

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 28 November 2018 from 2.03 pm - 5.00 pm

Membership

Voting Members

Present

Councillor Sam Webster (Chair)
Hugh Porter (Vice Chair)
Councillor Cheryl Barnard
Marcus Bicknell
Hazel Buchanan
Alison Challenger
Sarah Collis
Councillor David Mellen
Alison Michalska
Catherine Underwood

Absent

Councillor Carole McCulloch
Samantha Travis

Non Voting Members

Present

Lyn Bacon
Tim Brown
Antony Dixon (substitute for Gill Moy)
Leslie McDonald
Caroline Shaw

Absent

Supd Ted Antill
Ian Curryer
Hazel Johnson
Gill Moy
Craig Parkin
Andy Winter

Colleagues, partners and others in attendance:

Rachel Carter	- Nottingham Recovery Network/ Clean Slate Academy
Apollos Clifton-Brown	- Nottingham Recovery Network/ Clean Slate Academy
Helene Denness	- Consultant in Public Health, Nottingham City Council
Justin Donne	- Autism Strategy Group
Kimberley Hoe	- Rough Sleeping Initiative Co-ordinator, Nottingham City Council
Louise Lester	- Speciality Registrar, Public Health, Nottingham City Council
Bobby Lowen	- Commissioning Lead, Nottingham City Council
Lizzi Paul	- Health Strategy and Partnerships, Department for Work and Pensions
Steve Thorne	- Communications, Nottingham City Council
Jane Garrard	- Senior Governance Officer, Nottingham City Council

46 MEMBERSHIP CHANGE

RESOLVED to note that:

- (1) Sarah Collis has replaced Martin Gawith as the Healthwatch Nottingham and Nottinghamshire representative on the Health and Wellbeing Board; and**
- (2) Ian Curryer, Nottingham City Council Chief Executive has joined the Health and Wellbeing Board as a non-voting member.**

47 APOLOGIES FOR ABSENCE

Ian Curryer
Councillor Carole McCulloch
Gill Moy
Jane Todd
Andy Winter

48 DECLARATIONS OF INTERESTS

None

49 MINUTES

The minutes of the meeting held on 26 September 2018 were confirmed as an accurate record and signed by the Chair.

50 REDUCING ALCOHOL HARM IN NOTTINGHAM CITY

Alison Challenger, Director of Public Health, introduced the themed discussion on reducing alcohol harm in the City.

Louise Lester, Specialty Registrar, gave a presentation on the key issues in Nottingham and how partners are trying to address them. She highlighted the following information:

- (a) Alcohol harm is a significant issue nationally. Estimates show that 10.4million adults drink at levels that increase their risk of health harm and of these 595,000 may need treatment for alcohol dependence. It is estimated that there are 5515 dependent drinkers in Nottingham City.
- (b) The consequences are significant, for example there are over 60 medical conditions where alcohol is a factor. It impacts on mortality and early death rates, and also has wider impacts, for example on levels of domestic violence.
- (c) There are over 20 Public Health Outcomes Framework indicators used to report on alcohol harms and Nottingham is under-performing on the majority of these (however that is not dissimilar to other areas in the region). The primary measure of the impact of alcohol harm on a population is alcohol admissions to hospital.

- (d) In the City, there were 2463 alcohol specific (100% attributable to alcohol) admissions and 2539.16 alcohol related (less than 100% attributable to alcohol) admissions in 2015/16. The estimated cost of the alcohol related admissions was £4.72million but that is likely to be a significant under-estimation because it does not include treatment costs, Emergency Department attendances, the costs to East Midlands Ambulance Service of transporting patients, primary care, social care and the wider system.
- (e) There is a £3 social return on every £1 invested in alcohol treatment.
- (f) Action that has been taken by Nottingham City Council includes training for some staff on delivering Identification and Brief Advice (IBA) as part of Make Every Contact Count; signing the Alcohol Declaration; working with alcohol licensing; co-location of an IAPT (Improving Access to Psychological Therapies) provider with the Nottingham City substance misuse service.
- (g) An action plan to reduce alcohol related harm has been developed which includes actions to:
 - i. increase population understanding of risk and harm
 - ii. influence national and local policy
 - iii. take a systematic approach to IBA
 - iv. identify alcohol champions in key organisations
 - v. include alcohol as a priority for employee health and wellbeing
 - vi. improve communication of identified alcohol risk between some key parts of the system
 - vii. case manage High Volume Service Users in the Emergency Department
 - viii. agree and embed pathways for service users with co-existing mental health and substance misuse issues

Apollos Clifton-Brown, Operations Manager Nottingham Recovery Network, Clean Slate and Wellness in Mind gave a presentation about Identification and Brief Advice (IBA), including demonstrating IBA in action. He highlighted the following information:

- (h) IBA is a simple 5 minute intervention.
- (i) IBA should help people understand units, understand risk levels, know where they sit on the risk scale, know the benefits of cutting down; and include tips for cutting down.
- (j) Evidence suggests that it is the most effective method of reducing alcohol consumption.
- (k) It enables people to know how to ask questions and talk about alcohol consumption.
- (l) Partners are currently discussing how to embed IBA in general services.
- (m) Although IBA is already a simple intervention it can be made quicker if that is easier and can also be tailored to particular services.

- (n) IBA scratchcards have been developed as another way of carrying out IBA but this doesn't include the discussion element which is most valuable.

Rachel Carter, Internal Verifier and Learning Lead, gave a presentation about transformative learning theory which is used at the Nottingham Recovery Network and Clean Slate Academies in the City. She highlighted the following information:

- (o) There are two Academies operating in the City – Nottingham Recovery Network and Clean Slate. The two Academies take a slightly different approach and Clean Slate is criminal justice based.
- (p) Programmes are based on transformative learning theory which uses education as a vehicle for recovery e.g. to change attitudes, change emotional responses. A bespoke journey is created for each student to support achievement of qualifications and promote personal development and personal growth.
- (q) There is a higher percentage of students with learning difficulties than in the general population and students are supported to overcome such barriers to education.
- (r) 87 students have been awarded accredited certificates and qualifications so far in 2018 and there are currently 67 students across both Academies. Lots of students progress onto become volunteers within the service and there are currently 20 volunteers working.
- (s) The Nottingham Recovery Network (NRN) Academy is based in the Wellbeing Hub and most students are referred by other NRN workers. Clean Slate also gets referrals from probation services in the City.

Caroline Shaw, Nottingham University Hospitals NHS Trust, outlined that dealing with the impact of alcohol harm is an important part of Nottingham University Hospital's work, both in the Emergency Department and dealing with the longer term consequences of alcohol harm. One of NUH's Liver Specialists is an alcohol champion within the organisation and they are working to identify champions in other clinical areas, especially the Emergency Department. The Trust's focus is on identifying individuals and signposting them to appropriate support. There is an inpatient CQUIN for advice and support in admission areas and it is also a focus in pre-operation assessment. Caroline also outlined that a health needs assessment is now part of employee appraisals. This includes looking at alcohol, exercise and smoking and information and support is provided to staff.

During discussion the following points were made:

- (t) Identification of the problem is key to supporting individuals.
- (u) The Clinical Commissioning Partnership has introduced consideration of alcohol use in pre-surgery screening.

- (v) Adult social care is noticing the direct and indirect impacts of alcohol harm. IBA conversations are held but it would be useful to tailor IBA for use in specific services.
- (w) Alcohol and/or drug use is not a barrier to accessing talking therapies and NICE criteria are clear on access to Improving Access to Psychological Therapies (IAPT) services. There is a CQUIN relating to substance misuse and it has been agreed to accept more complex patients than NICE guidance requires.
- (x) In the Suffolk Integrated Care System, all health and social care workers have to make a contribution the prevention agenda as part of their appraisal. There could be scope to work with Health Education England to require the Nottingham workforce to take action in relation to reducing alcohol harm as part of their appraisal process. This would be relatively low cost and potentially have a significant impact.
- (y) It would be helpful to make the data 'real' at Care Delivery Group level so that people understand the extent of alcohol issues in their local population.
- (z) Consideration should be given to working with schools as part of Personal, Health and Social Education.
- (aa) Training on carrying out IBA is available but there are capacity limitations.

RESOLVED to

(1) ask Board Members to:

- i. **sign the Alcohol Declaration**
- ii. **identify alcohol champions within their organisation**
- iii. **consider how to embed Identification and Brief Advice (IBA) in their organisation and, where appropriate:**
 - a) **speak to Nottingham Recovery Network about getting support in embedding the approach and to register interest for IBA training**
 - b) **speak to Nottingham City Council Public Health Team to register interest in accessing IBA scratchcards**

(2) consider how to measure success in reducing harm from alcohol; and

(3) seek input from Nottinghamshire Healthcare NHS Foundation Trust on their perspective on reducing alcohol harm.

51 CITIZENS STORIES: THE MICHAEL VARNAM AWARD 2018

The Chair introduced the report detailing the winners, and those highly commended in the Michael Varnam Awards 2018:

Individual Award

- Gordon Garrick – winner
- Maria Watson – highly commended
- Kate Smith – highly commended

Group Award

- Sit Up Shelter – winner
- The Ferguson Family – highly commended
- Open Minds – highly commended

Bobby Lowen, Commissioning Lead, and Kimberley Hoe, Rough Sleeping Initiative Co-ordinator, representing Sit Up Shelter provided the following information about the project:

- (a) Nationally and locally homelessness has increased significantly and rough sleepers often have very complex problems. Therefore the need for support for rough sleepers is high.
- (b) Levels of homelessness in 2016 resulted in closer working with Framework on supporting people sleeping rough, and the further increase in need in 2017 (there were 43 rough sleepers which was much higher than in previous years) prompted the exploration of new options. Following conversations between the Director of Public Health and Nottinghamshire Fire and Rescue Service, the concept of Sit Up Shelter was developed.
- (c) With the aim of saving lives, when the temperature falls below zero degrees the Fire and Rescue Service provide room for rough sleepers to come inside for shelter. The facility is staffed by the Red Cross. Some rough sleepers are more willing to engage with this project compared with commissioned services because it is staffed by volunteers.
- (d) Last year the shelter opened on 29 nights (which was more than predicted due to the particularly cold weather). There was space for 8 rough sleepers each night and overall 79 people were supported during the winter period.
- (e) Nottinghamshire Fire and Rescue Service and the Red Cross both supported the project without charge and have agreed to continue supporting the project for winter 2018/19. The Red Cross has increased the number of volunteers recruited.
- (f) Work continues to take place to reduce levels of rough sleeping in the City so that the need for such initiatives is reduced.

Following questions from Board members, the following additional information was provided:

- (g) Individuals posing a risk to others are not allowed to stay but they can remain in the main foyer to keep warm while Framework is called to identify a more appropriate solution for that individual.
- (h) The Fire and Rescue Service don't staff the facility but their presence on site offers security and there were occasions last year when fire fighters provided direct assistance.

Board Members congratulated Sit Up Shelter as worthy winners of the Michael Varnam Award.

Councillor David Mellen highlighted the work of the Ferguson Family who were highly commended in the Group Award for their 'My Bag' project, which aims to ease the process of those coming into care by providing each child with their own bag complete with a blanket, colouring book/ notepad, a teddy and other age appropriate items.

RESOLVED to recognise the dedication, enthusiasm, commitment and achievement of those shortlisted for, and particularly the winners of the Michael Varnam Award 2018.

52 AUTISM STRATEGIC FRAMEWORK

Helene Denness, Consultant in Public Health, and Justin Donne, an autistic person involved with the Autism Strategy Group introduced the report and gave a presentation about the development of an autism strategic framework for Nottingham. They highlighted the following information:

- (a) The autism strategic framework has been developed by a multi-agency group and co-produced with autistic people.
- (b) The previous 3 year strategy contained a lot of actions but they weren't all achieved. Therefore the new strategy will focus on achieving fewer, more realistic actions.
- (c) One of the aims is to make Nottingham an autism-friendly city.
- (d) The Group has tried to develop recommendations that are not costly or onerous for organisations to implement.
- (e) A key feature of the framework is the importance of having autism champions within organisations. There are currently 44 self-selected autism champions. Many of them have direct experience of autism. The intention is that champions will be trained to be the 'go to' person within their organisation.
- (f) The Autism Network within Nottingham City Council has been given the same status as other employee networks e.g. with protected time to meet to enable colleagues to support each other and think about how to improve the working environment. It would be positive if other organisations took a similar approach.
- (g) The strategic framework is currently being tested with organisations and stakeholders as part of the engagement process.

During discussion, Board Members made the following points:

- (h) Adjustments to make the City autism-friendly will be similar to those needed to make the City more dementia-friendly, for example.

- (i) It would be helpful for the strategic framework document to reference the Autism Health Needs Assessment that is being developed alongside the framework.
- (j) There is under-diagnosis of autism in some communities but it is difficult to know the extent of this because recording of ethnicity isn't good and recording of an autism diagnosis isn't good.

RESOLVED to:

- (1) note the contents of the draft autism strategic framework; and**
- (2) ask Board Members to:**
 - i. support engagement on the themes within the autism strategic framework within their organisation; and**
 - ii. identify autism champions in their organisation through their nominated lead.**

53 NOTIFICATION OF COMMUNITY PHARMACY CLOSURE

RESOLVED

- (1) to note the closure of Lloyds Pharmacy within the Sainsburys Castle Marina store on 16 February 2019 and withdrawal of the premises from the pharmaceutical list;**
- (2) to record the closure as a Nottingham City Pharmaceutical Needs Assessment Supplementary Statement; and**
- (3) that this closure is not significant enough to warrant a full refresh of the Pharmaceutical Needs Assessment before the 3 year refresh period.**

54 NOTTINGHAM CITY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

RESOLVED to note the Nottingham City Safeguarding Adults Board Annual Report 2017/18.

55 FORWARD PLAN

RESOLVED to

- (1) note the Board's Forward Plan for the remainder of 2018/19;**
- (2) consider incorporating Community Adolescent Mental Health Services (CAMHS) issues within the themed discussion on mental health scheduled for January 2019; and**
- (3) consider holding themed discussions on the following issues:**
 - i. the impact of poverty and deprivation on child health and wellbeing**

- ii. **reflecting on winter planning and, at an early stage, identifying lessons for next year across the system e.g. including issues such as homelessness, winter fuel poverty, adult social care**

56 BOARD MEMBER UPDATES

Alison Challenger, Director of Public Health, reported that the Time to Change Hub had officially been launched.

Alison Michalska, Corporate Director for Adults and Children informed the Board that the Independent Inquiry into Child Sexual Abuse had finished hearing evidence in Nottingham and Nottinghamshire. The report, which will cover all 3 investigations with local authorities as a theme, is expected to be published in summer 2019. The immediate lessons relate to supporting the, now adult, victims. This will be discussed by the Adults Safeguarding Board and work is taking place to review pathways and access to specialised counselling services.

Hazel Buchanan, Greater Nottingham Clinical Commissioning Partnership representative, reported that an event had been held in relation to the Building Health Partnerships work and another event is planned for January. The events are generating good ideas.

Hugh Porter, Greater Nottingham Clinical Commissioning Partnership representative, advised the Board that one single Accountable Officer, Amanda Sullivan, had been appointed for all six clinical commissioning groups in Nottinghamshire.

Sarah Collis, Healthwatch Nottingham and Nottinghamshire, reported that the merged Healthwatch organisation was now developing a new strategy. Conversations with stakeholders are being held to inform the strategy. It is likely that mental health and dementia will be key issues for inclusion.

57 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 26 SEPTEMBER 2018 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 26 September 2018

58 QUESTIONS FROM THE PUBLIC

There were no public questions.