

**Nottingham City Health and Wellbeing Board****Date:** Wednesday, 27 September 2023**Time:** 1.30 pm**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG**Governance Officer:** Phil Wye **Direct Dial:** 0115 8764637

The Nottingham City Health and Wellbeing Board is a partnership body that brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

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Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.

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Nottingham City Council

Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Loxley House, Nottingham on 26 July 2023 from 1.33 pm - 3.30 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	Tim Guyler Assistant Chief Executive
	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	Kevin Lowry Director of Housing
	Representative of Nottinghamshire	Superintendent Kathryn Craner

	Police	Area Command for the City
	Representative of the Department for Work and Pensions	Jean Sharpe
	Representative of Nottingham Universities	Annie Jennings
✓	Representative of Nottinghamshire Fire and Rescue Service	Leila Henry (substitute) 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
- Karla Capstick - Programme Director, Small Steps Big Changes
- Helen Johnston - Consultant in Public Health
- Dr Mike Saunders - Speciality Registrar in Public Health
- Donna Sherratt - Head of Programme, Small Steps Big Changes
- Phil Wye - Governance Officer

16 Apologies for Absence

Mel Barratt
 Dr Dave Briggs (sent substitute)
 Candida Brudenell (sent substitute)
 Sarah Collis
 Kathryn Craner
 Tim Guyler
 Annie Jennings
 Jan Sensier
 Catherine Underwood

17 Membership

The Board noted that:

- Candida Brudenell has replaced Damien West as the representative of the Nottinghamshire Fire and Rescue Service.
- Charlotte Throssel is a new member representing the interests of the 3rd Sector.
- Councillor Sam Lux has replaced Councillor Eunice Regan as City Councillor representative.

18 Declarations of Interests

None.

19 Minutes

The minutes of the meeting held on 31 May 2023 were confirmed as a correct record and signed by the Chair.

20 Small Steps Big Changes Legacy Plans

Karla Capstick presented the report and delivered a presentation on Small Steps, Big Changes (SSBC), one of five partnerships funded by the National Lottery Community Fund with a £45m investment over 10 years. With less than two years until the end of the funding period, the Programme is now focussed on legacy, sustainability and how the SSBC story can be articulated and shared at a local and national level. The following information was highlighted:

- (a) SSBC aims to improve the life chances of babies and very young children by delivering a significant increase in the use of preventative approaches in pregnancy and the first four years of life. Enhanced pathways of support have been put in place based on local need through which all pregnant women, babies and children living in the 4 target wards can benefit;
- (b) the intended outcomes of SSBC are that children will have healthy and positive social and emotional development, that children will have effective and age-appropriate communication and language skills, that children will have good nutrition, and cross partnership system change;
- (c) SSBC is now in its third phase which is continued delivery based on learning, evaluation, legacy and sustainability. Evaluation has been taking place with Nottingham Trent University to ascertain which aspects can continue once the core funding ends;
- (d) 4,504 children have worked with 67 family mentors to improve their outcomes through SSBC, and 323,000 books have been delivered through the Dolly Parton Imagination Library;
- (e) local evaluation has found that 100% of families interviewed would recommend Family Mentoring to families with young children. The longer families participated in the programme, the more parents had interactions with their children whilst reading a book, the longer reading sessions they had, and the more they read to their children on a daily basis;
- (f) a pack was produced for new fathers. Both fathers and practitioners described the pack as a useful source of first reference, especially as it is a comprehensive single document from a trusted source. Both fathers and practitioners reported that the information in the pack helped with the participants' knowledge of the financial help available to them. Participants learned about their rights as a new father and what parental leave and benefits they could access;
- (g) SSBC has not seen locally or nationally large statistically significant data improvements in child development outcomes, but does have rich qualitative data

that evidences impact, alongside case studies. Cost benefit analysis, return on investment and cost consequence analysis is challenging to evidence. The universal, early intervention nature of the Programme makes attribution complex;

- (h) not all evidence based interventions have been successful locally. Where SSBC interventions have evidenced impact, the local partnership hasn't always been able to commit the funding to scale up or implement;
- (i) ownership of the Love Bump and Feed Your Way campaigns is being explored post SSBC, integrating it into the city and county breastfeeding strategy for long-term impact. There is ambition to become a breastfeeding friendly city;
- (j) as part of wider maternity transformation, there are plans to embed and grow the Pregnancy Mentors model. There are also ambitions to become more father inclusive, and to support trauma informed approaches and practice. SSBC's intellectual property will require hosting post funding.

Resolved to

- (1) note the update on the SSBC Programme and current legacy plans;**
- (2) note the proposed areas of legacy, system risks and next steps;**
- (3) discuss and identify future legacy opportunities a linked to the SSBC Programme's activity and wider learning and agree to progress with SSBC direct.**

21 Gambling related harm strategy 2023-2028

Dr Mike Saunders presented the report and delivered a presentation on Nottingham's first Gambling related harm strategy, which takes a public health approach to preventing and reducing gambling related harm. The strategic vision is that Nottingham City will be a place where people are protected from gambling harm, and can access and receive support. The strategy aims to prevent and reduce gambling related harm in Nottingham City. The following information was highlighted:

- (a) national survey data when applied to Nottingham City, estimates that approximately 4,500 people aged 16 and over and 1,000 in-school 11-16-year-olds show signs of a gambling problem. Each person with a gambling problem has 6 to 10 affected others on average;
- (b) gambling related harm can lead to mental ill health, physical ill health, alcohol and substance use, crime, relationship breakdowns, financial loss, loss of employment and loss of education. Support is available but is under-utilised;
- (c) an alliance of groups, services and organisations has been formed to address gambling related harm in a partnership approach. The group have produced Nottingham's first Gambling related harm strategy, which takes a public health approach to preventing and reducing gambling related harm;

- (d) the strategy's vision is that Nottingham City will be a place where people are protected from gambling harm, and can access and receive support, with the aim to prevent and reduce gambling related harm. The three strategic themes cover regulation, knowledge and awareness, and support pathways;
- (e) under the theme of regulation, the strategy seeks to review and update local Council gambling license policy, gain assurances that gambling businesses are responsibly preventing and responding to gambling related harm, and review and update local Council advertising and sponsorship policy;
- (f) under the theme of knowledge and awareness, the strategy seeks to utilise opportunities to collect local data on gambling and gambling related harm, understand the experiences and support needs of people affected by gambling, address priority gaps in evidence through research and evaluation, raise awareness of gambling risks and impacts to people and signpost support services, and provide information on gambling risks and impacts among children and young people and their trusted adults;
- (g) under the theme of support pathways, the strategy seeks to conduct targeted screening to detect gambling related harm and offer referral or signposting to support services, improve pathways to recovery by connecting providers of gambling support with other services that promote ongoing wellbeing and help rebuild lives, promote the visibility of gambling harm support services to make it easier for people to find support, and promote equity of access for people who are affected by gambling;

The following information was provided during the discussion which followed:

- (h) the NHS has recently opened up a gambling addiction clinic which is in Derby. Nottingham City Council has had discussions around accessibility from Nottingham;
- (i) more deprived areas have more gambling venues and they are not always open to preventing gambling related harm from addiction, so this strategy is welcomed to counteract this;
- (j) gambling addictions are often hidden and stigmatised, and can affect children and young people. The public health campaign will have a range of messages and make sure that people are aware of the support available.

Resolved to endorse the Nottingham City Gambling Related Harm Strategy 2023-28

22 Joint Local Health and Wellbeing Strategy - Delivery Update

Rich Brady presented the report providing an overview of the approach taken by the Place Based Partnership to deliver the four priorities that make up the Joint Health and Wellbeing Strategy 2022-25, delivery progress to date and expectations in year 2. The following information was highlighted:

- (a) robust delivery plans have been agreed and delivery activity is in progress for the Smoking and Tobacco Control, Eating and Moving for Good Health, and Severe Multiple Disadvantage programmes. Each delivery plan demonstrates how population health outcomes will be improved through integrated working, contributing to the delivery of the ambitions set in the Joint Health and Wellbeing Strategy;
- (b) while a delivery plan for the Financial Wellbeing programme is still to be agreed, incremental delivery activity is taking place. A financial wellbeing specific outcomes framework is in development with a delivery plan anticipated to be agreed later in the year;
- (c) while the partnerships that underpin the four programmes are undertaking significant activity as detailed in the delivery updates, it is too early to assess the impact that programme activity is having on the overall delivery of the Joint Health and Wellbeing Strategy.

The following points were made during the discussion which followed:

- (d) there are underlying issues that are constantly evolving such as vaping and landfill and waste issues;
- (e) the mobile dentistry unit could make tangible differences to uptake of dentistry services and it will be interesting to monitor its uptake levels;
- (f) preventative measures are important to factor in so that people will no longer need the services so much in the future;
- (g) there has been recent emphasis on the impact of sleep on children's education.

Resolved to note the update provided by the Nottingham City Place-Based Partnership Programme Oversight Group

23 Nottingham and Nottinghamshire NHS Joint Forward Plan

Lucy Dadge and Joanna Cooper presented the report briefing members of the Board on the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022. The Plan is in its final draft version and has already been approved by the Nottinghamshire Health and Wellbeing Board. It will be a live document delivery and oversight arrangements are being drawn up for an annual refresh.

Resolved to

- (1) note the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022;**
- (2) approve the following statement of support: The Nottingham Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire takes full account and outlines the ICB's contribution to the delivery of the Integrated Care Strategy. We welcome the**

strong commitment and connectivity to the Joint Local Health and Wellbeing Strategy.

24 Government Response to the Hewitt Review 2023

Following the item at the last Board meeting on the Hewitt Review, Lucy Dadge presented the report briefing members of the Board on the Government's response.

Resolved to note and the Government response to the Hewitt Review 2023.

25 Joint Health Protection Board Update

Lucy Hubber provided an interim update as the Joint Health Protection Board has not met since the last update provided to the Health and Wellbeing Board in May 2023. The following points were raised:

- (a) there has been recent media coverage of an increase in sexually transmitted infections, and Nottingham has a high rate. A much more comprehensive sexual health service is currently being commissioned, and additional online testing capacity has also been commissioned;
- (b) there has been an increase in cases of measles nationally, and there is a strong ambition locally to increase immunity. The Council is working with the ICB to put in additional investment and catch-up capacity, targeted and accessible for communities that have low uptake levels. Learning from the pandemic demonstrated that each community has its own concerns and requires a different response.

26 Board Member Updates

The following updates were provided:

- Nottingham City Council has established four Family Hubs in Bestwood, Broxtowe, Hyson Green and the Meadows, providing families with easier access to universal and early help services delivered by the local authority, health partners, community and voluntary services, both in the Family Hub buildings and in community venues across the city.
- Ofsted have confirmed a second monitoring visit of Children's Services will be conducted during July. The purpose of the monitoring visits are to assess the progress and effectiveness of a focused area of the local authority Children's Services.
- Nottingham City Council has been selected to take part in the CQC pilot assessment scheme. CQC will be conducting their on-site visit during the week commencing 31st July when they will speak to staff, citizens and partners.
- A motion has passed at the County Council to improve oral health by making sure that the whole water supply is fluoridated. This should lead to cross boundary work.

27 Work Plan

The work plan was noted.

28 Future Meeting Dates

The future meeting dates were noted.

Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Loxley House, Nottingham on 26 July 2023 from 3.37 pm - 4.15 pm

Voting Membership

Present

Sarah Fleming (Chair)
Katy Ball
Mohammad Shaiyan Rahman (substitute)
Councillor Linda Woodings

Absent

Dr Dave Briggs (sent substitute)

Non-Voting Membership

Present

Lucy Hubber
Sara Storey

Absent

Ailsa Barr
Sarah Collis

Colleagues, partners and others in attendance:

Catherine Cameron-Jones - Commissioning Manager, Nottingham City Council
Katy Dunne - Nottingham and Nottinghamshire Integrated Care Board
Richard Groves - Head of Access and Prevention, Nottingham City Council
Phil Wye - Governance Officer, Nottingham City Council

23 Apologies for Absence

Ailsa Barr
Dr Dave Briggs
Sarah Collis

24 Declarations of Interests

None.

25 Minutes

The Committee confirmed the minutes of the meeting held on the 29th March 2023 as a correct record and they were signed by the Chair.

26 Occupational Therapy and Adaptations business case

Richard Groves, Head of Access and Prevention, presented the report on capitalisation of the Disabled facilities grant (DFG) to secure funding of £449,895 in order to create additional posts in Occupational Therapy, equivalent to the current proportion of work undertaken on adaptations by Occupational Therapists supporting use of the DFG.

This funding will be used to increase the number of full time equivalent (FTE) posts within Occupational Therapy for the creation of a Principal Occupational Therapist, a Team Manager, 4 Occupational Therapists, and 3.5 Occupational Therapy Advisors.

Usage of the DFG in this way does reduce the amount available for adaptations, however there is a regular underspend on this and a full business case has been conducted to demonstrate feasibility.

Resolved to endorse the decision to capitalise on the Disabled Facilities Grant to increase Occupational Therapy capacity prior to Portfolio Holder decision.

Reasons for decision:

- The waiting list for Occupational Therapy Assessment is currently at 690 adults and 45 children with an average waiting time of 6 months and 555 citizens having had to wait over 28 days for an assessment.
- The resource requested is based upon the number of staff/equivalent cost per locum or per assessment it will take to reduce the waiting list and hold it within acceptable tolerances (less than 28 days).
- The waiting list is equivalent to 393 citizens waiting for an assessment for Adaptations. The number of unallocated pieces of work continues to be a concern with most referrals into the service waiting over 28 days. This impacts on the experience of citizens as well as the risk of deterioration during the waiting period.

Other options considered:

- Do nothing - capacity continues to outweigh demand with considerable pressure on the existing Management structure to deliver from within limited confines. Occupational Therapy is a key preventative measure and a failure to meet further demand will create additional pressure on Social work team as well as financial burden on the council.
- Create an Interim capacity to reduce the waiting list - there is every likelihood that once the interim facility came to its natural end then demand for the service would increase. An interim facility only goes as far as to address the short term solution and does not create the foresight needed to safeguard the council's future financial position through preventative action. There is also no guarantee that we would be able to recruit to temporary positions and the continued use of agencies remains questionable in light of the current financial climate. This solution also does not address issues around accountability amongst appropriate numbers of Managers within the team.

27 Better Care Fund 22-23 Year-end Template Report

Katy Dunne presented the report on the Nottingham City Better Care Fund 2022 - 23 Year-end reporting template that was submitted to NHS England & Improvement on 23rd May 2023.

The following system challenges in meeting the metric targets for 2022-23 have been highlighted:

- Urgent Community Response service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS, despite full geographic coverage being in place.
- Challenges around night time provision for Pathway 1 services – we will be working with system partners to pilot short term night time provision during 2023/24 and the learning will inform longer term Pathway 1 transformation.
- Figures indicate a result of 687.5 admissions per 100,000 population. This is 77.5 people, over the target of 610 people. The average number of new admissions each month has increased this year.
- Figures for the proportion of older people still at home 91 days after discharge indicate a result of 78.1% against a target of 80%. A further 10.2% of citizens could not be traced (47), some of whom may still be at home.

Resolved to approve the 2022-23 Better Care Fund Year-end template

28 Future Meeting Dates

Resolved to meet on the following dates:

- **Wednesday 27 September 2023 at 1:30pm**
- **Wednesday 29 November 2023 at 1:30pm**
- **Wednesday 24 January 2024 at 1:30pm**
- **Wednesday 27 March 2024 at 1:30pm**

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**Nottingham City Health and Wellbeing Board
27 September 2023**

Report Title:	Acute Trust and Local Authority Collaborative Working on Population Health
Lead Board Member(s):	Tim Guylar, Assistant Chief Executive Nottingham University Hospitals NHS Trust Lucy Hubber, Director of Public Health
Report author and contact details:	Simon Gascoigne and Liz Pierce
Other colleagues who have provided input:	

Executive Summary:

This paper provides Health and Wellbeing Board members with an update on the work Nottingham University Hospitals Trust is undertaking in partnership with Public Health colleagues to develop its approach to the population health agenda and provide insight into related work that is progressing within the Trust. It describes how, through this partnership, the Trust have developed a Population Health Framework that can be used to map, understand, coordinate and prompt activity that is focussed on improving population health and reducing health inequalities. This framework has been used at different levels in the Trust and has been shared widely with system partners.

Recommendation(s):

The Board is asked to:

- a) receive and consider this update;
- b) note the potential for an increased focus on population health in acute NHS settings;
- c) endorse partnership working between the Trust and Public Health colleagues; and
- d) consider the value of a shared framework to support population health activity.

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through	The population health agenda at NUH is cross cutting and focussed on improving

addressing the wider determinants of health and enabling people to make healthy decisions	health and reducing health inequalities across all the Trust business. In its development the Health and Wellbeing Strategies of both Nottingham City and Nottinghamshire County and the Integrated Care Strategy were considered and informed the different components of the framework. The framework references equity, prevention, social value and community connections across the different populations that the Trust might impact.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
<p>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health: The population health approach encompasses a holistic definition of health and examples given include the importance of mental health aspects of the acute Trust's activity.</p>	

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	None
Published documents referred to in this report	None

Acute Trust and Local Authority Collaborative Working on Population Health

1. Introduction

1.1 This paper provides the Health and Wellbeing Board with an update on the work Nottingham University Hospitals NHS Trust is undertaking in partnership with Nottingham City Public Health to develop its approach to improving population health, and provide insight into some of the work that is progressing within the Trust.

1.2 Following the publication of revised legislation there has been an increased focus in the NHS on population health. Integrated Care Systems (ICSs) have four key aims which are incorporated into our ICS Strategy:

- Improving outcomes in population health and health care;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development.

1.3 The legislation is now increasingly being translated into health and care regulatory frameworks. From an NUH perspective:

- The NHSE Oversight Framework makes it clear that all NHS providers are expected to play a strong, active leadership role in supporting and driving place-based priorities, provider collaboration and overall Integrated Care Board (ICB) priorities; and
- The Care Quality Commission (CQC) are developing a system level inspection regime that is expected to be piloted nationally before rollout. The CQC published interim guidance on the approach to assessing ICSs in March. This includes reference to the assessment of how well system partners are working together to deliver good care and meet the needs of their populations, including through the work of the ICS.

1.4 The updated legislation might be relatively new but the concept of working to improve health outcomes and reduce inequalities at population level is not. We use the term Population Health to describe this. The concepts of population health, the wider determinants of health, understanding variation in population needs and outcomes, and the medium to long term benefit of a proactive prevention approach have been a priority of Health and Wellbeing Boards since their inception, however, health policy has not always embraced and encouraged NHS providers to operate in this way.

1.5 Our work to date has demonstrated that there is a wide range of work already happening within the Trust that contribute towards a population health approach. Through the development of the NUH Population Health Framework, we are helping colleagues to see that their work aligns to population health principles and to increase visibility of such work both internally and externally.

1.6 The Trust has had a Health Improvement Steering Group (HISG) in place for the past few years that has included membership from Public Health colleagues. This forum is now starting to take a greater role in relation to population health as our approach develops.

1.7 The Board is asked to:

- Receive and consider this update
- Note the potential for an increased focus on population health in acute NHS settings
- Endorse partnership working between the Trust and Public Health colleagues

2. NUH Population Health Framework

2.1 In the summer of 2022 NUH had the opportunity to commence working more closely with colleagues from the Nottingham City Public Health team. Since that time we have been working alongside the Director of Public Health, a Consultant in Public Health and a Registrar in Public Health for approximately 2 days a week. Public Health colleagues have been integral to the work we have been undertaking and the progress we have made is testament to the strength of partnership working we have been able to achieve. We continue to work closely with Public Health colleagues and are exploring further how we can continue to develop our partnership.

2.2 We commenced our work with Public Health colleagues by completing an engagement and stocktake exercise with a number of key internal stakeholders. The exercise confirmed that the majority of colleagues had some knowledge of population health but that it meant slightly different things to different people and that there were lots of examples of population health type initiatives progressing across the Trust but were not as visible as could be.

2.3 In response we 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

2.4 In relation to population health we have set out 5 key statements defining what population health means to us as a Trust:

- It means looking wider than the care of the individual and seeing opportunities to influence the patterns of health in different groups of people.

- It means working to improve the physical and mental health of the population served by NUH and reduce inequalities in health.
- It means providing effective healthcare to those who use services and how the hospital contributes to the wider social and economic wellbeing of the area.
- It means looking to prevent health problems occurring or getting worse by finding opportunities for prevention.
- It means identifying when there are unfair differences in health between different groups and working to reduce those differences.

2.5 To develop the framework a task and finish group was established with membership from across the Trust with Public Health guidance. The group oversaw the development of the framework and progress was reported to the Trust's Quality Assurance Committee (QUAC). The framework was agreed with the NUH Board, QUAC and the Trust's Executive Team. The framework has also been shared and discussed with a number of external ICS stakeholders.

2.6 The framework can be summarised in a one-page table that has been designed to be a simple, understandable and flexible tool. The framework is not designed to address every possible example of population health activity but to provide sufficient prompt to allow discussion and assessment. It has been recognised that when first engaging with the framework some colleagues may need support and that has been factored into the roll-out process. The framework is demonstrated below with more detail and a larger version attached as Appendix A.

System working						
Governance	A Framework for Population Health	Local resident population	NUH staff	Patient and carer population (DGH)	Patient and carer population (tertiary)	Intelligence and evidence
	Health Equity					
	Prevention					
	Social Value					
	Community connections					
Local innovation						

2.7 Throughout the development of the framework we have been mindful of the need to ensure that it aligns with associated work being progressed by the ICB, particularly the developing Integrated Care Strategy, and relevant local Health and Wellbeing Strategies. We have, therefore, regularly engaged with ICB leads

and in May presented the framework to the ICS Health Inequalities Group. The framework was extremely well received by all partners, a number of whom are now looking at whether the framework could be adopted within their own organisations. We are continuing to work closely with colleagues in the ICB and meet monthly to share progress.

2.8 The development of the framework is a first step and we are now delivering the next stage of the programme which involves undertaking a number of pilots to test the framework and also to assess how the framework maps to the Trust's current governance structures.

2.9 The pilots we are undertaking are covering a range of scenarios to assess the application of the framework in a number of corporate and operational parts of the Trust. These include:

Pilot Area	Brief Summary
Urgent and Emergency Care Health Improvement Hub	Focused work already taking place through our urgent care team to address population need. Mapping the work to the framework to demonstrate breadth of work.
WAVE – Paediatric Outpatients	A focused element of a wider Working to Achieve Value and Excellence (WAVE) review assessing when children are not brought in for Paediatric Respiratory Outpatients and assessing against the health equity pillar of the framework.
Nursing Strategy Year 1 review	Nursing colleagues are using the framework as part of the their year 1 review of the Trust's Nursing Strategy to frame how the strategy currently aligns with the framework and identify further opportunities.
Waiting List Management	Consideration of how health inequalities impact our waiting lists and the health and wellbeing of our population , and how we can address inequalities in access, experiences and outcomes in elective procedures.
Improvement and Transformation	Consideration of how the framework can influence the planning, scoping and delivery of specific Trust improvement and transformation initiatives.

2.10 Additionally, the framework has been shared with colleagues co-ordinating NUH's People First next steps. People First sets out the Trust's key priorities. Leads developing clinical and enabling strategies have been asked to consider and reference how the framework can support them to describe the population health outcomes and ambitions of their strategy. It is encouraging to see that as the strategies are being drafted there is greater engagement with the framework, which is identifying further opportunities to pilot and test the framework.

3. Conclusion

3.1 This paper has provided Board members with an update on the work Nottingham University Hospitals Trust is undertaking in partnership with Public Health colleagues to develop its approach to the population health agenda and provide insight into some of the work that is progressing within the Trust.

3.2 The Board is asked to:

- Receive and consider this update

- Note the potential for an increased focus on population health in acute NHS settings
- Endorse partnership working between the Trust and Public Health colleagues

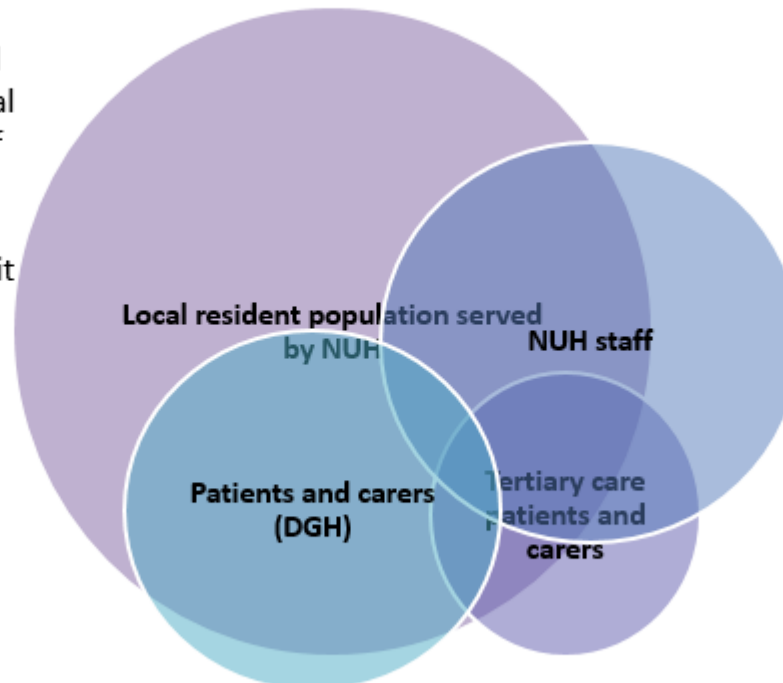
Lucy Hubber
Director of Public Health

Tim Guyler
Assistant Chief Executive

Populations

Which populations might be the focus for our population health ambitions?

NUH also has the potential to impact the health, social and economic wellbeing of the wider community of Nottingham and Nottinghamshire in which it is based.



It also is the largest employer in Nottingham, affecting the lives of the staff who are employed or who work here and their families.

NUH provides healthcare as a District General Hospital and as a tertiary care centre, directly impacting the lives of patients, their families and carers.

NB Diagram is illustrative, and does not attempt to quantify each group

Pillars

What are the pillars of population health activity?

Health equity

This means taking action to reduce inequalities in health. It means understanding the variation in access, experience and outcomes that exists between different groups. It doesn't always mean offering the same to everyone but recognises that some groups have higher levels of need or different barriers to accessing services. It means noticing and challenging stigma and discrimination.

Social value

This means recognising that the organisation can have a wider impact on the social, economic and environmental wellbeing of the area than simply through the provision of healthcare. It can do this as a large employer providing quality work opportunities, by supporting local businesses and economic development or by championing green transport infrastructure. It also can attract and retain skilled workers to the local community and build the social capital of the area.

Health
Equity

Prevention

Social Value

Community
connections

Prevention

This includes activity which reduces health needs in the future, either by preventing problems before they start or by finding problems earlier, so that outcomes are better. It also includes looking for opportunities to reduce the impact of poor health on mental wellbeing and ways to maintain independence. This includes development of policies, skills and systems to include prevention into usual care, and can include interventions at any stage of health need

Community connections

This means working in partnership with community organisations and services to support better understanding of community needs. With health and care partners this may range from collaboration on pathway design through to advocacy related to emerging needs and system pressures. It would also include relationships with community and voluntary sector partners to collaborate on creative ideas to promote health and reduce inequalities.

Enablers

System working

- Alignment to ICS Strategy
- Provider collaborative working

Intelligence led

- Evidence of population health need
- Population health management

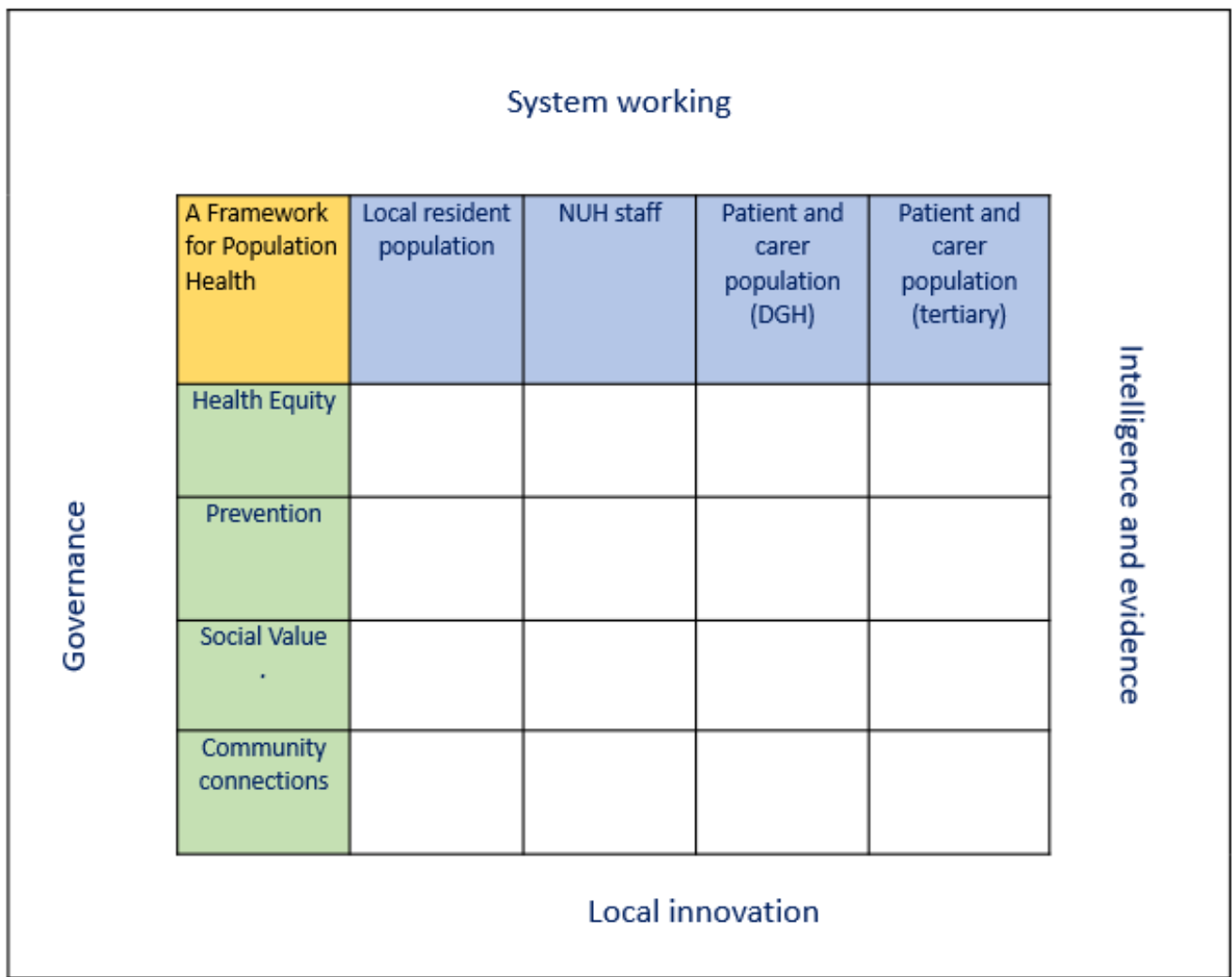
Governance

- Strategic direction and connections
- Joined up thinking

Local innovation

- Engaged and skilled workforce
- Examples of good practice

The Framework



Framework with Supporting Prompts

A Framework for Population Health <i>A tool to help identify and shape work to improve population health at NUH</i>	Local resident population <i>The people who live and work in the communities served by NUH as 'their local hospital'</i>	NUH staff <i>Those people who are employed by NUH or who work on our sites</i>	Patient and carer population (DGH) <i>The people from the local community who are in contact with secondary care services</i>	Patient and carer population (tertiary) <i>The people who use our more specialised services and may live a distance away</i>
Health Equity <i>Work to help reduce inequalities in health between different groups.</i>	Focus on understanding variation in health in the wider population and looking at ways of ensuring equity of access to services. Challenge stigma and discrimination. Understand reasons for DNAs	Engage with staff on issues of health equity and ensure those in more deprived circumstances are engaged in any health promoting activity. Inclusive employment practices eg return to work	Understand variation in access and outcomes by different groups. eg by using the CORE20PLUS concept. Engage with patient groups to understand barriers to benefitting from treatment	Understand variation in access and outcomes for more specialist services and any variation in patterns of referral across a wider geography or from other hospitals. Consider equity between specialties.
Prevention <i>Work to prevent health problems in the first place, prevent disease progressing or reduce its impact on quality of life.</i>	Communicate with the wider population about opportunities to improve health. Be a visible partner eg in 'Smokefree' ambitions and Health and wellbeing Strategies	Programmes to support staff to improve health (eg stop smoking, be more physically active, improve mental wellbeing). Occupational health activity. Health promoting policies.	Healthy conversations and opportunistic prevention (eg flu jabs, HIV testing) for patients and carers. Work to ensure hospital stays do not result in deconditioning, poor nutrition or hospital acquired infections	Look for opportunities to promote mental wellbeing in patients and carers and opportunities for health improvement (eg improved nutrition in hospital). Support to engage with and understand treatment options.
Social Value <i>Finding ways to improve the social, economic and environmental context for people.</i>	Develop opportunities for local people to gain skills and quality work. Contribute to environmental improvements and champion of greener transport infrastructure. Add social value through contracts	Pay and working conditions. Opportunities for career progression. Pride in work. Safe and affordable transport options. Ability to manage home caring roles as well as work.	Consider how housing, employment, finances etc impact patient and carers circumstances and their health and care. Connect to social prescribing or adapt provision (eg later appts so can use pass)	Take account of social and financial impact of receiving tertiary care for patients, carers and family. Support people to remain in work. Take account of transport and accommodation needs if far from home.
Community connections <i>Connecting to the communities and community services outside the hospital</i>	Build strategic and operational relationships with organisations that influence health such as social care, housing, youth services, play, employment, transport	Support staff to build networks with community organisations eg through volunteering opportunities or shared learning. Support staff rotations between services to increase understanding of the local health and care system	Effective partnerships with primary care with clear communication, shared learning opportunities, information sharing. Engagement with voluntary and charity sector to complement clinical support.	Find ways to create connections across wider geography, eg through virtual tours or sessions for clinicians in primary and secondary care. Familiarisation events. Clear communication channels. Engagement with charity and voluntary sector.

Content of each sector is an illustration of the sort of activity that could contribute. Some services may be more focussed on one of the pillars, others on one of the populations. For each example there would be a process of understanding needs, action planning and engagement to take forward that aspect of population health.



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**Nottingham City Health and Wellbeing Board
27 September 2023**

Report Title:	Nottingham’s Housing Strategy – Homes Fit for the Future
Lead Board Member(s):	Kevin Lowry, Director of Housing, Nottingham City Council
Report author and contact details:	Dan Lucas Housing Strategy and Partnerships Manager Nottingham City Council dan.lucas2@nottinghamcity.gov.uk
Other colleagues who have provided input:	Ruth Stallwood Housing Strategy Specialist Nottingham City Council ruth.stallwood@nottinghamcity.gov.uk
Executive Summary:	
<p>The Housing Strategy for the City of Nottingham will be a five year document that sets out the vision for housing in the city across all tenures. The Strategy will be a partnership document involving input from a wide range of stakeholders in both the housing sector and other sectors.</p> <p>The Council’s strategic vision for Nottingham is that local people will be able to live in safe, warm and affordable homes, built to a high standard, in vibrant local neighbourhoods where everyone has a chance to thrive. We believe that regardless of tenure and housing type all citizens should be able to access housing that meets their needs now and into the future.</p> <p>The Strategy will highlight Nottingham’s most pressing housing issues and the interventions and actions identified that will make the biggest difference to ease the housing pressures in Nottingham and help tackle the crisis that faces many seeking housing in the city.</p> <p>Nottingham’s most pressing housing issues are:</p> <ul style="list-style-type: none"> • Lack of affordable housing across all tenures including social and rented homes • Homelessness and rough sleeping • Quality of rented accommodation and the service provided in all rental sectors • The impact that carbon emissions from the city’s homes are having on the environment. <p>An Implementation Plan is also being developed alongside the strategy to support the delivery of the commitments. Throughout both documents we will focus on</p>	

interventions and actions that tackle these pressures and offer best value to Nottingham citizens.

Three broad themes are proposed for the strategy:

- Meeting the city's diverse housing needs and aspirations
- Enabling new-build housing growth and regeneration for a green and prosperous Nottingham
- Driving up excellence in housing standards and services in the city's existing housing stock, across all tenures.

Under each ambition there will be a number of outcomes that we will focus on to enable the city to achieve the ambitions. These are shown in appendix one which shows the proposed outline structure of the strategy document.

All of these ambitions have a link to promoting and supporting good health in the city and the accompanying presentation will highlight those aspects of the Strategy.

The delivery of the Housing Strategy's objectives needs to be in partnership with a wide range of organisations, including those where housing may not be their 'core activity'. Therefore we are inviting input from the Health and Wellbeing Board at this stage of the Strategy development due to the important insights the Board will have.

The presentation will form the basis for the discussion where Board members can comment and engage to influence this strategy.

Recommendation(s):

The Board is asked to:

- a) note this report and the presentation to be given at the Board meeting on 27 September;
- b) 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;
- c) contribute to the shaping of priorities by providing verbal comment and feedback on the report and the presentation at the Board meeting, and note that Board members are invited to make written comments after the meeting if desired, so that these can be considered in the final drafting stages of the Housing Strategy; and
- d) 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.

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	<p>Views of Board members and the organisations they represent will have an important role in helping to ensure the aims of the Joint Health and Wellbeing Strategy are given weight and consideration in decisions that relate to housing in Nottingham. It is therefore important that the Housing Strategy takes into account these views. This report provides an opportunity to ensure this happens at the drafting stage of the document.</p> <p>There has been a long-standing recognition that quality housing makes a major contribution to the healthy lives of citizens, and this means that the Aims and Priorities of the Health and Wellbeing Strategy must be considered as an important way in which the city's housing sector can help. Aim 1 and Aim 2 are clearly shared with the Housing Strategy's objectives (for example in the Housing Strategy's Ambition 1, Outcome 3 "Encouraging age friendly and health promoting homes and neighbourhoods").</p> <p>These priorities are also issues where housing can make contributions of value. For example affordable housing plays a major role in financial wellbeing for low income households, and secure, stable, decent quality housing is a vital prerequisite for helping to tackle Severe Multiple Disadvantage. Housing services carry out important work in fields such as tackling homelessness, or providing safe accommodation with support for those citizens who need it.</p>
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:	

Neither physical or mental ill health should be barriers to a good quality homes for city residents. We believe that good quality, affordable homes that people can live in for as long as they wish provide a strong foundation that contributes positively to overall wellbeing, including good mental health. By aiming to ensure the city's housing is fit for the future we aim to make an important contribution to this.

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	Not Applicable
Published documents referred to in this report	Not Applicable

Appendix One

Nottingham's Housing Strategy: proposed structure

Homes Fit for the Future

Introduction

- Vision and priorities
- Executive summary
- Nottingham's people and housing market – an overview
- National and local policy context

Our strategic ambitions for Nottingham

- **Ambition: Enabling New-Build Housing Growth and Regeneration for a Green and Prosperous Nottingham**

In this section we look at how we can influence the supply of new homes to ensure we have quality homes that meet present and future needs. This includes the priority 'Increasing the housing stock of affordable homes' especially the delivery of affordable homes for social rent to tackle the acute affordability issues the city faces.

- **Outcome one:** Building more affordable homes for local people
 - **Outcome two:** Supporting economic growth
 - **Outcome three:** Encouraging age-friendly and health- promoting homes and neighbourhoods
 - **Outcome four:** Building homes and neighbourhoods for a greener Nottingham
- **Ambition: Meeting the City's Diverse Housing Needs and Aspirations**

This section focusses on measures needed to ensure the city's homes can meet the needs of our diverse population. As social housing becomes scarcer, many people are increasingly being served by the private rented sector. We need to ensure that the needs of the most vulnerable and those whose needs are not readily catered to in the conventional housing market are met, and potential barriers to housing removed for all tenures.

 - **Outcome five:** Enabling independent living through supported and specialist housing provision and support services
 - **Outcome six:** Preventing homelessness and rough sleeping

- **Outcome seven:** Creating safe accommodation and support for people experiencing domestic abuse
- **Outcome eight:** Meeting the needs and aspirations of our minority ethnic communities and other minority community groups
- **Outcome nine:** Achieving the right balance of student housing
- **Ambition: Driving Excellence in Housing Standards and Services Across all Tenures**

The third ambition looks at how we can ensure the existing housing stock in the city is of good quality, safe, healthy, warm, and dry. We consider the different types of tenure in the city, their most pressing quality issues and how best to influence different types of landlords and property owners and the support that the council can offer.

- **Outcome ten:** Improving neighbourhoods, homes, and services for the council's tenants
- **Outcome eleven:** Encouraging landlords of social housing to invest in their homes and communities
- **Outcome twelve:** Promoting quality and sustainable, secure homes in the private rented sector
- **Outcome thirteen:** Making the best use of the City's empty homes
- **Outcome fourteen:** Making optimal use of social housing
- **Outcome fifteen:** Supporting Owner Occupiers with low incomes to maintain their homes
- Resources available to deliver this strategy

Prepared by the Housing Strategy and Partnerships Team

Dan Lucas - Dan.Lucas2@nottinghamcity.gov.uk

Ruth Stallwood - Ruth.Stallwood@nottinghamcity.gov.uk

Strategic Housing

www.nottinghamcity.gov.uk/information-for-residents/housing/strategic-housing/

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**Nottingham City Health and Wellbeing Board
27 September 2023**

Report Title:	National Asylum Policy Changes – Impact on Nottingham
Lead Board Member(s):	Lucy Hubber, Director of Public Health
Report author and contact details:	Amy Goulden amy.goulden@nottinghamcity.gov.uk
Other colleagues who have provided input:	East Midlands Migration Partnership, Homelessness Prevention, Community Safety.
Executive Summary:	
<ul style="list-style-type: none"> • National policy change in respect of asylum decisions • This will result in significant numbers being granted asylum by the end of 2023 • This will affect the whole UK, not just Nottingham • Exact numbers currently unknown • Local plans currently being developed 	
Recommendation(s):	
The Board is asked to note the concerns raised in the paper and the activity being undertaken to mitigate these at a local level.	

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The asylum seeker and refugee cohort has a wide range of health and wellbeing needs across all of the board priorities.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	

Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:	
Mental health and trauma are significant concerns within this group, because refugees have fled war and conflict zones.	

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	n/a
Published documents referred to in this report	n/a

On 23 February 2023, the Home Office introduced a new 'streamlined asylum processing' policy, where some people seeking asylum will have to complete a questionnaire instead of having an interview. This policy initially applied to adults from Afghanistan, Eritrea, Libya, Syria and Yemen and was later expanded to include some claimants from Iraq, Iran and Sudan. The introduction of this policy followed an announcement by the Prime Minister in December 2022 that the intention was to clear the backlog of legacy asylum claims by the end of 2023.

At the end of June 2023 there were 175,457 individuals awaiting an initial decision on their claim, 44% higher than the equivalent figure from the previous year. This cohort is distributed across the UK in a range of accommodation. In Nottingham and the surrounding area asylum seekers are now most commonly housed in hotels.

The new policy will result in a large number of asylum claims being made across the UK by the end of the year. This will affect claimants housed in Nottingham and the broader East Midlands region. The exact numbers affected locally are unknown as the data provided by the Home Office does not allow accurate predictions to be made. Furthermore, it is not known what proportion of those given leave to remain will choose to stay in Nottingham nor how many individuals granted asylum (refugee status) will decide to move to the city. We also understand that due to the high numbers granted status on appeal many of those who receive a negative decision will put in an appeal.

The Home Office are taking steps to discontinue support in line with legislation, at the end of the relevant prescribed period, which they describe as follows:

- Where someone is given notice that their asylum claim has been granted, their appeal has been allowed or their asylum claim has been refused but they have been given leave to enter or remain, the prescribed period is 28 days.
- In all other cases, the prescribed period is 21 days.
- As per Regulation 22 of the Asylum Support Regulations, individuals will receive a 'notice to quit' support letter, which will be issued in writing at least 7 days before the individual's accommodation and support payments are due to end. Where an individual's 21- or 28-day period has passed, but they have not received their 7 days' notice, they will still receive the 7 days' notice period.

Unfortunately services and service users report that this window is frequently not adhered to, with some given only 7 days or less notice of eviction both locally and as reported in the media across the UK.

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.

While there is support is offered to newly recognised refugees during the 28-day 'Move-on' period, through Migrant Help or their partner organisations. This includes a phone call in the 28 days to explain to refugees how to access the labour market through the Department for Work and Pensions (DWP), providing advice on applying for Universal Credit and signposting to local authorities for assistance with housing.

Nationally 70% of claims are granted, with a further 43% granted on appeal. It is therefore reasonable to assume that significant numbers in the East Midlands will be granted asylum by the end of the year. Locally, this will create pressure on housing and other local services. A large proportion of claimants are single males who are unlikely to be owed a housing duty by the local authority, this will therefore create demand elsewhere, such as the charity sector, and will likely result in an increase in off and on street homelessness. A range of other health and wellbeing issues will also present amongst those granted asylum and this demand will need to be absorbed by local services.

The local authority will be made aware of the numbers expected in Nottingham within the next week and meetings with key partners will be taking place during September, with regular response meetings taking place through the remainder of 2023 and beyond with Housing and voluntary sector colleagues to mitigate these risks as much as possible given the timeframe and limited resources available.

NCC is a member of the East Midlands Strategic Migration Partnership and strong representations have also been made to East Midlands Councils and to the Home Office about this issue.

**Nottingham City Health and Wellbeing Board
27 September 2023**

Report Title:	Pharmaceutical Needs Assessment - Supplementary Statement Update
Lead Board Member(s):	Lucy Hubber, Director of Public Health
Report author and contact details:	Hannah Stovin, Senior Public Health Intelligence Manager Hannah.stovin@nottinghamcity.gov.uk
Other colleagues who have provided input:	
Executive Summary:	
<p>The latest Nottingham City Pharmaceutical Needs Assessment was published in October 2022 (Pharmaceutical Needs Assessment 2022-2025).</p> <p>Supplementary statements are required where changes to the availability of pharmaceutical services are noted. All changes occurring within the period since the publication of the data used within the Pharmaceutical Needs Assessment are noted, irrespective of their impact on the overall accessibility of pharmaceutical services in Nottingham City.</p> <p>For Q3 2022-2023 one pharmacy changed its opening hours.</p> <p>For Q4 2022-2023 there were no changes to pharmacy services in Nottingham City, therefore no supplementary statement was required or produced.</p> <p>For Q1 2023-2024 a number of changes are noted relating to multiple pharmacies.</p> <p>Full details of all changes are contained within the supplementary statements for Q3 2022-2023 and Q1 2023-2024.</p>	
Recommendation(s):	
<p>The Board is asked to:</p> <ol style="list-style-type: none"> a) note the supplementary statements and changes outlined within; and b) approve the requirement for action noted in the supplementary statement(s) provided. 	

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	<p>The publication of a supplementary statement will allow for up to date information regarding the provision of pharmacy services in the Nottingham City area to be accessed by the local community, allowing them to make accurate decisions regarding accessing of these services and alternate provision if required. (Aim 1)</p> <p>It will also provide information to potential service providers regarding current gaps in provision, allowing any application to be made to close the resulting gap in services and increasing provision for local communities. (Aim 2)</p>
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health: N/A	

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	
Published documents referred to in this report	Pharmaceutical Needs Assessment 2022-2025

Pharmaceutical Needs Assessment Supplementary Statement – Q3 2022 - 2023

Issued by Public Health on behalf of Nottingham City Health and Wellbeing Board.

Date Pharmaceutical Needs Assessment Published - October 2022

Date Supplementary Statement issued - September 2023

The regulations state that Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment only in relation to changes in the availability of pharmaceutical services. Supplementary Statements cannot provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment. The following pharmaceutical services currently contained within the Pharmaceutical Needs Assessment have been identified as requiring updating. The information contained in this supplementary statement supersedes some of the information provided in the original [Pharmaceutical Needs Assessment 2022-2025](#) and should be read in conjunction with that document.

Nature of change	Pharmacy name & address	Details	Effective from
Change in opening hours	Mistry's Pharmacy Ltd (Trading as Goshens Pharmacy), Unit 3-4 Tesco Development, Top Valley Way, Top Valley, Nottingham, NG5 9DD	<p>Change to supplementary opening hours</p> <p>Previous supplementary hours Mon-Fri 13:00 - 14:00 Sat 09:00 - 17:00</p> <p>New supplementary hours Mon-Fri 13:00 - 14:00 Sat 09:00 - 13:00</p> <p>Total supplementary hours: 9 Total supplementary hours lost: 4</p>	28/08/2022

Requirement for action: Nottingham City HWB concludes that the above changes in ownership and opening times do not constitute a gap in service provision that could be met by a routine application (a) to meet a current need or future need for pharmaceutical services, or (b) to secure improvements, or better access to, pharmaceutical services.

Changes are reported on data provided by NHS England and are correct at the time of writing

Please use the [NHS Find a pharmacy](#) webpages for contact details.

Pharmaceutical Needs Assessment Supplementary Statement - Q1 2023-2024

Issued by Public Health on behalf of Nottingham City Health and Wellbeing Board.

Date Pharmaceutical Needs Assessment Published - October 2022

Date Supplementary Statement issued - September 2023

The regulations state that Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment only in relation to changes in the availability of pharmaceutical services. Supplementary Statements cannot provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment. The following pharmaceutical services currently contained within the Pharmaceutical Needs Assessment have been identified as requiring updating. The information contained in this supplementary statement supersedes some of the information provided in the original [Pharmaceutical Needs Assessment 2022-2025](#) and should be read in conjunction with that document.

Nature of change	Pharmacy name & address	Details	Effective from
Change of ownership	Lloyds Pharmacy, 158 Russell Drive, Nottingham, NG8 2BE	Change of ownership from Lloyds Pharmacy Ltd to Ascent (Wollaton) Ltd - Ascent Pharmacy	11/04/2023
Change of ownership	Lloyds Pharmacy, 441A Beechdale Road, Aspley, Nottingham, NG8 3LF	Change of ownership from Lloyds Pharmacy Ltd to NH Pharm Ltd	30/05/2023
Change in opening hours	Asda Pharmacy, Radford Road, Hyson Green, Nottingham, NG7 5DU	<p>Previous opening hours: 09:00-20:00 Mon-Sat 11:00-17:00 Sun</p> <p>New opening hours: 09:00-20:00 Mon-Sat 10:00-16:00 Sun</p> <p>Total Hours: 72 Total hours lost: 0</p>	19/05/2023

Change in opening hours	Day/Night Pharmacy Ltd, 116 Southchurch Drive, Clifton, Nottingham, NG11 8AD	<p>Previous opening hours: 07:00-00:00 Mon-Fri 09:00-00:00 Sat CLOSED Sun</p> <p>New opening hours: 09:00-21:00 Mon-Fri 09:00-21:00 Sat CLOSED Sun</p> <p>Total hours: 72 Total hours lost: 28</p>	29/06/2023
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Requirement for Action: Nottingham City HWB concludes that the above changes in ownership and opening times do not constitute a gap in service provision that could be met by a routine application (a) to meet a current need of future need for pharmaceutical services, or (b) to secure improvements, or better access to, pharmaceutical services.

Changes are reported on data provided by NHS England and are correct at the time of writing

Please use the [NHS Find a pharmacy](#) webpages for contact details.

**Nottingham City Health and Wellbeing Board
27 September 2023**

Report Title:	Update on the Nottingham City Place-Based Partnership (PBP)
Lead Board Member(s):	Dr Hugh Porter, Vice Chair, Nottingham City Health and Wellbeing Board and Clinical Director, Nottingham City Place-Based Partnership Mel Barrett, Chief Executive, Nottingham City Council and Lead, Nottingham City Place-Based Partnership Lucy Hubber, Director of Public Health, Nottingham City Council
Report author and contact details:	Rich Brady, Programme Director, Nottingham City Place-Based Partnership rich.brady@nhs.net
Other colleagues who have provided input:	
Executive Summary:	
<p>This paper provides an update on the work of the Nottingham City PBP, including an overview of business cases approved for funding from the Nottingham and Nottinghamshire Integrated Care Board's Health Inequalities and Innovation Fund. There is an update on the PBP Strategic Plan and an update on the 'data informed PBP' executive led programme. Also included are some highlights from the Joint Health and Wellbeing Strategy delivery programmes, including an award nomination for one of the programmes.</p>	
Recommendation(s): The Board is asked to note the update from the Nottingham City Place-Based Partnership.	

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The Nottingham City Place-Based Partnership (PBP) is discharged responsibility for the oversight of the delivery of the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025.

Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
<p>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</p> <p>The Place-Based Partnership has a programme focussed on supporting Nottingham citizens to better access preventative support to improve mental health and wellbeing. This programme is aligned with the programmes being delivered as part of the Joint Health and Wellbeing Strategy 2022 – 2025.</p>	

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	
Published documents referred to in this report	

Update on the Nottingham City Place-Based Partnership (PBP)

Introduction

1. This paper provides an update on the work of the Nottingham City PBP, including an overview of business cases approved for funding from the Nottingham and Nottinghamshire Integrated Care Board's (ICB) Health Inequalities and Innovation Fund. There is an update on the PBP Strategic Plan and an update on the 'data informed PBP' executive led programme. Also included are some highlights from the Joint Health and Wellbeing Strategy delivery programmes, including an award nomination for one of the programmes.

Funding for health inequalities programmes and projects

2. In January 2023, NHS Nottingham and Nottinghamshire Integrated Care Board invited system partners to apply for a funding through a new, 'Health Inequalities and Innovation Fund'. This fund set aside a total of £4.5m per annum (i.e. recurrent) to address health inequalities through targeted activity designed to reduce health inequalities and avoidable mortality for at risk populations across the Nottingham and Nottinghamshire Integrated Care System.
3. In response, the Nottingham City PBP contacted its partners to raise awareness of the opportunity, with partners invited to put forward ideas and initiatives for the fund. In response, the City PBP submitted 28 high-level proposals, including eight core PBP proposals and 20 proposals submitted on behalf of partners.
4. Following an initial moderation stage, the PBP submitted seven business cases which were considered through a further comprehensive assessment and moderation process. This consisted of an individual assessment process undertaken by a broad range of system stakeholders and a final moderation panel, held on 23rd June. Following recommendations made by moderation panel to the ICB's Strategic Planning and Integration Committee, four of the PBP business cases were approved by in August 2023.
5. The business cases that were approved for funding were:

Scheme	Overview
Severe and Multiple Disadvantage Infrastructure and Delivery Model	Just under £1.5m in recurrent funding has been awarded to allow the continuation of specialist support to people experiencing severe multiple disadvantage in the City. Support is currently funded through the joint Department for Levelling Up, Housing and Communities and The National Lottery Community Fund's 'Changing Futures' programme, led by the Nottingham City Place-Based Partnership

Family Mentor Programme	Just over £200,000 in recurrent funding has been secured to allow the continuation of the Family Mentor service, which is delivered by Small Steps Big Changes. Supporting families from pregnancy up to their child's 4 th birthday, the service is delivered by a highly trained paid peer workforce who have experience of parenting via local voluntary and community sector providers.
Improve Uptake for Childhood Vaccinations and Immunisations across Nottingham City	£120,000 in recurrent funding has been secured to develop and deliver a community-based model to increase the uptake of childhood vaccinations in the City. A targeted approach will be taken to engage with communities where immunisations and vaccination rates are known to be low. This will be led through a partnership approach between the NHS, public health and community and voluntary sector partners.
Co-designed Community Hypertension Case Finding	Building on Nottingham and Nottinghamshire's status as a Core20PLUS5 Accelerator site, £50,000 has been secured to support co-design and delivery of an asset-based approach to community hypertension case finding. Initiatives will be built through co-design; however, it is anticipated these will include blood pressure/health checks within community venues and will be delivered in partnership with local GP practices and pharmacies

Place-Based Partnership Strategic Plan: Supporting the delivery of statutory duties and priorities

6. 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.
7. Discussion 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 Nottingham University Hospitals.
8. These initial discussions are anticipated to be concluded by Autumn 2023, after which, discussions will be held with the PBP executive team to determine where the PBP is able to work most effectively to support its constituent partners.

Becoming a more data informed PBP

9. Through the PBP, partners have the opportunity to bring together data and insights from across the partnership that build a rounded picture of both the needs of different communities at a very local, granular level, as well as collective service activity that provides a shared understanding of demand across partner

services. Through its constituent partners, the PBP has access to vast quantities of data and intelligence that can be used to inform prioritisation and decision making.

10. Unlocking the power of data across the PBP can provide the partnership with 'one version of the truth' providing leaders with a shared understanding of the challenges facing communities, their partner organisations and the partnership as a whole.
11. Building on the work being undertaken to develop a PBP outcomes framework that will enable the partnership to have an overview of population need (and understand the extent to which this is being met through partnership activity), on 9 August, the PBP Executive Team took part in a development session to explore opportunities for bringing together data from across the partnership to develop an integrated dashboard.
12. Partners explored data and insights that are currently collected by constituent partner organisations through a series of short presentations from analytical colleagues from different PBP partners. Partners explored some of the key metrics that each organisation monitors, providing an insight into what influences prioritisation and decision making at an organisational level.
13. Work is now being undertaken to develop a series of options for an integrated dashboard that could support more proactive decision making and enable more effective use of the collective resource of the PBP.

Joint Health and Wellbeing Strategy highlights

14. As reported at the July meeting of the Health and Wellbeing Board, the Smoking and Tobacco Control (STC), Eating and Moving for Good Health (EMGH) and Severe Multiple Disadvantage (SMD) programmes are on track in delivering against activities set out in corresponding delivery plans. An agreed Financial Wellbeing (FW) delivery plan is expected to be published ahead of the November meeting of the Health and Wellbeing Board.
15. Following agreement of programme outcomes and outputs as part of the delivery plans for the STC, EMGH and SMD programmes (and with FW specific outcomes framework under development), a PBP outcomes framework is now being developed to enable the POG and HWB to monitor progress. A draft of the outcomes framework will be shared with members at the HWB meeting in November 2023.
16. In July 2023 a celebration event was held at Café Sobar, to mark three years of the SMD partnership. The SMD partnership is a collaborative network made up of

a range of organisations and people with lived experience across Nottingham City. The SMD partnership was born out of the work undertaken by partners as part of the 'Everyone In' initiative and has grown from strength to strength. Now with a membership of over 140 people, between 40-50 people regularly attend fortnightly partnership meetings to collaborate and share best practice.

17. The Race Health Inequalities programme, which underpins each of the four JHWS programmes, has been successful in being shortlisted for a Health Service Journal Award in the NHS Race Equality category! This is recognition of the work undertaken to develop and roll out the Race Health Inequalities Maturity Matrix. The judging panel takes place at the end of September with the winner announced at the Awards Ceremony in November.



**Statutory Officers Report for Health and Wellbeing Board
Corporate Director of People
September 2023**

Children's Integrated Services and Education

1. Ofsted Monitoring Visit

The second Ofsted Monitoring Visit focused on Children in Need and Children with a Child Protection Plan (including disabled children), took place on the 25th and 26th July 2023. Findings are presented in the form of a letter to the Director of Children's Services, Catherine Underwood, rather than a full report. The letter has been published by Ofsted. You can read the full letter here: [Nottingham City Council - Open - Find an Inspection Report - Ofsted](#)

It is positive that the inspectors agreed with our assessment of progress made to date and that there is clear evidence improvements within our child protection and child in need practice. It was acknowledged that whilst progress is being made there is still more to do to make sure our work is consistent and that children do not experience too many changes of social worker.

Adult Social Care

2. CQC Pilot Assessment for Adult Social Care:

The CQC Assessment Team completed their site visit to Nottingham City Council during the first week in August. They attended 35 sessions with frontline teams, strategic leadership colleagues and external partner organisations over the course of four days and gathered a wealth of information and feedback about the Local Authority and the way we work to deliver outcomes for citizens.

A draft feedback report will be provided in September and once CQC have visited all pilot Local Authorities, they will then calibrate their findings from all five pilot sites. The Moderation panel will review and finalise the proposed shadow ratings, which will then be published on the CQC website along with the finalised reports for all five pilot sites. CQC will then embark on the full assessment regime nationwide, and complete additional moderation work after they have visited a further 20 Local Authorities.

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**Nottingham City Health and Wellbeing Board
Work Plan 2023-24**

Recurring Agenda Items	Lead Officer
Joint Strategic Needs Assessment – New Chapters	Dana Sumilo (NCC)
Joint Health and Wellbeing Strategy – Delivery Update (July, November and March)	Rich Brady (PBP)
Nottingham City Place-Based Partnership Update (May, September and January)	Rich Brady (PBP)
Pharmaceutical Needs Assessment (May, September and January)	Hannah Stovin (NCC)
Joint Health Protection Board Update	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Governance Services (NCC)

Meeting Date	Agenda Item	Lead Officer
Wednesday 29 November 2023 1.30pm	Nottingham City Safeguarding Adults Board Annual Report	Emma Coleman/Lesley Hutchinson
	Better Care Fund Update	Katy Ball (NCC)
	Suicide Prevention JSNA Chapter	Helen Johnston (NCC)
	Fluoridation	Lucy Hubber
Wednesday 24 January 2023 1.30pm	Asylum Seeker and Refugee Health Needs Assessment	Helen Johnston (NCC)
	Data Integration for Population Health	Dr Dave Briggs (ICB)
Wednesday 27 March 2023 1.30pm	Adult Mental Health JSNA Chapter	Helen Johnston (NCC)

Potential items to be scheduled	Neurodiversity	
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Annual Reports	Month of Reporting
Public Health – Annual Report	May
Joint Health and Wellbeing Strategy – Annual Performance Review	May
Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January

Items for the Board’s work plan should be forwarded to Governance Services, Nottingham City Council, constitutional.services@nottinghamcity.gov.uk.

Authors **MUST** discuss their proposed reports (and any supporting presentation) with Lucy Hubber (Director for Public Health, Nottingham City Council, lucy.hubber@nottinghamcity.gov.uk) before submitting the report to a Board meeting. Reports and their recommendations must be produced in the form of a formal, written document, headed by a standard cover sheet (which is available from Governance Services). Presentations to help illustrate reports must be no more than 10 minutes in length.