and diet and nutrition. They highlighted the following information:

- (a) Proposals contained within the report were discussed and developed at the Board's Development Session in December.
- (b) The proposed vision was that eating well, being active and having a healthy weight be the norm for citizens of Nottingham City. This would mean different things to different groups of people.
- (c) There were four main areas for development to achieve this goal:
 - Positive attitude and normalisation
 - Consistent messages publicised through media were needed, alongside a message of 'looking after yourself' that was accessible to all groups and communities within Nottingham.
 - Leadership and responsibility
 - There needed to be commitment from leaders across the City.
 - Schools were responding positively to their role in facilitating, for example health eating during the school day.
 - Living environment
 - Health and wellbeing organisations were looking to support activities in the home and local environment, empowering people to look after themselves and take responsibility for their own health.
 - Working and schooling environment
 - There was a need to think beyond the immediate environments of Board members.
 - There were some good examples of schools and work environments having a positive impact but these needed to be upscaled to really make a difference.
- (d) Sport England's focus was shifting away from sport and focusing more on physical activity. There were a number of new funding streams that would become available including for investment in play space and encouraging and maintaining activity levels of older adults and the elderly.
- (e) It was proposed that One Nottingham and the Health and Wellbeing Board submit a joint bid for the play space funding and Nottingham City Homes were preparing a bid for the inactivity fund to support provision of services within sheltered housing. The Board would be kept updated with these plans.

During discussion the following additional information was provided and comments made:

- (f) Liaison would take place with the voluntary sector to enable a co-ordinated approach to bidding for Sport England funding so that the bid was not at the expense of funding bids by smaller organisations.
- (g) Links existed with sport experts at the Loughborough Centre for Sport and Exercise.
- (h) Engaging the private sector in this area was crucial but a major challenge. One Nottingham had strong links with private sector representatives and this could offer opportunities. Messages to the private sector should include the benefits of having healthy employees.

- (i) Healthy choices needed to be available to people. Concerns were raised about the number of fast-food outlets and ease of access to unhealthy food choices over healthy food choices within Nottingham City; and the resources available to the Board and its partners to tackle poor dietary choices compared to the marketing budgets for fast food and sugary drinks companies.
- (j) There was evidence from previous healthy lifestyle campaigns about what worked but many of those were individual short-lived projects. It was harder to evaluate longer term sustained activity, which was required in the City.
- (k) Initiatives such as the City of Football had been successful and lessons could be learnt for future work.
- (l) There were lots of things that individual Board members could contribute towards this agenda, for example Nottingham City Homes 'swim for £1' scheme had been very successful in getting people physically active.

RESOLVED to

- (1) support the vision for being active, eating well and having a healthy weight to be the norm in the City;**
- (2) support the focus of key strategic areas to deliver this vision**
 - a. positive attitude and normalisation**
 - b. leadership and responsibility**
 - c. environment**
 - d. workplace**
- (3) support a City bid to Sport England's Local Delivery Fund.**

64 PROPOSAL FOR A SCHEME OF SELECTIVE LICENSING FOR PRIVATELY RENTED HOUSING

Graham DeMax, Housing Partnership and Strategy Manager Nottingham City Council, introduced the report about a proposal to introduce a selective licensing scheme for privately rented housing in the City and to seek the Board's views as part of the consultation process. He highlighted the following information:

- (a) The aim was to introduce a city wide scheme for licensing all privately rented houses to improve living conditions for residents and the surrounding community; drive up standards amongst poor landlords; contribute to safeguarding and protecting vulnerable individuals, many of whom live in the sector; and contribute to reducing levels of crime and anti-social behaviour.
- (b) There was already some licensing of rented housing such as houses of multiple occupation, and learning is available for the operation of this scheme. The new scheme would cover the rest of the sector not covered by existing schemes. This was likely to be approximately 30 000 properties.

- (c) The scheme would need to be approved by the Department for Communities and Local Government and a strong body of evidence was required to support the application.
- (d) Improving housing and living conditions could contribute to improving health and wellbeing. The Health and Housing Memorandum of Understanding action plan identified the private rented sector as a focus for action and the selective licensing scheme could make an important contribution to this.
- (e) The licensing scheme would place conditions on landlords regarding the management of the property and the behaviour of tenants, for example that legal tenancy agreements have to be in place.
- (f) It would be helpful if Board members could promote the consultation within their organisations and the sectors that they work.

In response to questions the following additional information was provided:

- (g) The London Borough of Newham had operated a borough-wide selective licensing scheme for the last two years. The main benefit identified so far in that borough related to reducing criminal activity. Overall the impact had been positive. Liverpool also operated a borough-wide scheme of selective licensing.
- (h) Only one application (by the London Borough of Redbridge) for an authority-wide selective licensing scheme had been made since the requirement to seek approval from the Department for Communities and Local Government had been introduced and it was turned down.
- (i) If approved it was anticipated that the scheme would be introduced from March 2018.

During discussion the following comments were made:

- (j) Concerns were raised about whether the cost of the licence fee (£600 over 5 years) would be passed on to tenants in higher rents. The Board was advised that this had been considered in the Equality Impact Assessment which had been carried out.
- (k) Nottinghamshire Police welcomed the proposal particularly in relation to supporting vulnerable individuals.
- (l) Many students living in rented housing were already covered by licensing schemes for houses of multiple occupation.
- (m) It was positive that the proposed scheme was bold and covered the whole City.
- (n) There was potential for the scheme to reduce stock availability but if that was because poor landlords left the market then that was not necessarily a bad thing.

- (o) There were risks around increasing levels of homelessness which the Housing and Health Group was aware of and needs to be managed.
- (p) Nottingham City Homes was supportive of the proposal so that private sector tenants could benefit from the same conditions as Nottingham City Homes tenants.
- (q) There was no data available on the ethnicity of landlords in the City but anecdotally it was known that a significant proportion of the Asian population were landlords and there would be a need to be mindful of the potential negative impact on some sections of the community.
- (r) Improving the quality of housing stock would contribute to ambitions within the environment theme of the Health and Wellbeing Strategy.

RESOLVED to

- (1) note the contents of the report regarding a selective licensing scheme for privately rented housing in the City;**
- (2) ask that comments made by Board members at the meeting be fed into the consultation process on the scheme of selective licensing for privately rented housing; and**
- (3) request that Board members actively contribute to the consultation process which ends on 31 March 2017.**

65 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

Chris Cook, Chair of the Nottingham City Safeguarding Children Board, presented the Safeguarding Children Board Annual Report 2015/16 highlighting the following information:

- (a) There was a good level of commitment to safeguarding from Board members and as the independent chair he was satisfied that the Board was compliant with statutory and legal requirements.
- (b) The Board played a role in co-ordinating the activities of key partners. Examples of positive work by partners during 2015/16 included an increase in the staffing establishment of Nottinghamshire Police to create an additional team for online child sexual exploitation investigations; an increase in safeguarding training in schools; and establishment of a multi-agency sexual exploitation panel.
- (c) Learning and improvement came from Serious Case Reviews and identified lessons were passed on to frontline colleagues.

- (d) One of the key themes from Serious Case Reviews was the importance of having a culture of professional curiosity. A short animation had been produced to promote this and change the mindset when children are not present at planned appointments from recording 'Did Not Attend' to 'Was Not Brought' and to consider the potential safeguarding implications of this.
- (e) During 2015/16 there was a 44% reduction in child deaths. A high percentage of child deaths were natural deaths but there could still be important lessons to be learnt.
- (f) Quality assurance work was carried out including audits of case files.
- (g) Domestic violence was often closely aligned with child abuse and it was important to have strong links between those workstreams.
- (h) The Board's focus for 2016/17 was on similar issues to 2015/16 and there was an action plan for the year.

During discussion the following comments and additional information was provided:

- (i) There was a risk that partners reinforce their own thinking and ways of working and as a result things get missed. Having an independent chair of the Board provided some reassurance about this but other reassurance comes from OFSTED and external triangulation of information. There was an East Midlands Peer Forum and peer reviews could be commissioned if necessary.
- (j) There were relatively high proportions of children in care and subject to protection plans in the City compared to nationally, but Nottingham is at the lower end of the scale when compared to statistical neighbours.
- (k) As well as learning lessons from Serious Case Reviews in the City, lessons are also learnt from Reviews carried out in other areas of the country.

RESOLVED to

- (1) note the Nottingham City Safeguarding Children Board Annual Report 2015/16; and**
- (2) request that Board members consider any issues arising from the Annual Report and provide any comment and feedback to the Nottingham City Safeguarding Children Board.**

66 NOTTINGHAM CITY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16

Malcolm Dillon, Chair of the Nottingham City Safeguarding Adults Board, presented the Safeguarding Adult Board Annual Report 2015/16 highlighting the following information:

- (a) Having recently split from the Safeguarding Children Board, the Safeguarding Adults Board was relatively new and there were still strong interconnections between the two Boards.
- (b) 2015/16 was the first year in which the Safeguarding Adults Board operated on a statutory basis under requirements of the Care Act.
- (c) The key agencies involved with the Board were Nottingham City Council, NHS Nottingham City Clinical Commissioning Group and Nottinghamshire Police but other partners were also involved.
- (d) A role of the Board was to seek assurance on safeguarding in the City, working together and holding partners to account.
- (e) The Board tried to make safeguarding personal and encourage a focus on achieving the outcomes that people want.
- (f) Many victims were in vulnerable situations either in their own home or in a care setting.
- (g) Following the introduction of the Care Act there had been a significant increase in safeguarding referrals which reflected patterns seen across the country with higher levels of awareness about adult safeguarding issues. Levels of referrals did stabilise during the year but they were still higher than in the period before the Care Act. There was scope for agencies to do more themselves before they made a referral.
- (h) Most safeguarding concerns related to people over the age of 60 but there had been an increase in the number of concerns related to younger adults. Most concerns related to white people but this proportion was decreasing. Neglect is the most common reason for a referral.

During discussion the following comments and additional information was provided:

- (i) There hadn't been any Safeguarding Adult Reviews commissioned since September 2015 although some of those reviews were still ongoing. There had been successful outcomes from recent reviews relating to Autumn Grange and modern slavery.
- (j) There was a prioritisation system for Deprivation of Liberty Safeguards because it wasn't possible to look at all of those received. This was a nationally recognised problem which was being reviewed nationally. There would be a report to the Safeguarding Adults Board to provide assurance on this issue.
- (k) The Board did not have a high level of dedicated resource so it was important that individual organisations provided support.
- (l) 2015/16 was the first year of a three year strategy and the priorities for 2016/17 would continue the work started in 2015/16.

RESOLVED to

- (3) note the Nottingham City Safeguarding Adults Board Annual Report 2015/16; and**
- (4) request that Board members consider any issues arising from the Annual Report and provide any comment and feedback to the Nottingham City Safeguarding Adults Board.**

67 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan 2016/17.

68 BOARD MEMBER UPDATES

In addition to the written updates circulated with the agenda, Board members highlighted the following information:

- (a) Maria Ward, Third Sector representative, reported that the Third Sector had been engaged in development of the Sustainability and Transformation Plan and were supporting an additional engagement event being held for voluntary sector organisations.
- (b) Martin Gawith, Healthwatch Nottingham Chair, reported that Healthwatch Nottingham had been undertaking a piece of work relating to the challenges within primary care services in the City and specifically those faced by inner city general practice. An interim report had been presented to the Nottingham City Health Scrutiny Committee on 19 January.
- (c) Alison Michalska, City Council Corporate Director for Children and Adults, reported that OFSTED was currently in the City Council piloting reinspection of children's services.
- (d) Alison Challenger, Director of Public Health, reported that the City Council had approved the Alcohol Declaration at its meeting on 16 January and it would come back to the Health and Wellbeing Board in due course with a partner/ stakeholder perspective.

69 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 14 DECEMBER 2016 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 14 December 2016.

70 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - ADULTS WITH PHYSICAL AND SENSORY IMPAIRMENTS

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Adults with Physical and Sensory Impairments had been published.

71 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - CHILDREN AND YOUNG PEOPLE SPECIAL EDUCATIONAL NEED AND DISABILITY

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Children and Young People Special Educational Need and Disability had been published.

72 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - REDUCING UNPLANNED TEENAGE PREGNANCY AND SUPPORTING TEENAGE PARENTS

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on Reducing Unplanned Teenage Pregnancy and Supporting Teenage Parents had been published.