



Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 6 January 2021 (commencing at 2:00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Kevin Rostance (Chair)  
A Joyce Bosnjak  
Jim Creamer  
Glynn Gilfoyle  
Tony Harper  
Francis Purdue-Horan

**DISTRICT COUNCILLORS**

David Walters	-	Ashfield District Council
Susan Shaw	-	Bassetlaw District Council
Colin Tideswell	-	Broxtowe Borough Council
Henry Wheeler	-	Gedling Borough Council
Abby Brennan	-	Rushcliffe Borough Council
Neill Mison	-	Newark and Sherwood District Council
Marion Bradshaw	-	Mansfield District Council

**OFFICERS**

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

## **CLINICAL COMMISSIONING GROUPS**

A	David Ainsworth	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Lucy Dadge	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Idris Griffiths	-	NHS Bassetlaw Clinical Commissioning Group
	Dr Thilan Bartolemeuz	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Fiona Callaghan	-	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
	Dr Jeremy Griffiths	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair)
	Leanne Monger	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Hazel Wigginton	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

Sarah Collis      -      Healthwatch Nottingham & Nottinghamshire

## **OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

A      Kevin Dennis - Office of the Nottinghamshire Police and Crime Commissioner

## **OTHER ATTENDEES**

## **OFFICERS IN ATTENDANCE**

Rachel Clarke	-	Programme Lead, Children and Young People's Mental Health
Briony Jones	-	Public Health and Commissioning Manager
Irene Kakoullis	-	Group Manager, Early Years Services

Martin Gately - Democratic Services Officer

## **MINUTES**

The minutes of the last meeting held on 4 November 2020 having been previously circulated were confirmed and signed by the Chairman.

## **APOLOGIES FOR ABSENCE**

David Ainsworth (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Melanie Brooks (Nottinghamshire County Council)

Fiona Callaghan (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Lucy Dadge (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Kevin Dennis (Police and Crime Commissioners Office)

Colin Pettigrew (Nottinghamshire County Council)

Councillor Jim Creamer substituted for Councillor Joyce Bosnjak for this meeting.

Hazel Wigginton substituted for Fiona Callaghan (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Leanne Monger substituted for David Ainsworth (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

## **DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS**

None.

## **CHAIR'S REPORT**

The Chairman highlighted the update on Suicide Prevention Funding at the beginning of his report. The allocation of Wave 4 suicide prevention funding has been confirmed by NHSE, following presentation of the proposals to a review panel at the end of November.

## **RESOLVED: 2021/01**

That:

- 1) No actions were identified in relation to the information contained within the report.

### **GIVING CHILDREN THE BEST START: NOTTINGHAMSHIRE BEST START STRATEGY 2021-2025**

Irene Kakoullis, Group Manager, Early Year Childhood Services, Nottinghamshire County Council introduced the report and presented information on the Best Start Strategy, its four strategic ambitions and ten priorities – particularly emphasising the importance of early language, speech and communication. High quality early years provision is a key factor – and this means not just childcare, but also early education. The final priority is about parents being in secure employment, and this is particularly important in terms health outcomes. A Best Start Board will be set up further to approval by Full Council in March, and this Board will report to the Health and Wellbeing Board.

In response to questions regarding language and speech therapy, and the impact of COVID on mental health, Ms Kakoullis indicated that the Children's Centre service had continued during lockdown; but had to adapt and do things differently, with an introduction to parenthood course being delivered virtually with some services being delivered one-to-one e.g. baby massage.

Some children have benefited from more time at home, while others haven't. There will be some catching up to do. The Best Start Strategy is both universal and targeted, we want every child to have the best start, but some of our interventions will then be targeted – for instance, there might be greater service provision in areas of deprivation. A single pathway is also being developed for all speech and language need.

In response to questions regarding health inequalities, Ms Kakoullis stated that the important thing now was to obtain buy-in from all stakeholders. Due to COVID, engagement with partners has not been as effective as it would be ordinarily. This was an opportunity to avoid working in siloes and start working closely together.

In response to further questions from Members regarding the principles which underpin partnership work such as identifying emerging need, and these should be ambitions rather than principles, Ms Kakoullis indicated that because this was a draft strategy there was still the opportunity to reframe the principles to be ambitions.

### **RESOLVED: 2021/02**

That:

- 1) the draft Best Start Strategy be considered and recommended to Policy Committee for final approval.
- 2) annual updates on the Best Start Strategy be received.

## **APPROVAL OF JOINT STRATEGIC NEEDS ASSESSEMENT (JSNA) CHAPTER: EMOTIONAL AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE**

Rachel Clark, Programme Lead, Children and Young People's Mental Health, NCC introduced the report and stated that good mental health is crucial for the development of children and young people, helping them to develop resilience and face the challenges of adolescence and adulthood and participate in society.

It is defined by the World Health Organisation as not simply an absence of mental health disorder, but a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their own community.

Nationally, there has been a gradual increase in the number of children and young people with a mental health disorder over the last decade, so that in 2017, one in eight 5-19 year olds had at least one mental health disorder, compared to one in ten in 2014 – and further to COVID this is expected to increase. In addition, females 17-19 are more than twice as likely as boys to have a mental health disorder. Likewise, LGBTQ+ young people are more like to have a mental health disorder than those who identified as heterosexual.

Ms Clarke highlighted that during engagement, young people had highlighted the value of informal networks, such as parents, carers, friends and people in their community. There are also indications that some young people regard social media as a good way of accessing informal support, as well as guidance on how to access mainstream mental health support.

The 1001 Days JSNA chapter highlighted the need to better identify women with mild to moderate mental health needs and the Self-Harm JSNA identified a gap in support of all ages who self-harm but do not meet the criteria for mental health services. There have also been some reductions to early intervention services.

In response to question from Councillor Susan Shaw regarding mental health support teams in schools and unmet need being embedded within recommendations Ms Clarke indicated that she hoped the mental health support teams would become more mainstream and that funding for them would continue beyond 2024. Issues around unmet need linked to the requirement to think about whole families rather than just provide direct services to children and young people.

In response to comments from Councillor Henry Wheeler regarding staff wellbeing in schools, Rachel Clarke indicated that this was top of the agenda of mental health support teams in schools. Parents and teachers are both part of the system and we are now talking to IAPT (Improving Access to Psychological Therapies) providers. Ms Clarke emphasised that Post-16 young people would be able to access a new range of self-help tools.

Sarah Collis, Healthwatch commented on the lack of mention of childhood trauma and sexual and domestic abuse in the chapter, with the voluntary sector also being scarcely

mentioned. In response to this Rachel Clarke indicated that she had examined the Domestic Abuse JSNA, which contain many references to children and young people's mental health. Ms Clarke indicated that although there was a recommendation relating to young carers it would need to be revised to include greater mention of the voluntary sector.

Dr Jeremy Griffiths emphasised the importance of education around the benefits of sleep being delivered in schools, particularly since a lack of sleep is linked to poor decision making, and also raised concerns about perfectionism and self-esteem (particularly in young women). There also needed to be a better transition between CAMHS and Healthy Families, as well as greater training for clinicians relating to hyper-activity and autism.

Councillor Gilfoyle echoed Dr Griffiths points about transition in mental health services, which had equally concerned him within the last two years and requested an early report back.

Rachel Clark indicated that the valuable points raised by Members would be picked up by the Children and Young People's Mental Health Executive. Nottinghamshire County Council is also refreshing its transformation plan for children and young people's mental health, and the actions highlighted by the Board could become part of that plan. Jonathan Gribbin, Director of Public Health emphasised the importance of capturing and addressing the issues raised by Board Members at the point of sign-off.

## **RESOLVED 2021/03**

That:

- 1) the Emotional and Mental Health of Children and Young People (JSNA) chapter be approved.

## **UPDATE TO THE NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21**

Amanda Fletcher, Consultant in Public Health, introduced the item and stated that updates to the Pharmaceutical Needs Assessment (PNA) were reported to the Board on a regular basis, and that the PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population.

In response to a question from Councillor Creamer regarding how closely we work with the City Council in relation to pharmaceutical need, Ms Fletcher indicated that the legal requirements for PNAs were for each local authority area, but we do work closely with the city in terms of revising data and information.

## **RESOLVED 2021/04**

That:

- 1) the Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2021 for the period April 2020 until September 2020 be approved.
- 2) all future supplementary statements be produced quarterly and presented to the Health and Wellbeing Board in the form of an update within the Chair's report.

## **WORK PROGRAMME**

Jonathan Gribbin, Director of Public Health took the opportunity to briefly update Health and Wellbeing Board Members on current issues associated with the coronavirus pandemic, including that rates across the county were high and increasing sharply.

The Chairman confirmed that the Board's February workshop would be cancelled due to capacity issues associated with the pandemic.

## **RESOLVED: 2021/05**

That:

- 1) The work programme be noted and consideration be given to any changes.

The meeting closed at 15:43

**CHAIR**