

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 25 May 2023 (commencing at 2:00pm)

Membership:

Persons absent are marked with an 'Ap' (apologies given) or 'Ab' (where apologies had not been sent). Substitute members are marked with a 'S'.

Nottinghamshire County Councillors

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

District and Borough Councillors

Ap	David Walters	-	Ashfield District Council
	Lynne Schuller	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
Ap	Henry Wheeler	-	Gedling Borough Council
Ap	Angie Jackson	-	Mansfield District Council
Ap	Tim Wildgust	-	Newark and Sherwood District Council
	Jonathan Wheeler	-	Rushcliffe Borough Council

Nottinghamshire County Council Officers

	Colin Pettigrew	-	Corporate Director for Children and Families Services
Ap	Melanie Williams	-	Corporate Director for Adult Social Care And Health
S	Sue Batty	-	Service Director for Ageing Well and Community Services
Ap	Jonathan Gribbin	-	Director for Public Health
S	Vivienne Robbins	-	Deputy Director for Public Health

NHS Partners

Ap	Dr Dave Briggs	-	NHS Nottingham and Nottinghamshire Integrated Care Board
S	Dr Stephen Shortt	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
	Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships

	Dr Thilan Bartholomeuz (Vice Chair)	-	Mid-Nottinghamshire Place-Based Partnership
Ap	Fiona Callaghan	-	South Nottinghamshire Place-Based Partnership
	Helen Smith	-	South Nottinghamshire Place-Based Partnership
Ab	Oliver Newbould	-	NHS England

Other Partners

Ap	Sharon Caddell	-	Office of the Nottinghamshire Police and Crime Commissioner
	Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire

Substitute Members

Sue Batty for Melanie Williams
Vivienne Robbins for Jonathan Gribbin
Dr Stephen Shortt for Dr Dave Briggs

Officers and colleagues in attendance:

Sarah Fleming	-	Programme Director for System Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Lisa Marshall	-	Integrated Discharge Lead, NHS Nottingham and Nottinghamshire Integrated Care System
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council

1. Appointment of the Chair and Vice Chair

The Committee noted the appointment by Full Council on 11 May 2023 of Councillor John Doddy as Chair of the Nottinghamshire Health and Wellbeing Board for the 2023/24 municipal year.

Resolved (2023/010):

- 1) To appoint Dr Thilan Bartholomeuz as Vice Chair of the Nottinghamshire Health and Wellbeing Board for the 2023/24 municipal year.
- In the absence of Councillor John Doddy at the start of the meeting, Dr Thilan Bartholomeuz took the Chair.

2. Apologies for Absence

Councillor John Doddy
Councillor David Walters
Councillor Henry Wheeler

Councillor Angie Jackson
Councillor Tim Wildgust
Melanie Williams
Jonathan Gribbin
Dr Dave Briggs
Fiona Callaghan
Sharon Caddell

3. Declarations of Interests

No declarations of interests were made.

4. Minutes of the Last Meeting

The minutes of the last meeting held on 8 March 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

5. Membership

Dr Thilan Bartholomeuz, Vice Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the Board's current membership and Terms of Reference. The following points were discussed:

- a) It is proposed to appoint the Chair of the Voluntary, Community and Social Enterprise (VCSE) Alliance for Nottingham and Nottinghamshire as an additional permanent member to the Board. The Alliance functions as a single point of contact for a partnership group of VCSE organisations that work with communities to improve health and wellbeing and reduce health inequalities. As VCSE organisations play a significant role in the provision of services locally, the Alliance's representation and participation on the Board will represent a vital part of achieving a full partnership and place-based approach to the delivery of the Joint Health and Wellbeing Strategy at the neighbourhood level.

Resolved (2023/011):

- 1) To note the current membership of the Nottinghamshire Health and Wellbeing Board, as set out in section 4 to the report.
- 2) To note the Board's Terms of Reference, as set out in Appendix 1 to the report.
- 3) To appoint the Chair of the Nottinghamshire Voluntary, Community and Social Enterprise Alliance as a permanent member of the Board.

6. Better Care Fund Governance Arrangements for Delegated Approval

Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), and Vivienne Robbins, Deputy Director for Public Health at Nottinghamshire County Council, presented a report on the proposed arrangements for the taking of urgent decisions relating to the Better Care Fund (BCF). The following points were discussed:

- a) The BCF is a collaborative, pooled budget between the NHS and local authorities to develop the integration of health and social care to achieve person-centred care, sustainability and better outcomes for people and carers, and to reduce the barriers created by separate funding streams. Both the Nottingham City and the Nottinghamshire Health and Wellbeing Boards have oversight of the local BCF and take decisions in relation to its use. A joint City and County Council BCF oversight group is in place to review its performance, finance and metrics, which is also attended by representatives of the ICB.
- b) However, in some cases, decisions concerning the BCF are required urgently in order to ensure the provision of funding and commissioning of services in a timely manner. In instances where a decision cannot wait to be made at the next scheduled meeting of the Board, it is proposed that delegated authority is granted to the Chair of the Board, the County Council's Corporate Director of Adult Social Care and Health, and the Chief Executive of the ICB collectively to take urgent BCF decisions between Board meetings, when required. The three role-holders (and their deputies) will only be able to use these powers delegated from the Board in compliance with the procedures governing their decision-making authority within their own organisations.

Resolved (2023/012):

- 1) To delegate authority to the Chair of the Nottinghamshire Health and Wellbeing Board, Nottinghamshire County Council's Corporate Director of Adult Social Care and Health, and the Chief Executive of the NHS Nottingham and Nottinghamshire Integrated Care Board collectively to take urgent decisions relating to the Better Care Fund between Board meetings, when required.

7. Use of the Nottinghamshire County National Discharge Grant 2023-24

Sue Batty, Service Director for Ageing Well and Community Services at Nottinghamshire County Council, Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board, and Lisa Marshall, Integrated Discharge Lead at the NHS Nottingham and Nottinghamshire Integrated Care System (ICS), presented a report on the use of the national Discharge Grant. The following points were discussed:

- a) A national commitment has been made to fund a two-year Discharge Grant through the Better Care Fund. A joint plan has been developed for the second year of the grant to ensure that the capacity and resources are in place to support the continued delivery of the associated services. The first year of service delivery has been successful, so it is intended to grow and build upon the work that has been carried out to date.
- b) Following the Coronavirus pandemic, national policy has moved to a Discharge to Assess model. The key objective of this is to enable people can be discharged from hospital into appropriate short-term reablement, rehabilitation and therapy services in a timely way. A full assessment of their support needs can then be carried out, including any required input from therapists, rather than being done

while the person waits in hospital. The Discharge Grant is designed to support a number of interventions both in hospital and at home, to achieve community enablement, and to ensure that the right level of both acute and specialist staff capacity is in place to deliver timely and appropriate hospital discharges, including at weekends.

- c) It is vital that the service offer is established in good time so that providers (including those in the community and voluntary sector) can plan their capacity and workforce requirements for effective delivery, particularly in preparation for the growth in demand during winter. It is also important that the learning arising from previous schemes is implemented, particularly through the winter and during other periods of high service demand where additional capacity will need to be implemented quickly.
- d) In order to facilitate effective service delivery, as much data sharing and collaboration as possible should take place between partners, including integrated health and care training programmes, and joint commissioning and procurement work. There has been significant investment in joining up services effectively and it is particularly important to identify how specific resources can be used flexibly and focused at a given time to achieve the best outcomes. The most effective ways of carrying out joint mental health commissioning are also being reviewed, and a transformation partner is being sought to engage with the hospital discharge process and associated community enablement work.
- e) Maintaining service delivery was a significant challenge during the Coronavirus pandemic. However, following the pandemic, it has been possible to fill the required posts with properly qualified people, either in-house or through staffing from the private sector. The provision of long-term funding makes it much easier to plan for and deploy the correct capacity, resulting in a spread of posts across multiple services that are attractive to the right people. A great deal of work has been carried out to achieve equality in the recruitment process by seeking to reduce certain barriers. Many non-registered roles include the capacity for additional training and mentoring while in the post, and staff can take modules to achieve upskilling within one year. In terms of more specialist roles, the training of qualified social workers takes three years, while occupational therapists train for four years before becoming qualified.
- f) The outcomes of the Discharge to Assess services are reported annually, but more regular reporting on the Discharge Fund is also being developed.
- g) The Board noted that, due to the challenges in the recruitment and retention of staff and the availability of beds outside hospital, care is required to ensure that people discharged back into the community have an appropriate place to go where their needs can be properly assessed, and that the system is then able to provide the right support at the right level – particularly in the context of mental health needs.
- h) The Board considered that services must be wrapped around individual care needs as part of a strengths-based, person-centred approach, as people can experience significant barriers if they have to navigate through a series of

separate services for different needs. Members noted that it is vital to ensure direct engagement with the local Place-Based Partnerships on service design and its implementation in communities. Members hoped that every opportunity will be taken for the shared training of the whole workforce – including in the community and voluntary sector – to bring everyone together within the context of the ICS. Members advised that it would be important to make every contact count as part of embedding the approaches to health equity and implementing the values of the Joint Health and Wellbeing Strategy, and that the working carried out under the Discharge Fund constituted a vital element of the Nottinghamshire NHS Joint Forward Plan.

- i) The Board raised concerns about the number of people readmitted to hospital shortly after discharge and whether the Discharge to Assess model could lead to an increase in cases of readmittance. Members recommended that readmissions are monitored closely, particularly if concentrated at a particular hospital. Members observed that some people were delayed in being discharged from hospital due to prescription medication not being available, so considered that it is vital that the right pre-discharge work is carried out in all cases, to ensure that any medication or medical equipment necessary for discharge is properly prepared in advance.
- j) The Board noted that the impacts of the Discharge to Assess model are monitored by the Care Quality Commission, which is currently reviewing its inspection regimes to ensure that they are fit for purpose.

Resolved (2023/013):

- 1) To approve the plan for the use of the Nottinghamshire County National Discharge Grant for 2023-24.

8. Work Programme

The Chair presented the Nottinghamshire Health and Wellbeing Board's current Work Programme.

Resolved (2023/014):

- 1) To note the Work Programme.

There being no further business, the Chair closed the meeting at 2:55pm.

Chair: