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 31 January 2018 from 2.02 pm - 3.25 pm

Voting Members

Present	Absent
Dr Marcus Bicknell (Vice Chair)	Councillor Nick McDonald
Councillor Cheryl Barnard	Alison Michalska
Alison Challenger	Gary Thompson
Martin Gawith	Samantha Travis
Helen Jones	Councillor Marcia Watson
Councillor David Mellen	
Hugh Porter	

Non-Voting Members

Present	Absent
Ted Antil	Lyn Bacon
Wayne Bocock	Leslie McDonald
Tim Brown (temporary member)	Gill Moy
Louise Craig	Chris Packham
Caroline Shaw (as substitute)	Tracy Taylor (sent substitute)
Andy Winter	

Colleagues, partners and others in attendance:

Jane Bethea	-	Consultant in Public Health
James Blount	-	Communications and Marketing Specialist
Marie Cann-Livingstone	-	Teenage Pregnancy and Early Intervention Specialist
Nancy Cordy	-	Commissioning Manager
Jane Garrard	-	Constitutional Services
Gary Harvey	-	Head of Housing Solutions
David Johns	-	Public Health Registrar
Nick Romilly	-	Insight Specialist
Zena West	-	Governance Officer

59 APOLOGIES FOR ABSENCE

Lyn Bacon
Councillor Nick McDonald – personal reasons
Alison Michalska
Gill Moy
Tracy Taylor – Caroline Shaw attended as substitute
Gary Thompson
Sam Walters
Councillor Marcia Watson – personal reasons

60 MEMBERSHIP CHANGE

RESOLVED to note that:

(1) Councillor Cheryl Barnard has replaced Councillor Steve Battlemuch;

(2) the Board's membership has been updated to reflect changes to Clinical Commissioning Group structure – replacing Chief Officer NHS Nottingham City Clinical Commissioning Group with Accountable Officer Greater Nottingham Clinical Commissioning Groups;

(3) Gary Thompson, Chief Operating Officer has filled the vacant Clinical Commissioning Group seat.

61 DECLARATIONS OF INTERESTS

None.

62 MINUTES

The minutes were agreed as a correct record and signed by the Chair.

63 ACTION LOG

Dr Marcus Bicknell updated the Board on items within the action log:

(a) the Tobacco Declaration is still awaiting sign off by two Board member organisations. A number of organisations have submitted action plans, which the Board is grateful to receive;

(b) a key action relating to BME (Black, Minority Ethnic) Health Needs was to develop a community of interest group. This is in progress, with an update due at the next meeting in March;

(c) a progress report on the Physical Activity Declaration is due to come to the September meeting.

Healthwatch Nottingham and Nottingham CVS reported that their Boards have recently signed the Tobacco Declaration.

Various Board members provided an update on dealing with winter pressures affecting the NHS and adult social care:

(d) it has been a massively challenging winter. Robust plans have been in place; the strongest plans ever seen for handling winter pressures, however the demands of patients and user groups were still not all met. There were extended wait times and overcrowding. Successful collaborative working led to the highest level of supported discharges recorded recently;

(e) the possibility of providing additional patient resources in the evenings and at weekends is being investigated. Influenza has had a massive impact this winter;

(f) Alison Challenger, Director of Public Health, thanked NHS colleagues for allowing her to observe the Emergency Department, with a view to monitoring potentially avoidable admissions. She spoke to committed and dedicated staff and learned a great deal.

RESOLVED to note the Action Log.

64 IDENTIFYING HOMELESS HOUSEHOLDS

Gary Harvey, Head of Housing Solutions at Nottingham City Council, gave a presentation on who is at risk of homelessness and why, how we can support households at risk of homelessness, and developing systems and services to respond and look at gaps in provision:

(a) there is often no single cause for a household to become homeless, and homelessness does not equate to not having a roof over your head – those staying in temporary accommodation may still be homeless;

(b) many societal factors contribute to an increased risk of homelessness, including:

- low income – this can create limited housing options;
- changing circumstance – this can include relationship breakdowns, overseas migration, release from prison, or discharge from hospital;
- personal reasons – this can include mental health needs, or traumatic histories;

it is common for several interconnected factors to be involved, it can be a complex mix and can prove difficult to unpick and identify one specific cause;

(c) in Nottingham – over 7,000 people have become homeless since April 1 2017. Of those, 500 had a formal homeless declaration and 400 were covered under statutory duties. Around ⅔ were single, and of the single people around ⅔ were male;

(d) around ¾ of homeless families have a single parent, and around $^{1}/_{5}$ require supported accommodation of some sort;

(e) research by Sheffield Hallam University suggests that ¾ of homeless people have existing mental health issues;

(f) a primary concern for homelessness prevention is that 46% of applicants come from the private rented sector;

(g) between 65 and 100 people seek help at Housing Aid every day, with an increased occurrence of higher complexity cases, and an increased need for emergency accommodation. One household seeking help takes on average around 20 minutes;

(h) there is a growing need for temporary accommodation such as bed and breakfasts. The peak use of bed and breakfast spaces was 150 in 2017. Bed and breakfast use presents further risk to those families placed, and it is not the best use of resources, so Housing Aid is working hard to get those numbers down;

(i) it is well documented that there are high numbers of people sleeping rough in Nottingham, 43 individuals at the last count. Partnership working has taken place on the Sit Up Service between the Fire Service and the Red Cross to find a final place of safety for those who have refused or been unable to accept offers of help elsewhere. The project is intended as an immediate lifesaving measure, not as an all-encompassing intervention. It is a tremendous piece of partnership working. The provision is split between Carlton Fire Station and London Road Fire Station, depending on pressures. The Red Cross are fulfilling a splendid role, and feedback from individuals using service and from the Fire Service personnel has been very positive;

(j) 33 new private sector tenancies have been created for those in housing need. Policies are continually reviewed, and the homeless strategy will be renewed ready for adoption by the council in the new financial year, to tie in with the introduction of the Homelessness Reduction Act. In October this will also give legal responsibilities to partners to refer those at risk;

(k) there is a complex and effective system in place for identifying and improving intervention responses and identifying changing needs in light of increased demand nationally and locally;

(l) as well as the Sit Up Service, several other services have been commissioned in order to provide a full and complete response to those in housing crisis in the winter period. This also includes a winter shelter funded entirely by the faith sector;

(m) the Homelessness Reduction Act has received Royal Assent, and a range of citizen-focused responses are being set up to meet the new statutory objectives;

(n) there are huge challenges over specialist provision to help those with complex needs. The high levels of need presenting are a real challenge for whether services can meet those needs. Attention needs to be focused on preventing those with complex mental health needs from becoming homeless in the first place;

(o) whilst there has been some new housing in Nottingham, the sale of right to buy stock is outstripping the Council's ability to replace it. A better relationship is required with private sector landlords so that prevention interventions can start earlier;

(p) there are significant risks with the introduction of Universal Credit, such as rent arrears and financial difficulties. Conversations with the DWP (Department of Work and Pensions) have been taking place as to how Housing Aid can work with partners to minimise risks;

(q) there are new health and homelessness risks arising as a result of new psychoactive substances, such as spice. These are presenting real emerging challenges.

There followed a number of questions and comments from the Board, and some further information was provided:

(r) with ¼ of homeless people being from BME backgrounds, that means they are disproportionately under-represented amongst the homeless population. Some eastern European homeless people do not have recourse to public funds, and so do not present as homeless, and are excluded from the data;

(s) currently, the legislative process means that statutory priority cannot be given to those at risk of homelessness more than 28 days away, so often tenants are given notice that they will become homeless but are unable to access help straight away. There is an aim to see people at an earlier stage and the Homelessness Reduction Act extends the threshold to everyone at risk of homelessness within the next 56 days, which aligns better with the notice given to tenants of eviction;

(t) there are capacity issues with regards to helping all of those who require the service. Finances and spend are being re-jigged, what is required is for the service to be able to assess what has gone wrong and put things in place to stop before it gets to homelessness. A new protocol in partnership with Nottingham City Homes so far has prevented 18 families from becoming homeless. If that protocol can be introduced with other services, such as for those leaving prison, then this figure could be improved further;

(u) many previous Council properties end up as private rented accommodation within a few years. The City Council made additional funding available to Nottingham City Homes in 2017 to purchase additional houses from private sector stock, but as this is a transfer from private to social housing it has not increased the amount of housing stock available overall. More houses need to be built.

RESOLVED to thank Gary Harvey for his presentation and note the contents.

65 MENTAL HEALTH AND WELLBEING - OUTCOME 2 HAPPIER, HEALTHIER LIVES

Jane Bethea, Consultant in Public Health and Nick Romilly, Insight Specialist for Public Health, gave a presentation with an overview on mental ill health and mental illness, with a look back on performance as set out in the mental health action plan, and an examination of the recommendations within the report:

(a) 1 in 6 people will be diagnosed with a CMD (Common Mental Disorders, such as anxiety and depression) and many more cases remain undiagnosed;

(b) in 1993 there were twice as many young women (aged 16-24) as men with CMD, there are now three times as many women as men suffering from CMD.

They are more common in black women, in those under 60 who live alone, those who live in large households, homeless people, smokers, and unemployed people;

(c) only ¼ of those affected seek treatment for CMD, with ⅓ of those with a diagnosis seeking treatment. There is a significant treatment gap. If left untreated, CMD are more likely to lead to other disabilities and premature morbidity. CMD costs the UK economy 4.5% of GDP (Gross Domestic Product) or £70,000,000,000.00 each year and they are now the leading cause of sickness absence in the UK. Nationally, 41% of people receiving ESA (Employment Support Allowance) in 2013 had CMD as primary cause. This figure was 52% in Nottingham;

(d) bi-polar disorder and psychotic disorder are both counted as SMI (Severe Mental Illness). Overall, 2.0% of the population screen positive for bipolar disorder, with similar rates for men and women, and higher rates amongst the unemployed, those on benefits, and those living alone. Most people who screen as positive are not in receipt of treatment. The overall prevalence of psychotic disorders is less than 1% (0.4% in 2007 and 0.7% in 2014), with similar rates for men and women, and higher rates amongst black men. There are strong associations with socioeconomic status, and four out of five people with psychotic disorders are seeking treatment;

(e) there is an association between mental ill health and risk of suicide; suicide and self-harm. Overall suicide in England has reduced since the 1980s, however there has been a gradual increase since 2006 . Suicide disproportionately affects men (14.9 deaths by suicide per 100,000 population compared to a total of 9.9 per 100,000). Nottingham City's rate is slightly lower, but not statistically significantly so. On average, between 21 and 28 people are recorded as dying by suicide each year in Nottingham;

(f) in terms of the factors which lead to increased risk of mental health problems and worse metal health outcomes, Nottingham has an increased prevalence of these risk factors. The indicators are not themselves necessarily causal of mental health problems. In some of the indicators Nottingham has the highest level of those factors which may increase risk (for example, the number of children subject to a child protection plan);

(g) the performance indicators cover three key priorities:

- Priority 1: Children and adults with, or at risk of, poor mental health will be able to access support. This includes crisis resolution and home treatment service. 99.5% of assessments have been undertaken within the target time of 4 hours;
- Priority 2: People with long-term mental health problems will have healthier lives. Smoking is at 46% amongst Nottingham citizens. Physical healthcare assessments are being offered;
- Priority 3: People with, or at risk of, poor mental health will be able to access and remain in employment;
- Priority 4: People who are, or at risk of, loneliness and isolation will be identified and supported;

(h) consistency is required for metrics of indicators, and it would be beneficial for the Board to agree to greater alignment, and give the go-ahead for further work on this;

(i) all organisations represented on the Health and Wellbeing Board should ensure that they know about the services offered by the PDU (Practice Development Unit) – they support those organisations working with people with complex mental health needs, and provide training opportunities. The service is provided by NCVS (Nottingham Community Voluntary Services). More information can be found on the PDU website: www.opportunitynottingham.co.uk;

(j) a good news story is the Nottingham Time to Change Hub. Time to Change is a national scheme, Nottingham City Council has applied to be the Nottingham hub and has been successful. It is hoped that this can bring about real change and support activities across the city, so people feel as open talking about mental health as they do talking about their physical health.

There followed a number of questions and comments from the Board, and some further information was provided:

(k) it is positive that suicide rates are decreasing in Nottingham, despite there being higher risk factors. Nottingham has some unique support services such as Harmless. There are issues surrounding the sustainability of some of these services, but Nottingham has a vibrant third sector;

(l) whilst the data shows 470 deaths against an expected number of 418, it is important to remember that there is a significant lag factor, with some interventions taking between 5 and 10 years to show any improvement.

RESOLVED:

(1) to note that the Mental Health Strategy for Nottingham City is currently being refreshed;

(2) to support the decision that the metrics of indicators (based on those in NHS and Public Health Outcome frameworks and MH5YFV) are aligned across both the Mental Health and Health and Wellbeing Strategies from 2018 onwards;

(3) to note that following the decommissioning of suicide prevention training in the summer of 2017, unmet demand for suicide prevention training exists across the workforce, which presents a risk in relation to advancing the local suicide prevention strategy;

(4) to note that suicide prevention will be the focus of the February 2018 Health Scrutiny Committee;

(5) to support the Practice Development Unit through actively promoting the opportunities across their organisations and with their staff in order to encourage wider statutory agency representation;

(6) to note the progress of Nottinghamshire Healthcare Foundation Trust in relation to physical health assessment and support the establishment a consistent method of communicating the new documentation (Physical Health Risk Assessment Tool) electronically between Nottinghamshire Healthcare Foundation Trust and all Nottingham City General Practices;

(7) to commit to promote employment as a positive health outcome;

(8) for member organisations to agree to take a proactive approach to enable people with mental health problems to remain in or gain employment, through adopting exemplar mental health employment practice and offering work placements to those with mental health problems.

66 TEENAGE PREGNANCY IN NOTTINGHAM - AN UPDATE FROM THE TEENAGE PREGNANCY TASKFORCE

Marie Cann-Livingstone, Teenage Pregnancy Specialist, and Alison Challenger, Director of Public Health, gave a presentation to the Board on teenage pregnancy, as requested at the July 2017 meeting:

(a) there were 152 teenage conceptions in 2015, down from 160 in 2014. The 2015 England rate was 20.8 per 1,000 girls aged 15-17, whilst the 2015 Nottingham rate was 31.2, down from 32.7 in 2014 and 82.6 in 2004. There was a rapid decrease between 2006 and 2012, and a much slower decrease since 2012. The 2015 Core City average rate was 26.5;

(b) the England average for teenage pregnancy rates is higher than other Western European countries. 78% of teenage conceptions in Nottingham are to 16 and 17 year olds, and 22% are to under 16 year olds. The latest data from 2015 shows that 40% of teenage pregnancies were aborted (a total of 61) compared to 51.2% nationally;

(c) the 3 year pooled data for under 18s shows a downward trend between 2012 and 2015. The provisional data for 2016 will be released at the end of February, and there is a strong possibility that rates will be on track to meet the targets within the Nottingham Plan;

(d) rates for under 16s are not decreasing as quickly and are still double the England rate, so those pregnancies were given greater focus in 2016;

(e) since July 2017, the following actions have been taken to reduce teenage pregnancies:
- an increase to the number of schools that have signed up to the Sex and Relationship Education Charter;
- analysis of real-time geographical data of conceptions in under-16s to inform service delivery;
- work with Alison Hadley (Director of the Teenage Pregnancy Knowledge Exchange at the University of Bedfordshire and the National

Lead for Teenage Pregnancy) and the wider Teenage Pregnancy Network;

- start to concentrate on reducing conceptions in under-16s as the rate is not falling as quickly as in the under-18s age group;
- concentrated work in the wards where the rate is significantly above the Nottingham average;
- planned focus groups to talk to pregnant teenagers and teenage parents about minimising barriers to education;
- ensuring that reducing teenage conceptions and supporting teenage parents runs through the new 0-19s service specification;

(f) there are proposals for an intensive teenage pregnancy action zone, where schools and health services in particular areas will be prioritised for intervention and support. Nurses in schools are working with Sex and Relationship Education coordinators to make a difference on the ground;

(g) some schools are investigating the development of culturally specific Sex and Relationship Education within schools. Some work is being done to analyse if there are any concerning pregnancy rates or trends within emerging communities, particular for under-16s.

RESOLVED to:

(1) note the presentation on current data and services working to reduce unplanned teenage conceptions in Nottingham;

(2) support the planned actions to reduce teenage conceptions in high-rate wards and in the under-16 age group.

67 HEALTH AND WELLBEING BOARD FORWARD PLAN

The forward plan was noted.

68 BOARD MEMBER UPDATES

RESOLVED to note the Board Member Updates circulated with the agenda.

69 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 13 DECEMBER (DRAFT)

RESOLVED to note the draft minutes from the Health and Wellbeing Board Commissioning Sub Committee meeting held on 13 December 2017.

70 QUESTIONS FROM THE PUBLIC

There were no questions from the public.