

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 October 2017 (commencing at 2.00 pm)**

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Dr John Doddy (Chair)  
Glynn Gilfoyle  
Vaughan Hopewell  
Steve Vickers  
Muriel Weisz

**DISTRICT COUNCILLORS**

A	Amanda Brown	-	Ashfield District Council
	Jim Anderson	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
A	Andrew Tristram	-	Mansfield District Council

**OFFICERS**

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Colin Pettigrew	-	Corporate Director, Children, Families and Cultural Services
Barbara Brady	-	Interim Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
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A Dr Thilan Bartholomeuz		Newark and Sherwood Clinical Commissioning Group
Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
Dr James Hopkinson	-	Nottingham North and East Clinical Commissioning Group
A Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

Michelle Livingston - Healthwatch Nottinghamshire

## **NHS ENGLAND**

A Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

A Kevin Dennis

## **OFFICERS IN ATTENDANCE**

Joanna Cooper	-	Better Care Fund Programme Manager
Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
John Sheil		Public Health

## **OTHER ATTENDEES**

Andy Evans	Connected Notts
Dr Martin James	NUH
Dr Robert Scott	NIHR Academic Clinical Fellow
Wendy Saviour	Nottingham and Notts ACS
Rob Main	Newark and Sherwood District Council

## **MINUTES**

The minutes of the last meeting held on 6 September 2017 having been previously circulated were confirmed and signed by the Chairman.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Amanda Brown (Ashfield District Council), Councillor Henry Wheeler (Gedling Borough Council) and Councillor Andrew Tristram.

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

None.

## **LIVER DISEASE PREVENTION PRESENTATION**

Dr Martin James, Consultant Hepatologist at Nottingham University Hospital made a presentation to the Board on preventing deaths from liver disease. Dr James stated that there was an increasing burden of liver disease in Nottinghamshire, and that people with a BMI over 25-30 may be asymptomatic until they present with a scarred liver. In the UK, there has been reduction in disease for every organ except the liver – and this is the opposite of mainland Europe. Dr James indicated that he sees patients in their forties

with the consequences of liver disease, and that Nottinghamshire is the worst region in the UK for liver disease related hospital death. The problem is not a lower threshold for hospital admissions- hospitals are already dealing with the serious end of the spectrum. It would be of assistance to have a 20% tax on soft drinks, as well as a 10-20% reduction in alcohol consumption. Dr James explained that the social norms around drinking need to be challenged – for example during a Premiership football match, there is a reminder of alcohol consumption every twenty to thirty seconds due to sponsorship, and the position is similar at music events. Dr James responded to question and comments from the Board.

- Concerns were raised regarding the large amount which some people drink before going out for the night, as well as alcohol use by young mothers resulting in foetal alcohol syndrome.
- Members of the Board suggested that Dr Martin's information on liver disease should be presented to Nottingham and Nottinghamshire Members of Parliament.
- There is a requirement to unify and simplify the public health message in relation to alcohol, obesity and drugs – people should eat and drink less and move more.
- If the clinical test for liver disease delivers a normal result, this may trigger people to drink more – 75% of patients with cirrhosis had normal liver function blood tests.
- The Joint Strategic Needs Assessment should reflect the issues raised by the liver disease presentation.

#### **UPDATE ON THE NOTTINGHAMSHIRE INTEGRATED HOUSING AND HEALTH COMMISSIONING GROUP DELIVERY PLAN AND HOUSING AND ENVIRONMENT THEME OF THE STP**

John Sheil, Public Public Health Commissioning (Health and Housing) and Rob Main, Business Manager, Strategic Housing, Newark and Sherwood District Council introduced the report which updated the Board on activity by the Nottinghamshire Health and Housing Commissioning Group. The Board heard that a Memorandum of Understanding (MOU) had been developed to mirror the national MOU document which includes a wide range of public bodies e.g. Public Health England and the Local Government Association. The Nottinghamshire MOU provides the basis for local commitment, and recognises the impact of unhealthy and unsuitable homes. Nottinghamshire is on track to be the first non-unitary to endorse an MOU. Mr Sheil and Mr Main responded to comments

- In response to concerns that some partners were missing from the MOU, reassurances were given that key partners were all around the table.
- Funding issues could be explored within the Health and Wellbeing Board, with the Better Care Fund possibly being utilised.

- It was explained that although there is no elected Member representation on the housing working group, because it is an officer group, the group does feed into the Health and Wellbeing Board.
- The aspiration is for a greater number of houses to be built to acceptable standards.
- Milestone 2 is based on the Extra Care Programme – there has been activity, especially to support older and vulnerable people.

#### **RESOLVED: 2017/035**

That:

1. The update on housing activity be commented on and suggestions made relating to next steps (as recorded above).
2. The Memorandum of Understanding be commented on, endorsed and signed.
3. Officers be supported in seeking opportunities to identify funding to extend the secondment of Public Health Commissioning Manager (Health and Housing).
4. An update on housing and health related activity be received in Spring 2018.

#### **NOTTINGHAM AND NOTTINGHAMSHIRE LOCAL DIGITAL ROADMAP UPDATE**

Andy Evans, Programme Director Connected Nottinghamshire introduced the report, which described the progress made since the last update in 2016:- Care co-ordination teams are now using information from health and social care to provide proactive, as well as responsive care. In addition, work has taken place to across health and care to improve public and staff access to Wi-Fi connectivity. Some progress has also been made in relation to citizen access to information and care records, and although this is the least mature work stream, 25% of citizens have registered for patient on-line services. Technology will be used to engage harder to reach groups – 80% now have access to the internet and 51% of the over 65s use the internet daily. Data quality is now being examined as a system requirement, and a lot of work has been put into reviewing and taking stock of where the system is in relation to assisted technology. During discussions the following points were made and responded to by Mr Evans.

- Healthwatch endorsed the progress from a patient perspective, and emphasised that patients did not want to have to keep repeating their story – Mr Evans emphasised that improving technology was the easy part, the problems lay in changing people's behaviour.
- In response to remarks about patient consent to share information between health and social care, Mr Evans emphasised that patients were fatigued by requests for consent, and many assumed that information sharing took place as a matter of course.
- Nevertheless, navigating the health and social care system remains complex, even for those who work within it.
- The Board acknowledged the substantial progress in this area of work

#### **RESOLVED: 2017/036**

That the Board acknowledged the substantial progress that had taken place within this area of work

**SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN  
NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND ACCOUNTABLE CARE  
SYSTEM MEMORANDUM OF UNDERSTANDING**

David Pearson introduced the report, the purpose of which was to update the Board on progress since the STP update published in July 2017. Mr Pearson explained that there had been a very significant shift from being a partnership developing a plan, to a partnership delivering improvement over time. Wendy Saviour from NHS England has been seconded to assist with the development of the partnership. The next stage is the formulation of a process for a single commissioning voice across the system, resulting in a seamless journey for the patient. While a large amount of activity is taking place, as much transparency as possible has been committed to. During discussions, the following points were made and responded to by David Pearson.

- A co-ordinated approach is required and this is already done with the Better Care Fund (BCF). David Pearson stated that the BCF is an agreed plan utilising 3% of the Health and Social Care budget. It doesn't necessarily involve integrated commissioning
- Wendy Saviour stated that while this was a work in progress, and there are no clear answers, South Yorkshire and Nottinghamshire having been taking part in conversations regarding commissioning models. The NHS will be changing with a view to providing greater consistency, and there is still quite a lot of room for improvement
- Further work needs to be done on the governance structure of the STP.
- It was queried whether there was too much bureaucracy involved with the STP. Mr Pearson responded that he felt that it had been light touch so far, and he had primarily looked to use resources that already existed.

**RESOLVED: 2017/037**

That:

1. The contents of the update to the STP plan in the context of the Health and Wellbeing Strategy be reviewed.
2. The contents of the Accountable Care System Memorandums of Understanding in the context of the Health and Wellbeing Strategy be reviewed
3. The update provided on the development of an Accountable care System in Greater Nottingham be acknowledged.

## **REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT**

Jonathan Gribbin introduced the report, the purpose of which was to describe the process so far in the refresh of the Nottinghamshire Pharmaceutical Needs Assessment (PNA) 2018-2020. Mr Gribbin stated that the report set out the statutory function of the Pharmaceutical Needs Assessment and that it is subject to a sixty day consultation period. During discussion, the huge benefits of pharmacies having a prescriber rather than a dispenser were highlighted.

### **RESOLVED: 2017/038**

That the PNA communication and engagement plan and the PNA public consultation be approved.

## **CHAIR'S REPORT**

The Chair's report was welcomed by the Board, and Members indicated their support for the Stoptober campaign. .

### **RESOLVED: 2017/039**

That:

- 1) No specific actions were identified as a result of issues contained within the report
- 2) Members would support the Stoptober campaign within their own organisations.

## **WORK PROGRAMME**

### **RESOLVED: 2017/040**

That no amendments be made to the work programme.

The meeting closed at 4.44 pm.

## **CHAIR**