

Nottingham City Council Health and Wellbeing Board

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 30 September 2020 from 1:38pm to 3:33pm

Voting Membership

Present

Dr Hugh Porter (Chair)
Dr Manik Arora
Councillor Cheryl Barnard
Councillor Eunice Campbell-Clark
Alison Challenger
Sarah Collis
Catherine Underwood
Councillor Adele Williams

Absent

Michelle Tilling

Kate McCandlish (Substitute for Michelle Tilling)

Non-Voting Membership

Present

Lyn Bacon
Mel Barrett
Tim Guyler
Superintendent Mathew Healey
Leslie McDonald

Absent

Viki Dyer
Julie Hankin
Richard Holland
Craig Parkin
Jane Todd
Andy Winter

Jules Sebelin (Substitute for Jane Todd)

Colleagues, partners and others in attendance:

Uzmah Bhatti	- Public Health Insight Manager, Nottingham City Council
Rich Brady	- Programme Director, Nottingham City Integrated Care Partnership
Adrian Mann	- Governance Officer, Nottingham City Council

• Chair

As Councillor Eunice Campbell-Clark (Chair of the Health and Wellbeing Board) was unable to be heard through Zoom due to technical problems, Dr Hugh Porter (the Vice Chair) chaired the meeting.

1 Changes to Membership

The Board noted that:

- Dr Manik Arora has replaced Dr Marcus Bicknell as a representative of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group;
- Samantha Travis has stepped down as the representative of NHS England;

- Tim Guyler has replaced Alison Wynne as the representative of the Nottingham University Hospitals NHS Trust.

2 Apologies for Absence

Viki Dyer
Craig Parkin
Michelle Tilling
Jane Todd
Andy Winter

3 Declarations of Interests

None.

4 Minutes

The minutes of the meeting held on 29 January 2020 were confirmed as a true record and signed by the Chair.

5 Minutes of the Commissioning Sub-Committee

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 29 January 2020.

6 Health and Wellbeing Strategy - Current Context

Alison Challenger, Director of Public Health at Nottingham City Council, presented a report on the background and progress of the refresh of the Nottingham City Joint Health and Wellbeing Strategy. The following points were discussed:

- (a) the Health and Wellbeing Strategy is an ambitious plan that was created after detailed consultation with citizens, which aims to increase healthy life expectancy in Nottingham and reduce health inequalities. A strategy refresh was underway before lockdown, with work underway with local integrated care providers to explore how the priorities could best be taken forward in partnership, for signing off in July. However, the refresh was paused during lockdown, but work and discussions are now being resumed so the strategy can reflect the current context, and what has happened as a result of Coronavirus;
- (b) the main positive outcomes of the strategy were the effective co-creation of the document, with the strong contribution of local voices; an ambitious plan with numerous indicators; and good achievements in areas of the wider determinants of health, such as air quality and the provision of open spaces. The primary learning points are that where accountability lies for achieving given outcomes was not always clear; there was varied engagement from partners in action plan delivery; and the strategy has not facilitated fully wider integration and joint commissioning;

- (c) the existing strategy is recognised for its ambitiousness and focus on healthy life expectancy. Its remit remains the health and wellbeing of the population through overarching strategic outcomes, and to add value to the system through work on the wider determinants of health and primary prevention. There will be a stronger focus on outcomes for the overarching strategy, with an emphasis on an evolving and flexible strategic plan underpinning this. Communications and visibility will be improved, so that the plan is recognised as the key multi-agency strategy for improving and maintain health and wellbeing across the city;
- (d) it is proposed that the refreshed strategy will have more of a focus on health inequalities and will enable the Board, as a partnership, to review topics and identify gaps in the system using a place-based model, considering how population health is integrated within wider policy; how services are met; how the needs of the local population are listed and responded to; and how communities are supported to work together and maximise their potential to have an impact on population health. Existing health inequalities have been exacerbated by Coronavirus, so it is important to simplify the strategy as much as possible and ensure that it is aligned with the Integrated Care Partnership's (ICP) priorities;
- (e) the purpose of the Board is to add value to a system that tackles health inequalities actively and improves the integration of services and commissioning. It is vital to have a strategic plan to set the direction for the system as a whole, rather than a series of individual actions. There is a real opportunity to develop integration as a vital area, in the context of a defined direction of travel in line with the ICP's strategy. However, the overall system is busy and challenged, so help is needed from partners to ensure that it works effectively. Careful consideration should be given to how the Board maximises its impact on the system to influence outcomes and take advantage of the opportunities to make the most difference for citizens;
- (f) given the major impact of health inequalities on individuals and groups of people, and the impact upon these from Coronavirus, detailed investigation must be carried out into their long-term effects, and how these can be addressed. The wider determinants of health need to be understood fully, so that constructive engagement across all city organisations can be achieved – including those working in areas such as employment, social deprivation, housing and civic safety. The exact ask of city partners in terms of work and health should be considered carefully, as employment has a substantial impact on health, and inclusive employment practices should be developed and encouraged;
- (g) a strong element of co-production is still required for the strategy, to ensure that all citizens are engaged and listened to, so that the strategy serves the whole population. Particular thought should be given to effective dialogue with all communities in the city, including those that are hard to reach. A Black, Asian and minority ethnic (BAME) inequality framework has been developed, and will be integrated into the strategy. BAME communities have been particularly impacted by Coronavirus, so work is needed to establish how engagement can be carried out with these communities to achieve tangible action and support to reduce the health inequalities;

- (h) currently, the ICP is exploring how input from the voluntary sector can further inform commissioning for communities. Strong partnerships are required at the grassroots level with voluntary organisations within hard to reach communities, and across the city as a whole. Consideration is needed on how the valued contribution of the voluntary sector is supported, and how the sector – and the communities in which it works – are engaged and represented at both the strategic and grassroots levels;
- (i) over time, representation of the voluntary sector at the strategic level has improved, with representatives gaining a closer equality of voice with the public and health sector partners, and it is important that any sense of relative member hierarchy is broken down. This will help to ensure that direct input from communities is part of strategic decision-making, and communities need to be embedded into the system through clear principles of engagement. As such, the representation of what communities want and need should be accounted for within the strategy, to help partner organisations and communities work effectively in a collective way;
- (j) the full, long-term health impacts of Coronavirus (such as on existing cancer, heart disease and mental health conditions) are not yet apparent, but as much data as possible is being collected. Particular work is needed to ensure equal opportunities for children across all wards and, now that winter is approaching, winter preparedness in the context of Coronavirus must be addressed carefully. Children are at the heart of the strategy, in terms of their health and service needs from before birth and into adulthood, and particular attention will be given to addressing child poverty;
- (k) the Board welcomed and supported the current review of the Health and Wellbeing Strategy, and hoped that the refresh process would reflect the learning arising from the Coronavirus emergency, and the range of important themes discussed by the Board.

The Board noted the report.

7 Nottingham City Integrated Care Partnership - Current Context

Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented an update on the current vision and priorities of the ICP. The following points were discussed:

- (a) the ICP's vision is to give every person in Nottingham equal access to the care and support that meets their needs, regardless of their background, circumstances or where they live in the city. As Nottingham's citizens have relatively poorer health when compared to many other places in England, the ICP will focus its support on the most vulnerable citizens. The people who face the biggest challenges also experience the poorest health, so collaborative working is required to have the greatest impact on improving lives, and all partners will be clear on the roles that they each play in supporting the needs of Nottingham's citizens. This vision has been widely sense-checked and, practically, aims to focus on achievable outcomes that create transferable learning;

- (b) since its launch in November 2019, the ICP has been seeking to identify key priorities through talking to citizens and its member organisations. These priorities were then reviewed in the context of Coronavirus. There are five key priorities for 2020/21, each of which has a lead organisation and sponsor. They are to support people who face multiple disadvantages to live longer and healthier lives; prepare children and young people in care to leave it and live independently; support those who smoke to quit, and reduce the number of people at risk of smoking; increase the number of people receiving flu vaccinations; and reduce inequalities in health outcomes in Black, Asian and minority ethnic (BAME) communities;
- (c) to achieve these priorities, the ICP has worked to bring all providers together to accelerate collaboration on certain issues, such as the response to rough sleeping, and to ensure that all required ongoing support is in place. The learning from these projects is now being taken and applied more broadly to other initiatives, and discussions are underway on how commissioning will be carried out, going forward;
- (d) effective support for care leavers is important, to help these young people transition into independent living and positive destinations in education and employment. This includes engaging with mental health requirements and ensuring that support structures are in place into early adult life. As part of the process, different ways of working with the various partners involved are being explored;
- (e) smoking is still high in Nottingham and is a big driver of health inequality. The ICP is keen to carry out further work in this area, including on addressing smoking's impacts on pregnancy and the under 65s. Nottingham University Hospitals NHS Trust has been leading the work on tackling smoking, but it does so by bringing partners together in seeking resolutions, through the context of the ICP. This aims to generate a culture where work is not carried out in silos, and the ICP aims to grow wider collaboration at all levels, to achieve health services for communities that are sustainable in the long-term;
- (f) a great deal of work is also being carried out with partners in relation to improving the take-up of flu jabs, as the numbers vaccinated in key cohorts have been struggling to meet the national average;
- (g) better two-way communication is being developed to help reduce the health inequalities experienced by BAME communities. Broader and deeper work is required to improve health outcomes, including further engagement with the voluntary sector and community leaders, to achieve tangible action leading to an actual difference;
- (h) work is underway to support partners, while bringing about culture change. The city is facing significant challenges, and a different culture is required to create more representative partnership work across the city. Resources are being deployed to ensure that GP practices remain open, so that it is straightforward for people to enter the system and be signposted to the right care. The ICP aims to be a collective catalyst for change, linking with the Board and other partners to create connectivity and develop progress. As such, there needs to be a focus on delivery, impact and making a difference;

- (i) unfortunately, Coronavirus has effected everybody, and it is likely that the voluntary sector will see a significant reduction in funding from direct donations. As funding for Local Authorities is also very difficult, there is the potential for a serious funding crisis in the voluntary sector. As such, a focus is required on how the continued work of the voluntary sector can be sustained, and how its ongoing funding can be supported as much as possible;
- (j) it is vital that the ICP and Health and Wellbeing strategies dovetail, and that the engagement with communities is joined up, with the strategies informed by meaningful consultation and listening. Both the Board and the ICP have the same objectives for commissioning and, working with the NHS Nottingham and Nottinghamshire Clinical Commissioning Group, need to challenge current processes to ensure that all commissioning for the city is done in a collaborative way, to address the cross-cutting issues and support the right priorities from a finite funding source.

The Board the report.

8 Coronavirus Update

Alison Challenger, Director of Public Health at Nottingham City Council, presented an update on the local impacts of and response to the Coronavirus pandemic. The following points were discussed:

- (a) there have been 1,902 case of Coronavirus in the city to date, since notification of the first cases was received in February. Currently, 214 people have died from the virus – though there have only been 2 fatalities in the last 9 to 10 weeks. The city has had lower cumulative rates than may other parts of the country, with the peak number of cases in April. However, since early September, the number of cases has been increasing again – though this same trend is reflected across the whole country;
- (b) the current rates are highest in the 10-19 and 20-29 age groups. The virus is still very present, and spreads when people are close together. Currently, most new cases are caused by community transmission. Younger people carrying the virus tend to show fewer symptoms, and so pass on Coronavirus while not being aware that they are ill. The city has a large young population, including around 46,000 students, so cases in these groups are expected. Students are an important part of the community, so they must work with their universities to report cases, and operate within the national guidelines for controlling the spread of the virus. Robust plans are in place should an outbreak occur within the universities;
- (c) currently, the number of cases in schools over the last month is not high, with only some isolated incidents. Schools are creating and managing bubbles for pupils, and strong support is being provided to school leadership to ensure that they have timely and accurate advice on effective risk management;
- (d) a great deal of data is collected each day, and is reviewed by a multi-disciplinary Outbreak Control Cell. This enables action to be taken locally ahead of the

national data being released. Information is being gathered from schools now that all children have returned, and is being factored into planning;

- (e) although some data on the ethnicity of those who have contracted Coronavirus is available, it is not fully complete. However, the outbreak control and management planning is very mindful of the city's most vulnerable communities. Both the Integrated Care Partnership's and the Health and Wellbeing strategies seek to understand all communities, so that the right support can be put in place. Particular work is needed to combat mistrust, fear and a lack of education in some communities, to ensure that sufferers from Coronavirus are able to come forward for treatment and support. Strong communications are required to help primary care providers spread the message that they are fully open to all people coming forward with symptoms;
- (f) a local Outbreak Control Plan is in place, and is published on the Council's website. A primary focus is on what action will be taken to protect vulnerable people and areas in the event of a new outbreak. Incident Management Plans are in place, to be deployed when any outbreak occurs. Good communications are a vital part of outbreak control – particularly communications with the public. Response work has been managed effectively due to strong partnership working across the Local Resilience Forum, and support is also available from the National Voluntary Services Partnership;
- (g) work is now required to plan for the long-term direct health impacts of Coronavirus, including where those who have had Coronavirus live in the city, and what their future healthcare needs may be. These conditions are new, so there is much medical learning to be done in partnership. Healthwatch Nottingham and Nottinghamshire is establishing a 'long Covid' support group, in consultation with NHS England, to identify and support those people who have long-term health needs following Coronavirus. However, engagement is also required with employers, to ensure that they are fully supportive of staff who have long-term health issues as a consequence of having had Coronavirus;
- (h) the Board recognised and thanked front line staff, public health officers and citizens for their significant contributions in combatting the spread of Coronavirus.

The Board noted the report.

9 Joint Strategic Needs Assessment: Housing, Excess Winter Deaths and Cold Related Harm

Alison Challenger, Director of Public Health at Nottingham City Council, presented a report on the latest chapter of the Joint Strategic Needs Assessment (JSNA), on Housing, Excess Winter Deaths and Cold Related Harm. The following points were discussed:

- (a) it was intended to bring the new chapter to the March meeting of the Board, but this was cancelled due to the outbreak of the Coronavirus pandemic. As such, the chapter was published during the lockdown period. The JSNA is a comprehensive and extensive assessment of the health needs of the local population, and it is reviewed regularly, to be kept as up-to-date as possible.

The Board noted the report.

10 Nottingham and Nottinghamshire Air Quality Strategy 2020-30

Alison Challenger, Director of Public Health at Nottingham City Council, presented a report on the ambitious Air Quality Strategy 2020-30 for Nottingham and Nottinghamshire, which has now been completed and published.

The Board noted the report.

11 Board Member Updates

Alison Challenger, Director of Public Health at Nottingham City Council, and Catherine Underwood, Corporate Director for People at Nottingham City Council, presented reports on the current position and activities of their services. The following points were discussed:

- (a) Coronavirus has changed the work carried out by the Public Health team by a substantial amount. As the situation moves forward, the team will be investigating the wider health impacts of the virus, particularly in the context of mental health. In terms of education and schooling within the city during lockdown, the response from schools has been strong in supporting both pupils and their families, throughout the period.

The Board noted the reports.

12 Work Plan

The Chair presented the Committee's proposed work plan for the 2020/21 municipal year. If members have any comments about or suggestions for future business items to be considered by the Board, these can be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

Resolved to agree the proposed Work Plan.

13 Future Meeting Dates

Resolved to meet on the following dates:

- **Wednesday 25 November 2020 at 1:30pm**