

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 March 2020 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

- A Steve Vickers (Chair)
 Joyce Bosnjak
A Glynn Gilfoyle
 Francis Purdue-Horan
 Martin Wright

SUBSTITUTE MEMBERS (COUNTY COUNCILLORS)

Muriel Weisz for Glynn Gilfoyle
Richard Butler for Steve Vickers

DISTRICT COUNCILLORS

- | | | | |
|---|-----------------|---|--------------------------------------|
| A | David Walters | - | Ashfield District Council |
| A | Susan Shaw | - | Bassetlaw District Council |
| | Colin Tideswell | - | Broxtowe Borough Council |
| | Henry Wheeler | - | Gedling Borough Council |
| | Debbie Mason | - | Rushcliffe Borough Council |
| A | Neill Mison | - | Newark and Sherwood District Council |
| A | Amanda Fisher | - | Mansfield District Council |

OFFICERS

- | | | | |
|---|------------------|---|--|
| A | Melanie Brooks | - | Corporate Director, Adult Social Care and Health |
| | Colin Pettigrew | - | Corporate Director, Children and Families Services |
| | Jonathan Gribbin | - | Director of Public Health |

CLINICAL COMMISSIONING GROUPS

	David Ainsworth		Nottinghamshire CCGs
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
A	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis

OFFICERS IN ATTENDANCE

Dawn Jenkin	-	Consultant in Public Health
Edward Shaw	-	Public Health and Commissioning Manager
Martin Gately	-	Democratic Services Officer

OTHER ATTENDEES

David Pearson CBE	ICS Independent Chair
Andy Haynes	ICS Executive Lead
Amanda Robinson	PHM Programme Manager, ICS

NOMINATION OF CHAIRMAN

In the absence of the Chairman and Vice-Chairman, Councillor Martin Wright was nominated to act as Chairman following a vote.

MINUTES

The minutes of the last meeting held on 8 January 2020 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Dr Jeremy Griffiths (NHS Rushcliffe Clinical Commissioning Group), Melanie Brooks (Nottinghamshire County Council), Councillor David Walters (Ashfield District Council), Councillor Susan Shaw (Bassetlaw District Council), Councillor Amanda Fisher (Mansfield District Council), Councillor Neil Mison (Newark and Sherwood District Council) and Councillor Debbie Mason (Rushcliffe Borough Council).

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIRS' REPORT

The Chairman highlighted the following topics from his report:

The merger of the Nottinghamshire Clinical Commissioning Groups (CCGs), the public information regarding novel Coronavirus (COVID-19), and the Royal Society for Public Health has compiled a list of public health achievements that have taken place in the last twenty years (for example, the 2007 ban on smoking in enclosed public spaces).

RESOLVED: 2020/008

That:

- 1) The contents of the report be noted, and any actions required by the Board in relation to the issues raised be considered.

UPDATE FROM THE NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM

David Pearson CBE (Independent Chair of the Nottingham & Nottinghamshire Integrated Care System) and Dr Andy Haynes (Executive Lead, Nottingham & Nottinghamshire Integrated Care System) provided a presentation on the Nottingham & Nottinghamshire Integrated Care System.

Mr Pearson explained that the ICS was a better way of meeting the needs of the population and ensuring that we are fit for the future. Increased life-expectancy has huge implications for the delivery of care, particularly where there are greater levels of long-term conditions. There is compelling evidence from across the world that the integration of services works. However, for the NHS it is a big departure, and it is crucial that policies are made and implemented locally.

The bodies comprising the ICS have the responsibility for transforming the system. This means the spending of the public pound will be agreed in Nottinghamshire. The ICS has no statutory powers beyond those of the constituent organisations.

The strokes pilot phase has prevented an estimated 75 strokes and 25 deaths, and an enhanced care in care homes pilot in Rushcliffe has resulted in a reduction in A&E attendances by 29% and hospital admissions by 23%.

The importance of collaboration with housing is also recognised. For example, the ASSIST partnership between Mansfield District Council, Clinical Commissioning Group

and Hospital Trust has improved outcomes and early discharges from hospital, seen a 400% return on investment and realised £1.4m savings for the NHS.

While the changes involved are complex, there is also an overlap with both City and County Health and Wellbeing Boards.

In response to questions from Members regarding funding and the flow of information from clinicians in the health service, Andy Haynes and David Ainsworth responded that there was genuine clinical leadership across Nottinghamshire, and that health information was far better than it was previously (e.g. the access that East Midlands Ambulance Service has to information while in a patient's home). However, it is necessary to accept that central funding is a given, and also take the opportunity to maximise funding where possible.

Jonathan Gribbin, Director of Public Health, made an observation on the wider context of the ICS trying to deliver improvement in healthy life-expectancy – the Marmot Report shone a spotlight on the evidence in relation to this. The depressing reality is that many people are living with ill-health, and for some, life expectancy has tapered off or reversed.

Responding to comments from Members regarding Primary Care Networks (PCNs), Dr Thilan Bartholomeuz of NHS Nottingham & Nottinghamshire CCG indicated that although there were different levels of PCN maturity across the system, GPs are very enthusiastic, well engaged and want to see an increase in levels of social prescribing.

Members will learn more about the Nottingham & Nottinghamshire and South Yorkshire plan at a future meeting.

RESOLVED: 2020/009

That:

- 1) A presentation on the Nottingham and Nottinghamshire Integrated Care System be received.

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM'S APPROACH TO POPULATION HEALTH MANAGEMENT

Amanda Robinson, Population Health Management Programme Manager, Nottingham and Nottinghamshire ICS, provided a detailed presentation on Population Health, which is an approach aimed at improving the health and care of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing the wider determinants of health and care.

In order to measure the success of the programme a number of evaluations have taken place. The following findings were identified in the evaluations: variation in patient and citizen outcomes, variation in risk stratification approach, limited focus on prevention and upstream health and care management, incompatible systems data/information exchange between different healthcare professionals and providers, financial variation in integration and how funds are distributed/shared between organisations and providers, limited system oversight.

In response to an indication that one diabetes priority is to reduce amputations, Sarah Collis, Healthwatch Nottingham and Nottinghamshire stated that the voluntary and community sector had valuable contributions to make in this area, but they had received disproportionate cuts.

Andy Haynes, ICS Executive Lead, indicated that shifting from demand management into health planning was fundamental. Although the work is ground breaking, the system is not mature enough for all of this output all in one go. The strength of this is that it includes Public Health; in addition, the contribution of the voluntary sector is critical.

Board Members indicated they would like Population Health Management to be the topic for a future Health and Wellbeing Board Workshop.

In response to comments from Members, Amanda Robinson indicated that careful consideration would be given regarding implementing Type 2 diabetes education in care homes. In addition, data regarding diabetes can be broken down to GP practice level, and this will indicate people who have not had appropriate interventions.

RESOLVED: 2020/010

That:

- 1) A presentation on the Nottingham & Nottinghamshire Integrated Care System approach to population health management be received.

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

Jonathan Gribbin, Director of Public Health, presented his annual report to the Board, assisted by Dawn Jenkin, Consultant in Public Health and Nicole Chavaudra, Programme Director, Bassetlaw Integrated Care Partnership. The focus of the report was on health and work. The Board heard that there are 27,857 Employment Support Allowance claimants in Nottinghamshire. Fifty percent of claims are due to stress and anxiety with 11.4% due to musculoskeletal issues. In order to close the gap between Nottinghamshire and the England average we would need 36 more adults in secondary mental health care into employment, and 111 more adults with learning disabilities into employment.

Nicole Chavaudra emphasised the importance of building relationships with business forums, as well as engaging with local employers like Cerealto Siro.

In response to comments from Board Members, Colin Pettigrew, Corporate Director, undertook to provide a report on care leavers to a future meeting. He also reassured Members that the most recent inspection report had found care leaving to be transformed.

In response to comments from Members regarding disabilities, Dawn Jenkin stated that segmentational triaging of the population was necessary, because at the moment it tended to be one size fits all. It can be quite difficult to get an accurate number on levels of disability since most people tend not to disclose their disability. There is a need for high levels of support in some cases, but support back into work leads to fulfilling expectations.

RESOLVED 2020/011

That:

- 1) The 2019 DPH Annual Report be received and commented on.
- 2) Health and Wellbeing Board Members agree to contribute towards implementing the recommendations contained within the 2019 DPH Annual Report where applicable.
- 3) The progress on implementing the recommendations within the 2018 DPH Annual Report be noted.

BETTER CARE FUND PERFORMANCE AND PROGRAMME UPDATE (QUARTER 3, 2019/20)

Paul Johnson (Service Director: Strategic Commissioning & Integration) and Paul Brandreth (Better Care Fund Programme Co-ordinator) presented the report, the purpose of which was to set out the progress to the end of Quarter 3 against the Nottinghamshire Better Care Fund (BCF) budgets and performance targets.

Members heard that this time the metrics contained no red indicators at all, and this was a report to be celebrated. The Board has previously heard in detail about Delayed Transfers of Care (DTOCs) and the performance for these was now heading in the right direction.

In response to comments from Sarah Collis of Healthwatch, Paul Johnson indicated that Jane O'Brien would be keen to work with Healthwatch regarding dementia issues.

The Board noted that Paul Johnson was retiring and thanked him for all his work supporting the Board.

RESOLVED: 2020/012

That:

- 1) The Quarter 3 National Better Care Fund return (shown in Appendix 1) which was submitted to NHS England on 24 January 2020 be approved.

WORK PROGRAMME

The Board agreed that care leavers outcomes be placed on a future agenda.

RESOLVED: 2020/013

That:

- 1) The Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

The meeting closed at 16:34

CHAIR