

Nottingham City Council Health and Wellbeing Board

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 25 November 2020 from 1:31pm to 3:27pm

Voting Membership

Present

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

Absent

Michelle Tilling

Non-Voting Membership

Present

Lyn Bacon
Viki Dyer
Leslie McDonald
Craig Parkin
Jules Sebelin
Andy Winter

Absent

Mel Barrett
Tim Guyler
Julie Hankin
Superintendent Mathew Healey
Richard Holland

Colleagues, partners and others in attendance:

Adrian Mann - Governance Officer, Nottingham City Council
Claire Novak - Insight Specialist - Public Health, Nottingham City Council
Chris Wallbanks - Strategic Commissioning Manager, Nottingham City Council

14 Changes to Membership

The Board noted that Jules Sebelin has replaced Jane Todd as a representative of the Third Sector.

15 Apologies for Absence

Mel Barrett
Tim Guyler
Superintendent Mathew Healey
Michelle Tilling

16 Declarations of Interests

In the interests of transparency, Dr Hugh Porter stated that, in relation to item 22, he is a member of the Nottingham University Hospitals NHS Trust, which is a commissioning provider.

17 Minutes

The minutes of the meeting held on 30 September 2020 were confirmed as a true record and signed by the Chair.

18 Minutes of the Commissioning Sub-Committee

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 30 September 2020.

19 Coronavirus Update

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

- (a) the situation in Nottingham is improving, with 695 Coronavirus cases in the last seven days, as at 20 November (which equates to a rate of 208.8 cases per 100,000 people). This is down from 266.4 cases per 100,000 people in the previous 7 days and 353.0 per 100,000 at the start of the current lockdown period, and the peak of just over 1,300 cases per 100,000 people registered at the start of October. As such, Nottingham's rate of infection is now below the national average, and is continuing to decline. The infection rates are broadly similar in all adult age groups, and rates remain lowest among under 11s – though there has been a small spike of cases amongst children at secondary school. The way in which positive Coronavirus test results are recorded has changed, with cases now identified against where a person actually lives, rather than where the a person's GP surgery is located;
- (b) the data relating to Coronavirus cases is improving steadily and the latest information on infection rates across Nottingham and Nottinghamshire is now publically available on a new interactive dashboard on both the City and County Council's websites, which has been created through a long development process. This dashboard is updated daily, to provide the latest reliable information. Currently, the data can be broken down by age and gender, and further fields of relevant information are always being sought for inclusion. Some information is available on ethnicity, and this will be added to the dashboard. Work is also underway to produce a summary version of the full dashboard;
- (c) the national lockdown will be lifted as planned at the end of 1 December 2020. The Government has announced that, as part of their Winter Plan, there will be a return to a three-tier system where the tiers will differ slightly from their pre-lockdown definitions, and they have been 'strengthened' to achieve a more effective decrease in the number of infections, in accordance with scientific advice. Areas will be allocated to tiers based on the latest local data, including infection rates, current trends, the percentage of positive tests, and the current and projected pressures at local hospitals;
- (d) it is expected that Nottingham will be allocated a tier rating on Thursday 26 November. There will be exceptions to the standing tier restrictions for a five-day period at Christmas, where three households will be able to meet in a bubble. A

given household may be a member of one three-household bubble, only. Shops (including non-essential retail), personal care services, gyms and places of worship may open, if they have Coronavirus-secure arrangements in place;

- (e) measures are being developed for the escalation and de-escalation of the Coronavirus response position as required, and the infection trends in communities and local healthcare systems are being reviewed. Public Health's Coronavirus-related workload is still very high as, even though community transmission of the virus is reducing, there are still outbreaks occurring in some areas. Groups are in place to monitor cases in schools, universities and care homes;
- (f) 'Pillar 2' symptomatic testing for the virus is working well, with good accessibility and a quick turn-around for results. There is a great deal of new activity in relation to asymptomatic testing using lateral flow devices, which can provide a result within around 30 minutes, without a need for lab processing – though any positive result is sent to a lab for confirmation. Currently, 10,000 tests have been allocated to each Local Authority Director of Public Health, with further weekly allocations to be made in proportion to the size of the population served by the Authority;
- (g) a range of national pilot schemes are in progress, and local opportunities for the deployment of the tests are being explored, including the identification of the areas of greatest benefit and need. It is intended for these tests to be used for all students returning home for the holidays, in addition to other priority groups. The tests will also be made available for targeted groups of need within communities. However, the logistics of distributing the tests to the right areas are complex, so the required planning activity is being progressed rapidly to ensure that a testing programme is ready to go, and the greatest benefit from the available tests can be achieved. Specific staff training is required for these tests to be carried out effectively, and planning is underway to establish what staff will do the testing, where, and how;
- (h) in order to plan who constitutes the priority groups for testing, Public Health is working with the wide range of organisations represented in the Local Recovery Forum, and with the County Council. The major stakeholders are being consulted throughout, with advice sought widely from across the area partnerships, to inform an effective Control Plan identifying the most vulnerable people and the greatest workforce pressures, where testing would do the most good. For example, particular attention is needed on how to reach home care workers effectively, to combat asymptomatic spreading of the virus in that context;
- (i) the Board considered that how the decision is made on what priority groups are targeted for testing is vitally important, along with what processes are put in place to ensure that hidden and difficult to each vulnerable groups are accounted for. The Board requested that an update on how the testing programme is performing is brought to its next meeting;
- (j) if a person returns a negative result in a test, that means simply that the person does not have Coronavirus at the point of testing – it does not mean that they will not have the virus in the future. As such, strong communications are required to make it clear in the public perception what the test is, and what the results mean;

- (k) local virus contact tracing activity is now well embedded, and the Council is now able to follow up with doorstep visits where attempts to reach somebody by phone are not successful. The progress towards a vaccine is encouraging, and the NHS is preparing to roll out a vaccination programme when the vaccine has been approved by the regulatory bodies. However, Coronavirus still presents a significant risk, with infection rates remaining above the target level. The NHS is under pressure, and it is likely that it will take a few weeks for the number of Coronavirus patients within it to reduce. The Christmas bubble system is an attempt to enable families to meet together during that period, but it is likely that it will result in a following increase in infection rates, so it is vital to do everything possible to seek to reduce the transmission of the virus.

The Board noted the update, and requested that a report on the performance of the upcoming testing programme is brought to its next meeting.

20 Health and Wellbeing Strategy Update

Alison Challenger, Director of Public Health at Nottingham City Council, provided an update on the progress of the refresh of the Nottingham City Joint Health and Wellbeing Strategy. The following points were discussed:

- (a) work is continuing on the development of the priorities of the new Health and Wellbeing Strategy, working in partnership with the Nottingham City Integrated Care Partnership. However, due to the ongoing Coronavirus pandemic, it is unlikely that it will be possible to produce a new strategy document until early 2021.

The Board noted the update.

21 Nottingham City Integrated Care Partnership Update

Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented a report on the current position of the ICP and its main priorities. The following points were discussed:

- (a) the ICP has now been in operation for one year. This represents the start of a journey, and there is still a long way to go. However, the Coronavirus pandemic has created a sharp focus on certain areas where work is required. To begin at an achievable scale, the ICP has five priorities focused on improving the health and wellbeing outcomes of citizens: supporting people who face severe multiple disadvantages (SMD) to live longer and healthier lives; preparing children and young people to leave care and live independently; supporting those who smoke to quit, and reducing the number of people at risk of smoking; increasing the number of people receiving flu vaccinations; and reducing inequalities in health outcomes in Black, Asian and Minority Ethnic communities;
- (b) a cohort model is being applied to these citizen-orientated priorities, rather than the prior disease-orientated methodology, to ensure that the overall approach to health is much more holistic and works for Nottingham's particular city context and specific challenges, and the ICP is developing a new operational culture to

support this. A large amount of data is available to assist strategic planning in the round, and a major aim is to focus on proactive prevention, rather than simply reaction – achieving greater financial stability and improved performance;

- (c) the new model is starting to show good results, and it is extremely important for the ICP to use the funding that it is allocated as sustainably as possible, to secure the best outcomes for citizens with the resources available. As such, it is vital to ensure that all projects are of the right scale, and drive efficiencies. The Coronavirus pandemic has accelerated the ICP agenda, and a great deal of work is underway to support citizens both in and out of Coronavirus. Detailed work is taking place on vaccination programmes, for when a vaccine is available;
- (d) the ICP has a broad spectrum of representation and partners, giving it both strength and depth. The Programme Steering Group (PSG), with representation from a broad range of partners across the city, oversees the ICP programmes and focuses on work that impacts on health and wellbeing outcomes. An Executive Team, made up of the chief executives and directors from each of the partner organisations, supports the PSG and oversees the development of the ICP and the Primary Care Networks (PCNs). Each ICP programme has an Executive Sponsor from the Executive Team. The Partnership Forum, comprising mainly non-executive and elected members from each of the partner organisations, oversees the development of the ICP and provides constructive challenge on areas of focus and decision-making. It is planned that, as the ICP develops, the Forum will become a formal ICP Board;
- (e) in terms of addressing SMD, the ICP has been focusing support for rough sleepers through a multi-disciplinary team, including mental health services, and is seeking to alleviate some of the issues through the development of sustainable accommodation. Pathways to sustainable accommodation are also being implemented for young people leaving care, in addition to the provision of emotional wellbeing support, and transition support into adult mental health services. Significant work is being carried out to ensure positive destinations of education, training and employment for these young people;
- (f) initiatives are also in place to encourage pregnant women, children and the under 65s with respiratory problems to have flu vaccinations. These vaccinations are readily available to these target groups, but strong communications are needed to address any anxieties about the safety of the vaccination – which can often be raised by pregnant women concerned for their unborn child. There are also strong opportunities to grow the smoking cessation programme and apply the learning arising from it to other schemes, to develop more aligned approaches in other potential programme areas;
- (g) there is a huge amount of work taking place with the PCNs for the local delivery of care. This model represents a substantial change in the way in which primary care is delivered, and it has been embraced strongly during the Coronavirus pandemic. The PCNs are working hard to know their communities and provide integrated care delivery, and address health inequalities, at a neighbourhood level. To make integrated care successful, care providers need to work together closely and fully understand each other's organisations;

- (h) new resources are being made available to PCNs, so it is important to use these to achieve the best possible outcomes for communities. Current PCN-level projects include the establishment of social prescribing, with a focus on addressing the wider determinants of health. However, as part of the resourcing of this, a focus is required on the resilience of the voluntary sector, which picks up the referrals made by social prescribers – so work is required to ensure that the sector has the capacity and support to do so effectively. Currently, there is a significant pot of money available to resource social prescribing and a bidding process is underway, and work is being carried out to establish an NHS charitable funding channel to support resilience in the voluntary sector.

The Board noted the report, and hoped that the ICP would continue to develop strong partnership working across the city, to deliver care and address health inequalities at the neighbourhood level.

22 Commissioning Intentions 2020/2021

Chris Wallbanks, Strategic Commissioning Manager at Nottingham City Council, presented a report on the Council's Commissioning Intentions for 2020/21, and the collaborative approach that has been undertaken in developing and delivering the Commissioning Plan. The following points were discussed:

- (a) the Commissioning Intentions would normally have been brought to the Board in May or June, but were delayed due to the Coronavirus pandemic. The intentions as set out in the report reflect the work of the Commissioning Team with the Council and wider partners, but does not necessarily reflect all of the commissioning work carried out by the Council as a whole. A collaborative approach has been taken to planning and developing the intentions, and collaboration will be increased for future planning, to explore joint commissioning as much as possible. Most of the reviews have been done collaboratively, and the report details the large projects with the local Clinical Commissioning Group and other jointly-funded initiatives, to identify the key aspects of commissioning for 2020/21;
- (b) ultimately, the Board needs to consider the role that it will play in the future commissioning of services through a collaborative approach, to ensure that commissioning is carried out in a joined-up way, rather than independently by each individual organisation;
- (c) currently, the commissioning intentions are reported annually, but work is needed to consider the development of collaborative commissioning planning for a number of years ahead, such as across a three-year timeframe, to achieve a real difference and better health outcomes for citizens. System-level commissioning focused on the areas of best potential for integration is needed (such as children, home care and discharge from hospital), with a strategic approach to vulnerable cohorts that is clear on the intended outcomes;
- (d) indications of progress in co-production and design are needed to show how commissioning planning is live to the needs of communities, as part of a collaborative approach to commissioning involving both service users and stakeholders. It is important for commissioners to work with the voluntary sector,

to ensure that funding reaches the smaller community providers. Investment in a vibrant community sector is vital, and careful consideration is needed as to how commissioners achieve effective engagement at this level and ensure that proper resilience in the sector is supported. Work is also needed to consider how individual voluntary organisations coordinate within their sector to achieve a holistic approach and engage with commissioners in a collective way;

- (e) it is important to have a strong focus on prevention and healthy lives, so there is a need to approach citizens and organisations within the city to establish what kind of environment they want Nottingham to be in the future, to inform what co-production can be carried out across the wider city to get the right commissioned services to achieve this outcome;
- (f) as such, principles and a strategy are being developed for co-commissioning in the future, with a written plan to be produced every year. A main principle is to procure from local providers wherever possible, and to seek to support the smaller community providers.

The Board noted the report.

23 Joint Strategic Needs Assessment: Evidence Summary

Claire Novak, Insight Specialist (Public Health) at Nottingham City Council, presented a report to summarise the six chapters of the Joint Strategic Needs Assessment (JSNA) published during 2019 to 2020. The following points were discussed:

- (a) the Evidence Summary presents an overview of the health and wellbeing needs in Nottingham through summaries of the six JSNA chapters published during the 2019/20 financial year, being Pregnancy; Air Quality and Health; Demography; Smoking and Tobacco Control; Severe Multiple Disadvantage (which has received a great deal of positive attention); and Housing, Excess Winter Deaths and Cold-Related Harm. This year, it has not been possible to produce as many chapters as intended, due to the Coronavirus pandemic. However, work is also underway to streamline the chapter production process and improve how the chapters are presented;
- (b) the JSNA is a large resource, with over 50 chapters – though the JSNA Steering Group is starting a process to see if some of this content can be rationalised. The chapters are refreshed regularly, to ensure that the data within the JSNA is kept current and less than three years old. The information within the JSNA is important for the development of commissioning and integration plans, going forward. The Steering Group's primary aim is to ensure that the JSNA is fit for purpose and focuses on the right issues;
- (c) the JSNA is delivered primarily by the Council's Public Health team, though most of the chapters are produced in partnership with other related organisations. In the context of the wider determinants of health, such as air quality improvement, it is important that a robust understanding of the cost and associated benefits of the initiatives is set out, to show how better health benefits the wider economy;

- (d) the upcoming Crime and Drugs Partnership (CDP) plan is in its consultation stage with a wide range of partners across the City and County, and JSNA data is being shared to support this plan. The CDP also nominates members to share evidence, data and recommendations for related JSNA chapters. It is important that all partners link up effectively to progress the collective agenda, and the Fire and Rescue Service is particularly eager to work with other organisations in this area;
- (e) the Board suggested that, going forward, the long-term impacts of Coronavirus on mental health need to be investigated through the JSNA. It will also be important to consider how pollution will be affected by population increase; the effective safeguarding of children and older people; and addressing homelessness and substance misuse. It is vital for stakeholders to collaborate and focus on the primary areas of need to achieve clear outcomes for communities over the next few years.

The Board noted the report, and requested that an update is provided to its March meeting on the proposed future approach to new JSNA chapters.

24 Board Member Updates

Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current position and activities of Children's and Adults' Services. The following points were discussed:

- (a) due to the Coronavirus pandemic and current lockdown position, the Ofsted inspection of all key Children's Services expected in November will be rescheduled to take place in early 2021;
- (b) the Healthwatch Nottingham and Nottinghamshire annual general meeting will take place by video conference on Wednesday 9 December, and joining details are available on the Healthwatch website. The conference aims to showcase Healthwatch's work taking place across the whole health and care system, and the attendance of Board members and their organisations would be very welcome.

The Board noted the report, and the updates from members.

25 Work Plan

The Chair presented the Board's proposed work plan for the 2020/21 municipal year. If members have any comments or suggestions for future 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.

The Board noted the Work Plan.

26 Future Meeting Dates

Resolved to meet on the following dates:

- **Wednesday 27 January 2021 at 1:30pm**
- **Wednesday 24 March 2021 at 1:30pm**