

## Health & Wellbeing Board Summary 4 October 2017

### Liver disease

Dr Martin James & Dr Robert Scott presented an overview of liver disease in Nottinghamshire. They explained that liver disease was the 3<sup>rd</sup> largest cause of premature death in the UK & unlike other diseases where survival rates are improving, deaths from liver disease are increasing. This is a particular issue in Nottinghamshire because hospital admissions & deaths for people under 75 are higher than in other parts of the country.

Board members welcomed the presentation & asked about the potential impact of introducing a minimum price per unit of alcohol. They agreed that alcohol was now socially acceptable & visible through advertising & sponsorship for music & sporting events. They also agreed that while there were clearly understood links between cancer & smoking that people didn't understand the effects of alcohol. Members also acknowledged that there are lots of reasons why people drink which could be related to stress, deprivation & pressures within society.

When he was asked what the Health & Wellbeing Board could do to help with the problem, Dr James highlighted the recommendations from the Joint Strategic Needs Assessment which are broadly to reduce the supply of alcohol, to reduce the demand & to provide services for recovery. Board members agreed to consider this when agreeing the new Joint Health & Wellbeing Strategy for Nottinghamshire.

### Integrating housing & health

Integrating housing & health has been identified as a priority for the Health & Wellbeing Board & Rob Main & John Sheil came to give an update on progress locally.

In Nottinghamshire good housing has been identified as essential for good health & wellbeing & included as a chapter of the STP as well as being a key part of the current work programme for the Board.

Locally the ASSIST & hospital discharge schemes & warm homes on prescription are key projects to improve housing. A memorandum of understanding (MOU) between key partners with a detailed action plan is being developed to set out how these projects & others will continue to deliver improvements across the county.

### Following the digital roadmap

Andy Evans came to give the Board an update on the Connected Notts programme of works. He described progress including daily information sharing between health & social care & better use of mobile devices by staff. Systems are also easier for individuals to access & enable people to book appointments or order repeat prescriptions online & more assistive technology is being used to help people stay in their homes for longer.

Andy also assured the Board that the IT systems needed to support these developments are being reviewed, as well as reviewing the quality of the data used by the systems.

🕒 **Next meeting 2pm, 6 December 2017 at County Hall, West Bridgford**

HWB October 2017

At this meeting:

Liver disease – impact & prevention

Housing & health – progress in Nottinghamshire

Local digital roadmap – finding ways to connect Nottinghamshire

STP/ACS update – progress & updated plans

Pharmaceutical Needs Assessment – agreement to refresh

Board members recognised that Nottinghamshire has made a lot of progress with its digital roadmap. Members asked about improved awareness of the links between health & social care & better systems between the treatment centre & hospital wards.

### **STP & Accountable Care System update**

David Pearson explained to the Board that after feedback from the public the Nottingham & Nottinghamshire STP has been updated, particularly to improve the focus on mental health, children & young people & carers. The local partnership is now focussing on delivering the Plan.

James Hopkinson updated the Board on the emerging accountable care system in Nottinghamshire. An accountable care system brings together health & care providers for a local population – including primary care, hospital services, social care & potentially the voluntary sector as well. All of these providers then work together to keep people healthy with a single budget.

In Greater Nottinghamshire the 4 CCGs are in the process of appointing a single accountable officer & are working to become a single commissioner. There is also work to get providers working together & integrating health & care as part of the STP.

In Bassetlaw there are similar issues to other areas of the county but the solutions are different to suit their local situation. Idris Griffiths explained that there is an immediate plan to increase public engagement with the South Yorkshire & Bassetlaw STP & to refresh the website for the Plan.

Board members asked about the role of the Health & Wellbeing Board in the emerging accountable care system, given their statutory responsibility to improve health & wellbeing. Members recognised that there needs to be clarity nationally & locally & that there is an opportunity locally join up through the refresh of the health & wellbeing strategy.

### **Pharmaceutical Needs Assessment**

The Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health & Wellbeing Board & needs to be refreshed. Jonathan Gribbin explained that the PNA looks at current & future needs for pharmacy services. It's used by NHS England when applications are made by pharmacists & dispensing doctors to change or establish new services.

The Board agreed to a 60 day consultation period starting in mid-November to refresh the PNA.

### **Chair's report**

The Chair reminded members that October was 'Stoptober' & encouraged everyone to support the campaign to help people stop smoking.

If you have any comments or questions about this summary please contact Nicola Lane  
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