

Nottingham City Council

Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 September 2023 from 1.30 pm - 3.15 pm

Attendance (✓ indicates present)

Voting Members		
	Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Linda Woodings (Chair) Portfolio Holder for Adult Social Care & Health
✓	Nottingham City Council's Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children, Young People & Education
✓	Two further Nottingham City Councillors	Councillor Sam Lux
✓		Councillor Sulcan Mahmood
✓	Four representatives of the NHS Nottingham and Nottinghamshire Integrated Care Board	Mohammed Shaiyan Rahman (substitute) Deputy Medical Director, Nottingham and Nottinghamshire Integrated Care Board
✓		Lucy Dadge Director for Integration, Nottingham and Nottinghamshire Integrated Care Board
✓		Dr Hugh Porter (Vice Chair) Clinical Director, Nottingham City Place-Based Partnership
✓		Michelle Tilling City Locality Director, Nottingham and Nottinghamshire Integrated Care Board
	Corporate Director for People, Nottingham City Council	Catherine Underwood
	Director for Adult Health and Social Care, Nottingham City Council	Sara Storey
✓	Director for Public Health, Nottingham City Council	Lucy Hubber
✓	Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
Non-Voting Members		
✓	Representative of the Nottingham University Hospitals NHS Trust	Simon Gascoigne (Substitute) Deputy Director of Integration
	Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Jan Sensier Executive Director of Partnerships and Strategy
	Representative of the Nottingham CityCare Partnership	Lou Bainbridge Chief Executive
✓	Representative of Housing Services, Nottingham City Council	Mark Lowe (Substitute) Head of Regeneration and Housing

		Delivery
✓	Representative of Nottinghamshire Police	Detective Inspector Karl Thomas (Substitute)
	Representative of the Department for Work and Pensions	Jean Sharpe
	Representative of Nottingham Universities	Annie Jennings
✓	Representative of Nottinghamshire Fire and Rescue Service	Candida Brudenell Assistant Chief Fire Officer
✓	Up to two individuals representing the interests of the Third Sector	Jules Sebelin Chief Executive, Nottingham Community and Voluntary Service
✓		Charlotte Thrussell, CEO, Disability Support Nottingham
	Chief Executive, Nottingham City Council	Mel Barrett

Colleagues, partners and others in attendance:

- Rich Brady - Programme Director, Nottingham City Place Based Partnership
- Amy Goulden - Community Cohesion Team Manager
- James Lavender - Governance Officer
- Dan Lucas - Housing Strategy and Partnerships Manager
- Liz Pierce - Public Health Registrar
- Ruth Stallwood - Housing Strategy Specialist

29 Apologies for Absence

- Louise Bainbridge
- Mel Barrett
- Superintendent Kathryn Craner (sent substitute, Detective Inspector Karl Thomas)
- Lucy Dadge
- Tim Guylar (sent substitute, Simon Gascoigne)
- Kevin Lowry (sent substitute, Mark Lowe)
- Sara Storey
- Catherine Underwood
- Councillor Linda Woodings (On leave)

30 Declarations of Interests

None.

31 Minutes

Councillor Cheryl Barnard, Portfolio Holder for Children, Young People and Education, states that Nottingham City Council (NCC) unanimously supported a recommendation at the Full Council meeting on 11 September 2023 supporting the fluoridation of the water supply, echoing the motion passed by Nottinghamshire County Council stated on page 7 of the minutes of the 26 July meeting.

The minutes of the meeting held on 26 July 2023 were confirmed as a correct record and signed by the Chair.

32 Minutes of the Commissioning Sub-Committee

The minutes of the Commissioning Sub-Committee, held on 26 July 2023 were noted.

33 Acute Trust and Local Authority Collaborative Working on Population Health

Simon Gascoigne, Deputy Director of Integration at Nottingham University Hospital (NUH) Trust, and Liz Pierce, Consultant in Public Health at NCC, delivered a report and presentation which updated the Board on the work Nottingham University Hospitals (NUH) Trust and Public Health colleagues to develop an approach to the population health agenda and provide an insight into related work that is progressing within the Trust. The following points were highlighted:

- (a) the report and presentation outlines the benefits of partnership work between the NUH Trust and the NCC Public Health Team as well as the framework which underpins the work of the partnership;
- (b) the partnership benefits from the Executive Sponsorship and support of Lucy Hubber, NCC Director of Public Health, Tim Guyler, the Assistant Chief Executive of the NUH Trust and Keith Girling, Medical Director of the NUH Trust;
- (c) the work within the partnership involves establishing shared objectives and values between the partners and identifying opportunities to help them achieve their goals on improving population health. However, the Partnership does recognise where it can achieve certain objectives and where it cannot;
- (d) the NUH Trust recognises improving the population health of Nottingham as both as a strategic objective for the Trust but also as a wider national objective;
- (e) the strategy of the partnership aims to put people first and deliver population health ambitions which have been outlined in the Integrated Care System (ICS) and Joint Health and Wellbeing Strategies;
- (f) the partnership considers the wider impact of population health. Therefore it has consulted with other partners and colleagues at the Nottinghamshire County Council's Public Health Team, the universities (University of Nottingham and Nottingham Trent University) and other NHS providers;
- (g) the ICS strategy plays an important part of improving population health and reducing health inequalities within communities;
- (h) acute care hospital services have great potential to support improvements in health at a population level;

- (i) an engagement and stocktake exercise took place across the NUH Trust with a number of key internal stakeholders. The exercise confirmed that most colleagues have some knowledge of population health but that it meant slightly different things to different people. There were lots of examples of population health type initiatives progressing across the Trust but were not as visible as could be;
- (j) in response, the partnership agreed the need to develop an NUH Population Health Framework and create a consistent understanding of what population health means to:
 - provide clarity of NUH approach;
 - make it meaningful to all – internal and external;
 - create opportunities to celebrate our work;
 - agree actions where we can do more
- (k) the following five key statements define what population health means to the NUH Trust:
 - looking wider than the care of the individual and seeing opportunities to influence the patterns of health in different groups of people;
 - working to improve the physical and mental health of the population served by NUH and reduce inequalities in health;
 - providing effective healthcare to those who use services and how the hospitals contributes to the wider social and economic wellbeing of the area;
 - looking to prevent health problems occurring or getting worse by finding opportunities for prevention;
 - identifying when there are unfair differences in health;
- (l) the framework of the partnership working involves a matrix of actions which include health equity, prevention, social value and community connections;

During the discussion and in response to questions from the Board, the following points were raised:

- (m) where stakeholders are identified, further consultation with those stakeholders will take place;
- (n) third sector and peer support groups will be consulted as direct conversations with patients about their patient journey are key to the success of this strategy;
- (o) peer-to-peer learning and work with communities will identify which aspects of population health work well and which do not;
- (p) measure of success includes population health being talked about in key organisational structures and the identification in individual pieces of work which contribute positively towards public health. The eventual aim is to have population health as an instrumental part of the wider national picture of public health;

- (q) the partnership work involves identifying areas for investment to improve population health outcomes.

Resolved to:

- (1) note the report;**
- (2) note the potential for an increased focus on population health in acute NHS settings;**
- (3) endorse partnership working between the Trust and Public Health colleagues;**
- (4) consider the value of a shared framework to support population health activity.**

34 Nottingham's Housing Strategy - Homes Fit for the Future

Mark Lowe, Head of Regeneration and Housing Delivery, Dan Lucas, Housing Strategy and Partnerships Manager and Ruth Stallwood, Housing Strategy Specialist, delivered a report into NCC's emerging Housing Strategy. The following information was highlighted:

- (a) NCC's emerging Housing Strategy is currently in the advanced draft stage. It will be circulated soon for further comments from partners and stakeholders, followed by a public consultation;
- (b) the Housing Strategy is being designed to not just be a strategy for the Council but will take into consideration the whole of the city and what housing requirements are needed for the city. The Strategy aims to recognise the importance of homes as a starting point for every aspect of peoples' lives. It supports other strategies such as the Health and Wellbeing Strategy, CN28 and the Council Plan. The Strategy reassesses national and local drivers of demand for housing. The Strategy considers social housing, as there are 30,000 social homes within the city, so safety of those houses and engagement with tenants are considered. The Renters (Reform) Bill aims to provide a greater degree of standards for private-renting tenants in the same way that the Decent Homes Standard provides greater standards for social housing;
- (c) the vision of the Housing Strategy is to provide local people safe, warm and affordable homes, which are built to a local standard in vibrant local neighbourhoods. All citizens should be able to access housing that meets their needs now and in the future;
- (d) the Strategy will be updated to reflect the changes in government legislation;
- (e) by enabling housing growth and regeneration within the City of Nottingham, the Strategy hopes to support economic growth by building more affordable,

environmentally friendly housing and encouraging age-friendly, health-promoting homes and neighbourhoods;

- (f) the Strategy aims to meet the diverse needs of the city through enabling independent living through supported and specialist housing provision and support services aimed at the homeless, people escaping domestic abuse, and other vulnerable people. There will also be a focus on meet the housing aspiration of ethnic minority communities and other minority community groups, as well as achieving the right balance on student housing;
- (g) the Strategy aims to achieve a standard of excellence in housing across all tenures including social housing and private sector landlords. This will include making the best use of the City's empty homes, optimising social housing and supporting owner-occupiers with low incomes to maintain their homes;
- (h) the Housing Strategy contains two aims to improve the standards of health, wellbeing and social care within the City. The first is to increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions. The Council and its public health partners can lead on this, but it will also involve engaging with private landlords;
- (i) the second aim is to reduce health inequalities to having a proportionately greater focus where change is most needed;
- (j) the Strategy recognises that mental and physical health can be a barrier preventing people from sustaining, moving, or accessing housing;
- (k) the one of the priorities of the Strategy includes financial wellbeing by building more affordable homes to drive up standards in all tenures and support economic growth;
- (l) there is a current waiting list of 10,000 people for social housing in Nottingham;
- (m) the Strategy considers the cost of living crisis and how the Council can help reduce household bills and fuel poverty;
- (n) another priority is helping individuals and families overcoming severe and multiple disadvantages. This involves preventing homelessness and rough sleeping, creating safe accommodation and support for people experiencing domestic abuse, and enabling independent living through supported and specialist services;
- (o) Smoking and tobacco control features within the Housing Strategy, as well as providing homes which promote healthy eating, lifestyles centred around fitness, and a positive environmental impact;

During the discussion and in response to questions from the Board, the following points were raised:

- (p) the standards for accessibility in new-build homes will be communicated to developers and providers;
- (q) the Council is working with the Local Government Association (LGA) on research about how different groups of people access finance to access and maintain their homes;
- (r) more measurable outcomes will be identified for the final version of the Strategy;
- (s) more support is needed for residents in social housing;
- (t) there are funding opportunities from the NHS, homelessness funding streams, and rough sleepers funding streams which can be accessed to assist with the Strategy;
- (u) the design of new housing will meet mental health and physical health requirements;
- (v) 10,000 people on the waiting list for social houses. This is due to borrowing constraints, high levels of right-to-buy, and less available land to build on. There is a national crisis in UK housing. Nottingham has experienced new highs of homelessness. However, there is hope that the potential funding tied up with the East Midlands Devolution arrangements will bring new sources of revenue to alleviate the housing crisis;
- (w) There will be opportunities for summit meetings between Housing and Public Health colleagues/partners to feed into the Strategy.

Resolved to:

- (1) note the report and presentation;**
- (2) note the overview of the Housing Strategy that is currently being developed outlined in the presentation, and the points considered of relevance to the Board;**
- (3) provide any written feedback which can be considered in the final drafting stages of the Housing Strategy;**
- (4) note that the Housing Strategy will be published in consultation draft in due course and the Board, along with partner organisations, will be notified of the consultation and able to make formal comments as part of that process if desired.**

35 National Asylum Policy Changes - Impact on Nottingham

Amy Goulden, Community Cohesion Team Manager, delivered a report into the impact of national asylum policy changes upon the city of Nottingham. The following information was highlighted:

- (a) on 23 February 2023, the Home Office introduced a streamlined asylum processing policy, which means that people seeking asylum from certain countries will get priority. This policy will result in a large number of asylum claims being and decisions about their asylum status being made across the UK by the end of the January 2024;
- (b) the countries involved are Afghanistan, Eritrea, Iraq, Iran, Libya, Iraq, Syria and Yemen;
- (c) the Home Office are taking steps to discontinue support for people seeking asylum in line with legislation, at the end of the relevant prescribed period where support is received and applications for asylum processed (which is either 28 or 21 days). The person in question will receive a 'notice to quit' letter 7 days before their accommodation and support payments are due to end. Services and service users report that this window is frequently not adhered to, and some people are given only 7 days or less for a notice of eviction;
- (d) there is currently no legislative power to provide such support beyond the 21- or 28-day prescribed periods and there are no plans to change this. Individuals are encouraged to make their onward plans as soon as possible after receiving their decision, whether that is leaving the UK following a refusal, or taking steps to integrate in the UK following a grant;
- (e) the Council is drawing up local plans with the housing and voluntary sector to anticipate the rise in the number of people applying for asylum and the potential impact upon the charities sector, temporary housing accommodation and homelessness;
- (f) ongoing work is taking place with Serco, a company which provides an array of immigration services to the Home Office, to prioritise disabled people and their families through the asylum application process;
- (g) the Council needs to consider providing supporting with people seeking asylum different languages;

During the discussion and in response to questions from the Board, the following points were raised:

- (h) the Government's own statistics regarding the number of applications from people seeking asylum are embargoed. More will be known by November in terms of impact;
- (i) there is a need to find out the impact upon the health and wellbeing provision in Nottingham resulting in the increased numbers of people seeking asylum;
- (j) the impact will be seen in six months or so.

Resolved to note the concerns raised in the paper and the activity being undertaken to mitigate these at a local level.

36 Pharmaceutical Needs Assessment - Supplementary Statement Update

Lucy Hubber, Director of Public Health, delivered an update into changes to the availability of pharmaceutical services. The following information was highlighted:

- (a) the latest Nottingham City Pharmaceutical Needs Assessment, which covers 2022 to 2025, was published in October 2022;
- (b) regular updates are received by the Board in between each refresh. These updates help the Board understand the level of pharmaceutical coverage for an area of Nottingham and any changes to open hours, where a pharmacy closes permanently, or where another provider has taken over a pharmacy;

During the discussion and in response to questions from the Board, the following points were raised:

- (c) using the supplementary statements, the Board can identify why people in a certain area have to travel a considerable distance for a certain prescription;
- (d) the ICBs receive intelligence regarding the provision of pharmacies within Nottingham.

Resolved to:

- (1) note the supplementary statements and changes outlined within the update;**
- (2) approve the requirement for action noted in the supplementary statements provided.**

37 Nottingham City Place-Based Partnership Update

Rich Brady, Programme Director for the Nottingham City Place Based Partnership (PBP), delivered an update into the work of the Partnership. The following information was highlighted:

- (a) the NHS Nottingham and Nottinghamshire Integrated Care Board invites system partners to apply for funds from the new Health Inequalities and Innovation Fund, worth £4.5 million. The purpose of the fund is to address health inequalities through targeted activity designed to reduce health inequalities and avoidable mortality for at risk populations within Nottingham and Nottinghamshire;
- (b) the PBP submitted seven business cases, of which four were approved for a share of the funding. These include an award of £1.5 million in recurrent funding to allow the continuation of specialist support to people experiencing severe multiple disadvantage within the City;
- (c) £200,000 in recurrent funding has been awarded to allow the continuation of the Family Mentor Service, which is delivered by Small Steps Big Changes and supports families from pregnancy up to their child's fourth birthday;

- (d) £120,000 in recurrent funding has been awarded to develop a community-based model to increase targeted childhood vaccinations and immunisations in areas with a low uptake;
- (e) £50,000 has been awarded to co-design and deliver a blood pressure/health checks within the community venues, with support from local GP practices and pharmacies. This will be target for people who cannot easily access their local GP surgery or pharmacy;
- (f) all of the funding awarded is subject to a review in two years' time;
- (g) following the publication of the PBP Strategic Plan, discussions are being held within organisational senior leadership forums to consider how the PBP can better support the delivery of statutory duties and priorities of its constituent partner organisations and in turn, achieve better outcome for residents;
- (h) discussions have been held within senior leadership forums of Nottingham City Council and Nottingham CityCare, with further discussion scheduled with senior leadership teams from Nottinghamshire Healthcare NHS Foundation Trust and the NUH Trust;
- (i) there is the opportunity for the PBP to share data and insights across the partnership, however, there are GDPR challenges to overcome in order to bring all this data together into an integrated dashboard;
- (j) the outcomes framework of the Joint Health and Wellbeing Strategy will be communicated to the Board at the November meeting;
- (k) the Race Health Inequalities programme has been successful in being shortlisted for a Health Service Journal Award in the NHS Race Equality Category;

During the discussion and in response to questions from the Board, the following points were raised:

- (l) the process for securing funding for Health Inequalities programme was more difficult than originally envisioned.

Resolved to note the report.

38 Joint Health Protection Board Update

Lucy Hubber provided a verbal update from the Joint Health Protection Board. The following points were raised:

- (a) cancer screening programmes are back up to their full operation and there is an ambition to increase levels of uptake from the pre-COVID levels. Work is ongoing to address this;

- (a) vaccination and immunisation rates remain concerningly low. As mentioned in the Nottingham City PBP update, significant funding from the Health Inequalities and Innovation Fund will go a long way to support this drive (see number);
- (b) free COVID-19 vaccinations for those people who are eligible for them are up and running. Despite concerns about the new COVID-19 variant spreading, the vaccines still work well against it;
- (c) there has been a small increase in the number of cryptosporidium cases within Nottingham, but work is taking places with colleagues in the Council's Environmental Health team in response to this;
- (d) there is a national increase in the number of measles, diphtheria, and tuberculosis;

During the discussion and in response to questions from the Board, the following points were raised:

- (e) there is an intelligence unit within the NHS who build up a national picture on where has lower vaccination and immunisation rates and in which groups. Cultural perceptions of vaccinations are a consideration to higher vaccination and immunisation levels. The community champion approach can connect with community networks and family mentors to help drive up vaccination uptake;
- (f) upon instruction from the Department of Health and Social Care, every ICB needs Women's Care Hubs with aims including the increases in cancer screening rates amongst women in areas with low uptake.

39 Board Member Updates

The following updates were provided:

- A planning application in Bulwell for a gambling establishment was rejected. The consultation reply from the Health and Wellbeing Board was instrumental in that outcome;
- A volunteer sector survey has been launched and aimed at voluntary organisations across Nottingham, which they are encouraged to fill out.

40 Work Plan

Lucy Hubber, the Director for Public Health, noted that the Nottingham City Safeguarding Adults Board Annual Report, Suicide Prevention JSNA Chapter report, Better Care Fund update and Fluoridation report were due to be presented at the November meeting. The Data Integration for Population Health and Asylum Seeker and Refugee Health Needs Assessment reports were due at the January meeting.

Members were encouraged to propose items for the work plan.

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The work plan was noted.

41 Future Meeting Dates

The future meeting dates were noted.