

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 4 January 2017 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Reg Adair  
Kay Cutts MBE  
Muriel Weisz  
Jacky Williams

**DISTRICT COUNCILLORS**

	Jim Aspinall	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
A	Dr John Doddy	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	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 Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
A	Dr James Hopkinson	-	Nottingham North and East Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

A Michelle Livingston - Healthwatch Nottinghamshire

## **NHS ENGLAND**

A Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Kevin Dennis

## **ALSO IN ATTENDANCE**

Jez Alcock - Healthwatch Nottinghamshire  
Dr Nicole Atkinson - Nottingham West CCG  
Clare Fox - Nottingham City CCG  
Nicky Hill - Nottingham University Hospitals NHS Trust  
Dr Peter Homa - Nottingham University Hospitals NHS Trust  
David Mitchell - Rushcliffe Borough Council  
Prema Nirgude - Healthwatch Nottinghamshire

## **OFFICERS IN ATTENDANCE**

Paul Davies - Democratic Services  
Paul Hillier - Place Department  
Nicola Lane - Public Health  
Anne Pridgeon - Public Health

## **MINUTES**

The minutes of the last meeting held on 7 December 2016 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr James Hopkinson, Dr Gavin Lunn, Michelle Livingston and Councillor Debbie Mason.

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

None.

## **UPDATE FROM NOTTINGHAMSHIRE UNIVERSITY HOSPITALS (NUH)**

Dr Peter Homa and Nicky Hill gave a presentation on the Trust's programme of health promotion and prevention, current financial challenges, and relationship with Sherwood Forest Hospitals NHS Trust (SFHT). Health promotion took place with children and young people and patients generally, as well as with staff. NUH was recognised nationally for its good practice. Dr Homa explained that the financial challenges at NUH reflected the national picture, with the Trust required to make £43m savings (equivalent

to 5% of turnover) without affecting the quality of services. In relation to Sherwood Forest Hospitals, the formal merger of the Trusts was not being pursued, but partnership arrangements would continue, with for example some clinicians working across both Trusts.

Dr Homa and Ms Hill responded to comments and questions from Board members:

- How could Board members help the Trust with its prevention work? - In response, it was stated that the Sustainability and Transformation Plans (STP) brought the opportunity for closer working, with a focus on prevention. However, the time lag between prevention activity and its impact on people's health should be recognised, and existing services allowed to continue while they were still required. A further benefit of closer working was gaining a greater understanding of each other's organisations.
- What was the Trust's strategy for prevention? Who had responsibility for it at Board level? - Dr Homa offered to provide information at a more strategic level. The goal of the prevention strategy was to increase people's years of healthy life. He stated that Trust's Medical Director was the lead for prevention at Board level.
- The East Midlands Senate had launched a prevention challenge, which included a self-assessment element. It was important for initiatives to be embedded in organisations, rather than dependent on individuals' enthusiasm.
- How could patients be encouraged to take up the offer of tests such as bone density scans, which could help with prevention? – It was explained that the response to low take-up depended on the test, as there were national shortages of staff in some specialties, such as radiography. NUH shared specialist staff with other Trusts, and there was scope for remote monitoring of some conditions. However there should be a more consistent approach to following up offers of tests.
- Given the beneficial effect which public sector employers could have on their employees' health and wellbeing, it was important to continue to invest in health promotion activities, and to monitor their effectiveness. Comparative information on outcomes would be useful. - NUH would be willing to join any such exercise.
- Were the £43m of savings required in the Trust part of the savings to be made under the STP? How were the savings to be made? - It was explained that the STP savings were in addition to the £43m required at NUH. The Trust would make savings from programmes such as procurement, new technology and efficiencies. Suggestions from staff were actively pursued. Dr Homa emphasised that NUH had no plans to cease services unless requested by commissioners, and there remained an obligation to comply with the NHS Constitution. He advised against making savings which might have adverse consequences in the long term.
- Could the Trust make more intensive use of its buildings and other resources by providing services over longer hours? - Utilisation of resources had been key to achieving the savings which the Trust had already made. An example was the creation of a single radiology system across the East Midlands. However running clinics for longer periods required more staff, who might not be available in

specialties where there was a national shortage. NUH did do some operations on Saturdays, but it was necessary to pay staff extra for this.

- Were the Trust's staff absence figures an accurate reflection of the number of cancelled operations and appointments? - It was explained that cancellations could arise from other causes, such as an influx of emergency patients. The Trust sought to be resilient if a doctor became ill, and the cooperation with Sherwood Forest Hospitals would help with this.
- Acute hospitals were facing unprecedented demand, and there were challenges across the whole system. Could more be done with community leaders to manage demand? - It was recognised that the STP did much to dissolve the boundaries between organisations. The tariff system had become outdated, but any reforms to it would put pressure on some activities. Benchmarking showed that costs at NUH were slightly less than other teaching hospitals.

#### **RESOLVED: 2017/001**

That the presentation from Nottingham University Hospitals NHS Trust be received.

#### **NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT**

Clare Fox introduced the update on the local response to the Mental Health Crisis Concordat, and summarised the key actions and achievements. She responded to questions and comments in the discussion which followed.

- It was unclear from the report how much progress had been made from the starting point. It would be useful to have more information on outcomes, both qualitative and quantitative. Perhaps on a future occasion the Board could consider a few actions in greater detail. - This would be borne in mind during the refresh of the action plan. Some actions had been evaluated. Possibly a local university would be interested in helping with a wider evaluation.
- How sustainable were the improvements in services? - It was acknowledged that sustainability could be challenging, for example where a pilot project was unable to secure continued funding.
- Staff at GP surgeries should be included in the training for front line staff. – This would be followed up with providers.
- Could there be more use of new technology and website information? - It was agreed that more use could be made of new technology. The suggestion of an app would be followed up.
- Asked about the contribution of the wider system, Ms Fox pointed out that the Concordat was intended to cover a wide range of partner organisations. She explained that the Concordat covered all age groups, and that crisis pathways for people over 65 were in preparation.

## **RESOLVED: 2017/002**

That the update on the Nottinghamshire Mental Health Crisis Concordat be noted.

### **TACKLING EXCESS WEIGHT, POOR DIETS AND PHYSICAL INACTIVITY IN NOTTINGHAMSHIRE**

Anne Pridgeon and Paul Hillier gave a presentation to update the Board on work to tackle excess weight, poor diet and physical inactivity. Board members recognised the huge cost to health and social care arising from obesity and felt that more could be done by manufacturers to limit unhealthy ingredients in products. Other points during the discussion included:

- There was disappointment that the obesity and weight management service was not meeting targets. - The Board was assured that this was being addressed with the provider. One of the issues was inappropriate referrals.
- Was there evidence of district councils taking account of the “Spatial Planning and Health and Wellbeing of Nottinghamshire” document approved by the Board in May? - It was indicated that planning officers had been in contact with Public Health for advice. The benefits from this approach would be in the longer term. It was acknowledged that there was scope for more joined-up thinking when promoting health and wellbeing in developments and transport schemes. District Council representatives were asked to follow up the request for their organisation to formally adopt the document.
- There were poor food options in some secondary schools, and unhealthy food could exacerbate behaviour problems. There could be benefits in a scheme equivalent to HOT (Healthy Options Takeaway) for schools. - In response, it was acknowledged that such a scheme could be helpful. Some schools were already offering healthy food options.
- Some district councils were having more success than others at signing up takeaway food outlets to the HOT scheme. - It was recognised that some businesses could be hard to persuade. Newark and Sherwood District Council had prepared a communication plan to persuade outlets to join the scheme.
- To what extent did the public understand the key messages, such as the links between obesity and certain diseases? - It was acknowledged that there was scope for more work to convey the messages, perhaps using different media such as social marketing.
- Did schools train their students on how to achieve personal goals? Did the weight management service target particular groups? - It response, it was explained that there was work with the integrated 0-19 service, but more work could be undertaken with teachers. There was also scope for more targeted work, while recognising that the people who would get the most benefit might not be motivated to make a change.

- There was disappointment about the relatively low participation of Year 6 children in the National Child Measurement Programme. - It was explained that the service did look at reasons for non-participation, and would investigate how the well-performing authorities achieved better participation rates.

**RESOLVED: 2017/003**

- 1) That the report be noted and the local work being undertaken to tackle excess weight, poor diets and physical inactivity be acknowledged.
- 2) That the proposed actions identified in paragraph 62 of the report, which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity, be supported.

**CHAIR'S REPORT**

**RESOLVED: 2017/004**

That the contents of the Chair's report be noted.

**WORK PROGRAMME**

**RESOLVED: 2017/005**

That the work programme be noted.

The meeting closed at 4.40 pm.

**CHAIR**