

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 15 June 2022 (commencing at 2:00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

John Doddy (Chair)
Sinead Anderson
Scott Carlton
A Sheila Place
 John Wilmott

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
Tim Wildgust	-	Newark and Sherwood District Council
Marion Bradshaw	-	Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

A	David Ainsworth	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Lucy Dadge	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Idris Griffiths	-	NHS Bassetlaw Clinical Commissioning Group
	Dr Thilan Bartholemeuz	-	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)
A	Oliver Newbould	-	NHS England and NHS Improvement

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Sharon Cadell - Chief Executive, OPCC

OFFICERS IN ATTENDANCE

Sue Foley	-	Consultant in Public Health (via Teams)
Lucy Hawkin	-	Public Health and Commissioning Manager (via Teams)
Briony Jones	-	Public Health and Commissioning Manager
Pete Barker	-	Democratic Services Officer

TO NOTE THE APPOINTMENT BY FULL COUNCIL ON 12 MAY 2022 OF COUNCILLOR DR JOHN DODDY AS CHAIRMAN FOR THE 2022-23 MUNICIPAL YEAR

RESOLVED: 2022/014

That the appointment of Councillor Dr John Doddy as Chairman be noted.

ELECTION OF VICE-CHAIRMAN

Due to the implications of the upcoming Health and Care Act 2022 this was the last meeting of the Vice Chairman, Dr Jeremy Griffiths.

The election of a new Vice Chair will take place after the Health and Care Act comes into effect on 1 July 2022.

TERMS OF REFERENCE

RESOLVED: 2022/015

That the Terms of Reference of the Health and Wellbeing Board be noted.

MINUTES

The minutes of the last meeting held on 4 May 2022, having been circulated to all Members, were taken as read and were confirmed, subject to the following amendment, and were signed by the Chair:-

- The penultimate paragraph on Page 10 of the minutes should read:

‘Sarah Collis spoke of the government-funded work being undertaken by the VCS to develop a voluntary sector alliance to interface with the ICS structure and the Chair asked for the Board to be updated on this work in due course.’

APOLOGIES FOR ABSENCE

- David Ainsworth, NHS Nottingham and Nottinghamshire CCG
- Melanie Brooks, Nottinghamshire County Council (Sue Batty deputises)
- Fiona Callaghan, NHS Nottingham and Nottinghamshire CCG (Stewart Newman deputises)
- Jonathan Gribbin, Nottinghamshire County Council (Dawn Jenkin deputises)
- Idris Griffiths, NHS Bassetlaw CCG
- Councillor Sheila Place, Nottinghamshire County Council (Councillor Jim Creamer deputises)

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIR'S REPORT

The Chair introduced the report and informed members of the following:

- In Nottinghamshire, Stapleford had received £79k of funding for a 'mini-Holland' feasibility study which aims to assess how areas can be made as pedestrian and cycle-friendly as their Dutch city equivalents
- The DoE has announced another £7m of funding to enable all schools to train a senior mental health lead
- Proposed rules banning multi buy deals for food and drinks high in fat, salt or sugar have been delayed a year but rules requiring calorie information to be displayed on menus and food labels did come into force on 6 April 2022
- An independent review led by Dr Javed Khan will help to achieve the DHSC's plan for England to be smoke free, ie less than 5% of the population smoking, by 2030. This may seem over ambitious given that in some areas of Nottinghamshire, Ashfield and Mansfield for example, the rate is 19-20%, but in Rushcliffe the rate is just over 5% so overall the target is entirely achievable. It has been shown that those who attend targeted support services are three times more likely to give up smoking than those who do not attend.

Councillor Shaw pointed out that the One Youth Project was based in Mansfield and not Bassetlaw as stated in the report. Councillor Shaw also expressed her disappointment that the government had not addressed the issue of advertising before 9pm and that the proposed ban on 'buy one get one free' promotions had been delayed a year. The Chair stated that the food industry had shown ingenuity in the past in circumventing government measures but that the prevalence of obesity was a major concern.

Councillor Wilmott welcomed the comprehensive report and the new website but asked that consideration was given to those without internet access. Councillor Wilmott spoke about the importance of children's centres at a time when some children were being sent to school in nappies and stated that a good education was crucial in giving people a good start in life. Councillor Wilmott stated that substance misuse was still a big problem and also pointed out that there was little in the report about the challenges and problems faced by the elderly.

The Chair thanked Councillor Wilmott for his comments and referred him to the minutes of previous meetings which indicate that many problems are longstanding and are still relevant.

The Vice Chair spoke of the need for an anthropological approach as well as looking at infrastructure – why can't people make the required changes to their lifestyle that will benefit their health? The Chair stated that some people do take notice of the information

available but that there are hard to reach groups. Should the approach be one where the information is made available to all or should certain groups be targeted, in future a mixture of the two will be required along with an understanding of the triggers that cause people to act in the way that they do.

Councillor Creamer asked about feedback on initiatives undertaken including the One Youth Project in Mansfield and Clean Air Day on 16 June. Councillor Creamer also asked about the possibility of national statistics being broken down by districts in Nottinghamshire and the impact of e scooter use on health. The Chair replied that the results of projects will be fed back to the Board and that if something was not working it would be reviewed and replaced by something that did work. The Chair agreed about the importance of breaking down figures - overall Nottinghamshire compares with the national average in many measures but there are variations in the County that are very significant and which the place-based approach should highlight. In terms of e scooter use, the County has little experience of these and there are no plans to introduce them.

Dr Thilan Bartholomeuz welcomed the increased funding for mental health support for children and young people and asked if the Board could influence how this money would be spent given how the challenges vary geographically. The Chair replied that inequities were at the root of many problems and that the Board was obliged to deal with health inequalities, including in the field of mental health.

Members discussed how it could be ensured that resources for mental health support went to where they were needed. The authority needed to encourage schools to apply. The system was somewhat disjointed with some academy trusts better at applying for funding on behalf of their schools than others.

Ms Cadell spoke of the need for behavioural change and a community strategy, especially in respect of drugs and alcohol, and informed members that she and the Police & Crime Commissioner had recently attended a 'Harm to Hope' event where it was concluded that the community public health campaigns had not really worked or achieved change.

The Chair stated that the biggest factor in reducing smoking the world over was pricing, with the young and women being affected the most. The Chair informed members of the plan for released prisoners to wear tags that detect alcohol and the possibility that something similar will be used to detect illegal drug use. Councillor Shaw stated that it was not just price which affected people's desire to smoke and spoke of people's mental health and the use of tobacco and alcohol to seek solace. The Chair informed members that 60-70% of mentally ill people smoked.

RESOLVED: 2022/016

That the contents of the report be noted.

INTEGRATION AND INNOVATION – WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Chair asked Lucy Dudge to introduce the report stating that it was a time of transition with the place-based approach potentially heralding the biggest changes people have seen in their lifetimes.

Lucy Dudge introduced the report and highlighted the following:

- The new Health and Care Act 2022 will come into effect on 1 July 2022 and though legislative change rarely delivers change on its own, the hope is that it will help to find new ways of dealing with health disparities. The aim is to move towards a more comprehensive and collaborative approach away from one where the emphasis is on competition for limited resources.
- Oversight remains the responsibility of the NHS, working with and through the Integrated Care Systems (ICS) with the CQC reviewing and rating the ICS.
- Locally a two part statutory care system will be in place consisting of a new body, the Integrated Care Board (ICB) which will allocate budgets and commission services, and the Integrated Care Partnership (ICP) where wider partners are brought together and which will develop and lead the integrated care strategy and complement the work of the Health and Wellbeing Board (HWB) but will not commission services.
- The HWB will act as a fulcrum ensuring everyone is working towards the same aims.
- Citizens need to be encouraged to look after their own health and services need to be delivered in new, innovative ways.
- The barriers that prevent the NHS and other providers working together effectively must be broken down. Work will be at scale with a plurality of providers who will have the skills and knowledge to deliver and develop quality services and who will be tasked with delivering wider social outcomes.
- The Primary Care Network (PCN) will continue with GPs working with local providers offering a more personal service at a neighbourhood level of 60-50k which will maintain the strength of the GP service while being large enough to be resilient in the new ways of working.
- There will be a shift towards prevention, in the areas of heart and lung disease and diabetes for example, which can be achieved if the focus is away from the more resource intensive but less effective cure approach.
- The system can be thought of as an inverse pyramid with the neighbourhoods and population at the top supported by the PCN and GPs from where most of the care

will be provided. This will be supported by the broader collaborations providing episodic care as required with the thin layer of the ICB at the bottom facilitating the new ways of working.

- Resources will be allocated according to need, which is easy to say but harder to achieve.
- The ICB will report annually on performance and there will be structured opportunities for the HWB to influence the work of the ICP.

The Chair thanked Lucy for her presentation and confirmed that, as one of the most frequent 'meeters' and holders of workshops, details of the Board's work would be fed back to the ICP. The Chair stated that the most expensive system is one that responds after something has happened, for example, a heart attack, and welcomed the preventative approach.

Councillor Wilmott also welcomed the change in emphasis and hoped that it would help to solve the large number of problems that still needed addressing as outlined in the report. In answer to Councillor Wilmott's question about CCGs, the Chair replied that in effect they are now the ICB but now better equipped to meet the challenges they face.

Councillor Shaw welcomed the inclusion of Bassetlaw into the Nottingham and Nottinghamshire ICS boundary from July 2022 and commented that the place-based work already undertaken had been strong and innovative.

Councillor Brennan asked about the Performance Assessment of the ICB, how it would be possible to gauge if the changes had made a difference and when any positive outcomes could be expected. Lucy Dadge replied that the mechanism are in place but would need to be developed in partnership and that there will be a focus on outcomes.

Councillor Tideswell asked if the Children's Early Learning Centre could become a member of the Board to help deal with such problems as children starting school in nappies and also referred to the huge problems caused by obesity. The Chair replied that he remembered the Sure Start Centres well and reminded the Board that the Authority had been in the forefront of tackling obesity through such initiatives as circulating nutritional food information, food vouchers and encouraging families to cook healthy meals.

Councillor Walters asked how dentistry fitted in and Lucy Dadge replied that this service, along with optometry and pharmacy, were commissioned regionally so the Board did not play any part at the moment though this was due to change in 2023.

The Vice Chair welcomed the changes and the emphasis on prevention, though given the pressures on services it was difficult dealing with those who were ill let alone having the time to focus on prevention. The Vice Chair called for an empathetic approach to ensure sufficient engagement.

RESOLVED: 2022/017

That the contents of the report be noted.

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT WORK PROGRAMME 2022-23

The Chair stated that the production of the JSNA was a statutory obligation of the Board and it could be said it is the Board's 'raison d'être'. The JSNA is an evolving and complex tool capable of designing bespoke solutions for individual areas in Nottinghamshire.

Lucy Hawkins introduced the report explaining that as part of the process of producing the work programme 9 formal submissions had been received and reviewed with the help of partners and colleagues and that a more flexible approach would be adopted in future. The main areas of work would focus on demography, substance misuse, housing, health impacts of climate change, diet & nutrition and physical activity.

Sue Foley then spoke of the joint Nottingham and Nottinghamshire workshop that had been held in May to look at the JSNA system and other data sources. It was a productive session and key findings included the need for a common ICS wide analytic system; the necessity for collaborative working to gain a full analytic picture; the centralised holding of intelligence products and education of users; the importance of clarity of the data source base. There will now be a meeting with the System Analytic Intelligence Unit and Directors of Public Health to develop an action plan.

Sue Foley also spoke of the Covid impact assessment work that was being undertaken and ultimately recommendations on the way forward would be brought to the Board for approval. The work is ongoing and the scope includes study of the vaccination programme, those who have passed away and those with long covid.

The Chair thanked Lucy and Sue for their presentations and praised the JSNA as a valuable and comprehensive source of local information.

The Vice Chair stated that it was important for the JSNA to achieve change and asked what scale of change could be regarded as success. Sue Foley replied that measurement was a challenge but that emphasised the importance of lived experience which can inform the data collected and may tell a different story to that data. The Vice Chair asked if the JSNA would include themes of lived experience in the future and was informed that there the template does contain a local voice section, with some chapters containing more details than others, and that there would be more scope for this approach in future given the new place-based partnerships.

RESOLVED: 2022/018

That the 2022-23 JSNA work programme and proposed products, developed through the JSNA prioritisation process, be approved.

MONITORING AND EVALUATION - JOINT HEALTH & WELLBEING STRATEGY 2022-2026

Briony Jones introduced the report which detailed the proposals for monitoring and evaluating the new Joint Health and Wellbeing Strategy and delivered a presentation that highlighted the following:

- Hard copies of the Strategy are now available
- The report discusses how the monitoring might take place and how the approach will evolve as delivery is rolled out
- The monitoring and evaluation will revolve around 4 ambitions and 9 priority areas, developed after extensive consultation
- More publications will be produced in future to aid the implementation of the Strategy
- 4 Programme Groups will be responsible for the delivery of the Strategy and will report progress back to the Board
- A Task and Finish Group will consider how progress will be monitored

Sue Foley then delivered a presentation that highlighted the following:

- The Task and Finish Group was established in April 2022 and comprises representatives from Public Health, PBPs and the Nottingham & Nottinghamshire Integrated Care System
- The Group has proposed a framework for monitoring and evaluation
- The approach is multi-level and will look at effects as a whole in terms of the 4 ambitions and 9 priorities
- A toolkit will be developed to look for richer evidence
- An annual report will be produced on the strategic vision. In addition to this there will be short, quarterly reports on each of the 4 ambitions with an annual report also produced for each of the ambitions
- Feedback from the Board will be important in shaping the development of the monitoring and evaluation process
- The newly launched Board website will allow residents to find out about services available and what is being done to improve people's health
- Progress will be detailed on the website

Following the presentations Councillor Shaw asked for members to be sent copies of the slides used.

Councillor Wilmott pointed out that there had been no mention of the problems of drug abuse or gambling addiction.

RESOLVED: 2022/019

That the proposals for the monitoring and evaluation of the new Nottinghamshire Joint Health and Wellbeing Strategy for 2022-2026, as outlined in the report, be endorsed.

WORK PROGRAMME

RESOLVED: 2022/020

That the contents of the report be noted.

At this point the Chair informed members that in all likelihood this would be the last meeting of the Board that the Vice Chair, Dr Jeremy Griffiths, would be attending. The Chair thanked Dr Griffiths for all of his work and support over the years, Dr Griffiths had been a cornerstone of the Board since he joined one of the most hardworking Boards in the country in 2012 and had attended 72 meetings in that time.

Dr Griffiths acknowledged the thanks and told the Board that he would continue to dedicate himself to prevention.

The meeting closed at 4:08pm

CHAIR