

# Nottingham City Council

## Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Loxley House, Nottingham on 24 January 2024  
from 1.30 pm - 3.28 pm

Attendance (✓ indicates present)

<b>Voting Members</b>		
✓	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 Husein Mawji (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
<b>Non-Voting Members</b>		
✓	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 Police	Superintendent Kathryn Craner Area Command for the City
	Representative of the Department for Work and Pensions	Jean Sharpe
	Representative of Nottingham Universities	Sally Olohan
✓	Representative of Nottinghamshire Fire and Rescue Service	Damien West 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:**

- Serena Coultriss - Public Health Manager, NCC
- Sarah Fleming - Programme Director for System Development, Nottingham and Nottinghamshire ICB
- Helen Johnston - Consultant in Public Health. NCC
- Rich Brady - Programme Director, Nottingham City Place Based Partnership
- Phil Wye - Governance Officer, NCC

**57 Membership**

The Board noted that Sally Olohan, Director of Student Experience at the University of Nottingham, has been appointed as representative for Nottingham universities.

**58 Apologies for Absence**

- Louise Bainbridge
- Councillor Cheryl Barnard
- Mel Barratt
- Kevin Lowry
- Sally Olohan
- Charlotte Throssel
- Michelle Tilling

**59 Declarations of Interests**

None.

## **60 Minutes**

The minutes of the meeting held on 29 November 2023 were confirmed as a correct record and signed by the Chair

## **61 Minutes of the Commissioning Sub-Committee**

The minutes of the Commissioning Sub-Committee, held on 29 November 2023 were noted.

## **62 Nottingham and Nottinghamshire Joint Strategic Needs Assessment: Suicide Prevention**

Helen Johnston, Consultant in Public Health, and Serena Coultress, Public Health Manager, presented the report on the refreshed JSNA chapter which has been developed through the Nottinghamshire and Nottingham City Suicide Prevention Strategic Steering Group, highlighting the following:

- (a) the purpose of the JSNA is to understand the current health and wellbeing needs of the local community, identify trends, and identify health inequalities in order to inform local decision making. In order to write this chapter, trends and risk factors are identified from national data and are compared with local data. Potential health inequalities and at-risk groups are identified and views of the local population are sought;
- (b) the national suicide prevention strategy published in September 2023 underpins the suicide prevention chapter of the JSNA, which has objectives to reduce the suicide rate over the next 5 years, improve support for people who have self-harmed, and Improve support for people bereaved by suicide;
- (c) Real Time Suspected Suicide Surveillance also underpins the work done. This is data from the police on suspected suicides before they are confirmed by the coroner;
- (d) there is a need to address online safety and suicide-related internet use. An approach is being developed to promote online safety, informed by the national online excellence programme;
- (e) there are health inequalities and associated risks to those in contact with the criminal justice system and the Gypsy, Roma and Traveller communities. Further work is needed to provide better support in these areas. Additional factors in the likelihood of suicide are domestic abuse, substance use, gambling, and LGBTQ+ identity;
- (f) men are three times more likely to take their own lives than women. There is a need for additional work to tailor support for men to reduce risk factors and antecedents for suicidality;
- (g) work, employment and finances, as well as deprivation levels, are further factors in levels of suicide in the population. Systems are needed to ensure professionals

in community, healthcare, money help and other public-facing roles have up-to-date knowledge and can support access to financial advice and wellbeing and mental health support;

- (h) there is a need to identify effective interventions to address the mental health needs and prevent suicide for people with long term physical health conditions, as these are mentioned in 15% of suspected suicides, in particular cancer diagnosis and chronic pain;
- (i) history of self-harm and previous suicide attempts is a common risk factor for suicide (approximately 40% of people who have died by suicide). Self-harm requiring emergency hospital treatment has been found to be present in about 15% of those who take their own life. It is recommended that work be undertaken with the Integrated Care Board to identify support following Emergency Department attendance for every incident of suicide ideation;
- (j) voluntary and community services have reported a need for increased skills and knowledge in how to help people experiencing self-harm and suicidality access a continuum of appropriate holistic support;
- (k) vulnerability to suicide is partly established in early life and unmet needs of young people in crisis are currently inappropriately met. It is recommended that integrated suicide prevention approaches for children and young people in school settings via the Whole School Approach and Mental Health Transformation Programme be developed;
- (l) the Suicide Prevention Strategy will draw on information and learning from the Joint Strategic Needs Assessment, Listening Events and Pilot Projects, and the Suicide Prevention Charter.

The following points were made during the discussion which followed:

- (m) there are many voluntary organisations working in this area such as Harmless, who are not mentioned in the JSNA Chapter, and there is little coverage of voluntary organisations in general. However, the voluntary sector will be linked at the next stage with solutions;
- (n) it would be useful to have a mechanism for sharing learning from when partners come into contact with someone at risk of taking their own life. Individual services have their own experience and can add value;
- (o) specific targets have not been set for suicide reduction, in order to avoid any additional stigmatisation;
- (p) links with Emergency Departments, police and other agencies need to be strong in order to establish emerging suicide risks;
- (q) training could be provided for partner staff to improve their confidence to initiate conversations around wellbeing, as these conversations can be difficult. Staff would also need to know what next steps to take and where to refer if they identified a suicide risk.

**Resolved to**

**(1) endorse the JSNA chapter on Suicide Prevention;**

**(2) support the development of a local strategy for implementation of the identified recommendations**

**63 Data Integration for Public Health**

Mohammed Shaiyan Rahman, Deputy Medical Director, Nottingham and Nottinghamshire Integrated Care Board (ICB), presented the report on the approach the ICB is adopting into integrated population health data, and how it aims to use it systematically to deliver both the strategic population health agenda, while operationally delivering improved outcomes for citizens. The following information was highlighted:

- (a) in the past, the System Analytics Intelligence Unit's Data Management Team secured permissions from data custodians to collect and utilise data primarily for first hand use (patient/service user focus). This led to the establishment of the GPRCC (GP Repository for Clinical Care);
- (b) this approach provided profound insights into direct patient care. However, with the shift towards more population health management approaches, it was quickly identified that a gap in which integrated data for secondary use purposes was needed;
- (c) to bring the vision of integrated population health data to fruition, the first step was to engage proactively with GPs and other service providers and gain authority from them as data owners to use data for primary and secondary use purposes. This required forging collaborative relationships, persuading data owners and their patients and citizens of the benefits of us having access to this system. Accessing data for secondary use purposes enables understanding of health trends, vulnerabilities, and opportunities in the community. This approach provides intelligence to steer health care strategies, promoting a tailored and holistic approach to health and wellbeing;
- (d) an accessible population health data warehouse is now being pioneered, in a commitment to fostering a data-driven healthcare culture. This platform, holding pseudonymised and interlinked data, enables analysts to truly analyse trends, impacts and monitor outcomes. Available to all authorised system analysts, it promises a unified view of the patient journey, moving away from traditionally siloed insights to one that is truly integrated no longer restricted by a limited data viewpoint enabling and supporting true collaboration.

The following points were raised during the discussion which followed:

- (e) the data collected is aggregate data so individuals cannot be identified;

- (f) the data can be driven down to target individual neighbourhood, GP practice areas etc so that resources can be targeted appropriately;
- (g) effective data sharing provides an opportunity to change practice and make appropriate efficiencies in the system;
- (h) the fire service is doing some work on community risk and this data will be useful to provide further insight. Other areas that could benefit are housing and carbon reduction.

### **Resolved to**

- (1) note the significant strides made in the realm of integrated data management and the transformation it promises to bring within the broader healthcare landscape;**
- (2) back the integrated approach towards intelligence sharing and utilization. A cohesive, collaborative stance will be instrumental in optimising the potential of our data-driven interventions;**
- (3) remain engaged, providing feedback and strategic input, ensuring our approach aligns with the evolving needs of our community**

### **64 Nottingham City Place-Based Partnership Update**

Rich Brady, Programme Director, Nottingham City Place Based Partnership (PBP), presented the report providing an update on the work of the Nottingham City PBP, highlighting the following:

- (a) since the publication of the PBP's Strategic Plan, the constituent partners of the Nottingham City PBP have collectively faced substantial operational and financial pressures. While this has, at times, limited the ability for partners to engage in partnership activity, progress has still been made within the partnership programmes and across all six strategic objectives;
- (b) despite the challenging circumstances that system partners face, there is strong evidence that the PBP is continuing to deliver positive outcomes for the population, the partnership and the system. While the Executive Team reaffirmed their commitment to the strategic plan, partners agreed the need to assess success measures, and a development session has been scheduled in February to assess and reaffirm the PBP's work programme going forward;
- (c) the Joint Forward Plan states an ambition for PBPs to play a leadership role in leading partnership approaches to long-term condition management and frailty. The Executive Team noted that the constituent parts of the PBP are well positioned to be able to support this ambition, however the extent to which the PBP could effectively deliver this priority would be dependent on the resource available to the partnership, including that provided by the ICB;
- (d) in December 2023, the PBP received notification from the ICB that, following a decision taken at the 22 November ICB Board meeting to develop a financial

recovery plan, a decision was taken to halt spending on any schemes funded through the Health Inequalities and Innovation Fund (HIIF) for 23/24. A decision has not yet been taken as to whether the HIIF will continue as planned from 24/25 onwards. If a decision is taken to reduce or withdraw HIIF for 24/25 this will have a significant impact on delivery of the four PBP sponsored programmes and projects.

## **Resolved to note the update from the Nottingham City Place-Based Partnership**

### **65 Joint Health Protection Board Update**

Lucy Hubber, Director of Public Health, presented the report which was noted.

There have been significant numbers of cases of measles in the West Midlands, but none in the East Midlands yet. The predominant factor in cases is being unvaccinated, and so the Nottingham City population is at risk as it has relatively low vaccination rates with inequality of uptake between areas. Awareness is being increased around vaccination and what to do should you have a suspected case of measles, with letters being sent to all education settings.

### **66 Board Member Updates**

Lucy Hubber, Director of Public Health, advised the Board that both Nottingham City Council and Nottinghamshire County Council have confirmed their support for pursuing fluoridation of water. They will be informing the Secretary of State in a letter with supporting documentation. The process can take a long time and it may be a number of years before it is completed, and public concerns must be taken into account and addressed.

Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB, presented the report on the planned review of the Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027, highlighting the following:

- (a) in line with guidance from the Department of Health and Social Care (DHSC), in 13 March 2023, the Integrated Care Partnership (ICP) approved the Nottingham and Nottinghamshire's Integrated Care Strategy. In October 2023, the ICP agreed a light touch review of the Integrated Care Strategy at the end of this first year. The ICP will consider this in March 2024;
- (b) the ICP will need to consider any changes in their wider context including new or changed policies or guidance and be transparent and inclusive about the timing of the refresh and the opportunities to be involved;
- (c) it is critical that the overarching Integrated Care Strategy priorities set the right approach and tone against which the Health and Wellbeing Board works so that the whole system works together.

## **Resolved to**

- (1) discuss progress with delivery of the strategy through the City and County Joint Health and Wellbeing Strategies and NHS Joint Forward Plan;**
- (2) note the approach for the review of the Integrated Care Strategy and the refresh of the NHS Joint Forward Plan;**
- (3) agree to delegate to the Chair and Director of Public Health responsibility for engagement with partners on the review of the Integrated Care Strategy and refresh of the NHS Joint Forward Plan;**
- (4) agree to schedule an item at the 27 March meeting to consider any amendments to the Integrated Care Strategy and the NHS Joint Forward Plan, including consideration of a statement of support by the Board on the NHS Joint Forward Plan.**

**67 Work Plan**

The work plan was noted.

**68 Future Meeting Dates**

The next meeting date was noted.