



Nottingham City Health and Wellbeing Board

Date: Wednesday 25 November 2020

Time: 1:30pm

Place: To be held remotely via Zoom and live-streamed to:
<https://www.youtube.com/user/NottCityCouncil>

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764468

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.

Agenda	Pages
1 Changes to Membership <ul style="list-style-type: none">Jules Sebelin has replaced Jane Todd as a representative of the Third Sector	3 - 4
2 Apologies for Absence	
3 Declarations of Interests	
4 Minutes Minutes of the meeting held on 30 September 2020, for confirmation	5 - 12
5 Minutes of the Commissioning Sub-Committee Minutes of the meeting held on 30 September 2020, for noting	13 - 16
6 Coronavirus Update Update by the Director of Public Health	Verbal Report
7 Health and Wellbeing Strategy Update Update by the Director of Public Health	Verbal Report
8 Nottingham City Integrated Care Partnership Update Update from the Integrated Care Partnership	Verbal Report
9 Commissioning Intentions 2020/2021 Report of the Director of Public Health	17 - 30
10 Joint Strategic Needs Assessment: Evidence Summary Report of the Director of Public Health	31 - 46

11	Board Member Updates Updates from Board members	47 - 50
12	Work Plan	51 - 52
13	Future Meeting Dates For agreement: Wednesday 27 January 2021 at 1:30pm Wednesday 24 March 2021 at 1:30pm	

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.

Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>.

Health and Wellbeing Board Membership

Voting Members	
Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Eunice Campbell-Clark (Chair) Portfolio Holder for Health, HR and Equalities
Nottingham City Council's Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children and Young People
Two further Nottingham City Councillors	Councillor Adele Williams Portfolio Holder for Adult Care and Local Transport
	<i>Vacant</i>
Four representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Dr Hugh Porter (Vice Chair)
	Michelle Tilling City Locality Director
	Dr Manik Arora
	<i>Vacant</i>
Corporate Director for People (Children and Adults), Nottingham City Council	Catherine Underwood
Director of Adult Social Care, Nottingham City Council	<i>Vacant</i>
Director of Public Health, Nottingham City Council	Alison Challenger
Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
Representative of NHS England	<i>Vacant</i>
Non-Voting Members	
Representative of the Nottingham University Hospitals NHS Trust	Tim Guyler Director of Integration
Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Julie Hankin Executive Medical Director
Representative of the Nottingham CityCare Partnership	Lyn Bacon Chief Executive
Representative of Nottingham City Homes	Richard Holland Assistant Director of Housing Operations
Representative of Nottinghamshire Police	Superintendent Mathew Healey Area Command for the City
Representative of the Department for Work and Pensions	Viki Dyer District Operations Leader

Representative of Nottingham Universities	Andy Winter Director of Campus Life, University of Nottingham
Representative of Nottinghamshire Fire and Rescue Service	Craig Parkin Deputy Chief Fire Officer
Up to two individuals representing the interests of the Third Sector	Leslie McDonald Executive Director, Nottingham Counselling Centre
	Jules Sebelin Deputy Chief Executive, Nottingham Community Voluntary Services
Chief Executive, Nottingham City Council	Mel Barrett

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 Guylar
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 Guylar 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 year 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**

**Nottingham City Council
Health and Wellbeing Board Commissioning Sub-Committee**

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 30 September 2020 from 4:05pm to 4:14pm

Membership

Present

Sarah Fleming (Chair)
Dr Manik Arora
Councillor Eunice Campbell-Clark
Councillor Adele Williams
Sarah Collis

Absent

Katy Ball
Helen Blackman
Alison Challenger
Christine Oliver
Catherine Underwood
Ceri Walters

Steve Oakley (substitute for Katy Ball)

Colleagues, partners and others in attendance:

Karla Banfield - Market Strategy and Development Manager, Nottingham City Council
Lisa Lopez - Lead Commissioning Manager, Nottingham City Council
Adrian Mann - Governance Officer, Nottingham City Council
Naomi Robinson - Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Call-in

Unless stated otherwise, all decisions made by the Health and Wellbeing Board: Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Thursday 8 October 2020**. Decisions cannot be implemented until the next working day following this date.

1 Changes to Membership

The Committee noted that Dr Manik Arora has replaced Dr Hugh Porter as the GP Lead of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group.

2 Apologies for Absence

Katy Ball - on leave
Helen Blackman - work commitments
Alison Challenger - work commitments
Christine Oliver - on leave
Catherine Underwood - technical problems
Ceri Walters - work commitments

3 Declarations of Interests

None.

4 Minutes

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

5 Better Care Fund National Reporting Template (Quarter 4)

This item does not contain any decisions that are eligible for call-in.

Naomi Robison, Senior Joint Commissioning Manager at NHS Nottingham and Nottinghamshire Clinical Commissioning Group, presented a report on the Better Care Fund (BCF) Reporting Template for Quarter 4 of 2019/20. The following points were discussed:

- (a) the current template, submitted to NHS England & NHS Improvement on 4 September 2020, confirms the status of continued compliance against the requirements of the BCF and provides information about the challenges, achievements and support needs in progressing the delivery. The BCF reporting requirements were paused during the Coronavirus lockdown and, in recognition of the disruption and reduced availability of resources caused by the pandemic, the resumed reporting requirements have been reduced significantly;
- (b) the reduced requirements provide essential information relevant to BCF accountability and delivery at the end of 2019/20, including confirmation that mandatory national conditions were met; information to highlight a success with integrated working; an overview of income and expenditure; and overall year-end feedback. During the period, there was particular success in the city in ensuring patient discharge from hospital at the right time, with a full assessment of home care needs. This ensured that patients were not in hospital when they did not need to be, and were supported at home in the re-enablement process;
- (c) due to the ongoing Coronavirus emergency, BCF planning for 2020/21 has been delayed. As such, the current services funded by the BCF will roll forward, until new planning guidance is released nationally.

Resolved to approve the Better Care Fund Reporting Template return to NHS England & NHS Improvement for Quarter 4 of 2019/20.

- **Reasons for the decision**

To confirm continued compliance against the requirements of the BCF and establish the challenges, achievements and support needs in progressing delivery. This will inform the BCF Plan, which will build on the achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole system perspective.

- **Other options considered**

To do nothing: this option is rejected because it is a national requirement for the Local Authority and Clinical Commissioning Group to review the BCF quarterly

Health and Wellbeing Board Commissioning Sub-Committee – 30.09.20

reporting templates and make a signed-off return to NHS England & NHS Improvement.

6 Future Meeting Dates

Resolved to meet in the following dates:

- **Wednesday 25 November 2020 at 4:00pm**

This page is intentionally left blank

**Health and Wellbeing Board
25 November 2020**

	Report for Information
Title:	Commissioning Intentions 2020/21
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Chris Wallbanks, Strategic Commissioning Manager chris.wallbanks@nottinghamcity.gov.uk
Brief summary:	This report sets out Nottingham City Council's Commissioning Intentions for 2020/21. The report reflects the collaborative approach that has been undertaken in developing and delivering the Commissioning Plan.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the main areas of activity within the Commissioning Plan 2020/21; and
- b) consider, as a partnership, the potential for future joint commissioning opportunities.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Contributions to the joint Health and Wellbeing Strategy aims and outcomes are detailed within the attached Commissioning Plan (Appendix 1).
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens	

are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and 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
The Commissioning Plan details a number of reviews that are specifically related to improving the mental health of wellbeing of Nottingham's citizens, including through improved service provision.

Background papers: Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision.	None.
---	-------

Health and Wellbeing Board Report: 25 November 2020

Commissioning Intentions 2020/21

Introduction

Nottingham City Council's Commissioning Intentions are formulated annually in response to policy and legislative requirements, contractual issues, partnership priorities and the financial climate, in order to deliver improved outcomes for Nottingham citizens. The Commissioning Plan reflects the work undertaken by the Commissioning Team on behalf of our internal clients and does not represent all of the commissioning activity within Nottingham City Council.

Process

The Commissioning Reviews identified within the Plan are the result of regular discussions with our internal clients and stakeholders, including Directors and Portfolio Holders, our external partners, including those supporting the Integrated Care System, the Integrated Care Partnership, the Clinical Commissioning Group, the Office of the Police and Crime Commissioner, the Voluntary and Community Sector, Service Providers and Service Users.

Each review follows the Commissioning Cycle approach of Analyse, Plan, Do, Review and the timeline for each is dependent on the size of the review, the number of services in scope and their complexity.

Context

The Commissioning Plan is developed to support key strategic partnership plans, including the aims and outcomes of the joint Health and Wellbeing Strategy, a number of the Integrated Care Partnership priorities and elements within the NHS Long Term Plan.

Increasingly, all partners are working together towards a place-based and cohort-based approach to commissioning, with consideration given to the whole system and the challenges it faces. This approach will enable the better use of limited resources to deliver the best services possible to our citizens.

The Commissioning Plan includes elements of this approach and it is anticipated that as the future direction of travel is to commission services for citizens more strategically and holistically, future plans will be co-produced between partners. This is a shared aspiration and one that the Health and Wellbeing Board will be well-placed to influence.

Content

The Commissioning Plan (Appendix 1) identifies areas of commissioned activity for 2020/21. It does not detail all of the on-going commissioning activity that supports

those services commissioned in previous years, nor all of the activity that has supported services to respond to the Covid crisis over the last few months.

The Plan also identifies the key stakeholders for each review. It identifies services that have been jointly commissioned, and reviews that have been undertaken through a collaborative approach with partners.

The reviews are categorised as Strategic Reviews, where a number of similar services are reviewed together and transformational change and systemic efficiencies are considered on a large scale; Services Reviews, where two or three services are considered together and Service Reviews; where one service is reviewed individually.

Recommendation:

It is recommended that the Health and Wellbeing Board;

- 1) notes the main areas of activity within the Commissioning Plan 2020/21; and
- 2) considers, as a partnership, the potential for future joint commissioning opportunities.

Commissioning Intentions April 2020 - March 2021

JOINT STRATEGIC REVIEWS	
TITLE: <u>Severe and Multiple Disadvantage (SMD)</u>	STATUS: New Strategic Review
BUDGET: Unknown	FUNDING SOURCE: TBC
CONTRACT END DATE:	STAKEHOLDERS: NCC, CCG, Opportunity Nottingham, CDP, Office of the Police and Crime Commissioner (OPCC), Integrated Care Partnership (ICP)
PORTFOLIO HOLDER: Cllr Campbell-Clark, Cllr Woodings	
Background	Completion Date
<p>SMD is now a priority area for the Integrated Care Partnership (ICP). Significant progress has been made in the operational alignment of services for rough sleepers during the pandemic. This includes a regular meeting of commissioning and service leads to promote the more integrated delivery of services and a new operational Multi-Disciplinary Team approach is being trialled and evaluated under the auspices of the ICP.</p> <p>Initial work has started to scope options for a more integrated delivery (e.g. with consideration to joint commissioning) for a wider SMD population where a rationale can be identified. Key dates:</p> <ul style="list-style-type: none"> • Develop plans for the delivery of new and adjusted services for rough sleepers in conjunction with, or to complement, ICP delivery – Q3 20/21 • Develop a timeline for expansion of work through the ICP to encompass the wider SMD population and relevant commissioning / service planning – Q3 20/21 • Work to align CCG and NCC commissioning intentions for SMD – Q3 onwards; introduce a new approach prior to the close of Opportunity Nottingham in Q1 2022/23 • The ICP have been approached to consider any commissioning intentions and to consider funding arrangements 	March 2022
TITLE: <u>Mental Health Pathway</u>	STATUS: Strategic Review
BUDGET:	FUNDING SOURCE:
CONTRACT END DATE:	STAKEHOLDERS: ICP, CCG CDP
PORTFOLIO HOLDER: Cllr Williams	
Background	Completion Date
<p>The review aims to explore ways to develop a more integrated and cost effective approach to the health and care delivery system for people with mental ill-health.</p> <p>Work is being undertaken jointly with the CCG to review the MH pathway and to agree service objectives and funding arrangements. The MH</p>	

<p>pathways will be mapped across Children's Services, the CDP-related services and Adults' Services to understand interdependencies, opportunities and gaps. We will assess and mould current new contracted services to understand the impact of current services and the reablement model.</p> <p>Work is on-going with the CCG to change the funding arrangements to keep Palmwood & Orchard</p>		
TITLE: <u>Transforming Care</u>	STATUS: On-going review of services	
BUDGET: unknown and variable	FUNDING SOURCE: TCP Partnership, NHS England	
CONTRACT END DATE:	STAKEHOLDERS: CCG, County, NHS England,	
PORTFOLIO HOLDER: Cllr Williams		
Background		Completion Date
<p>The Transforming Care Partnership is working to minimise the number of citizens with learning disabilities and/or autism who are inappropriately in secure accommodation and to ensure appropriate community provision is in place to meet the needs of this cohort. The Partnership is currently restructuring the work streams and we are awaiting confirmation of this from the Board A key part of the work is to consider/develop pooling arrangements with the County Council and the CCG – <i>tbc</i> We will support the commissioning arrangements for existing services (including advocacy) and develop new provision for individuals. We will provide commissioning oversight of partnership commissioned services The Partnership will also consider developing provision for children – <i>tbc</i> Finalise Capital Funding bid54t</p>		TBD
HOMELESSNESS		
TITLE: <u>Core Funded Services for Homeless Families</u>	STATUS: Services Review	
BUDGET: £3.9m pa; grants £0.97m pa (20/21 figure)	FUNDING SOURCE: NCC core budget; grants through Flexible Homelessness Support Grant (FHSG) and Homelessness Reduction Grant (HRG)	
CONTRACT END DATE: Various	STAKEHOLDERS: NCC, CCG, MHCLG, ICP, Opportunity Nottingham	
PORTFOLIO HOLDER: Cllr Woodings		
Background		Completion Date
<p>We are supporting colleagues in Housing to review services, including the implementation of contract extensions and the re-awarding of some services funded via the Flexible Homelessness Support Grant (awarded annually by Government). We are also supporting the cross-council programme on temporary accommodation reduction. Due to the current situation this year, we have had to support an immediate response from services to support homeless families and individuals. This is expected to continue into 2021/2022 with a focus on prevention. We continue to work with colleagues to input into the delivery of the Homelessness Strategy to ensure alignment with other strategic or</p>		March 2021

commissioning developments e.g. CCG commissioning, and the SMD agenda.		
TITLE: <u>Rough Sleeping</u>	STATUS: Services Review	
BUDGET: : £235k pa (core funding) £1.99m Grants:	FUNDING SOURCE: NCC, 20/21 grants: MHCLG	
CONTRACT END DATE: Various	STAKEHOLDERS: NCC, MHCLG, ICP, CCG, CDP, Opportunity Nottingham	
PORTFOLIO HOLDER: Cllr Woodings		
Background		Completion Date
<p>The Council receives annual funding awards for a system of services to reduce rough sleeping through bids to the MHCLG Rough Sleeping Initiative. Due to the Covid pandemic this year, many existing services have had to be re-modelled and new services put in place.</p> <p>Proposals have been submitted to MHCLG to secure funding for the delivery of emergency accommodation and other support for rough sleepers over the winter (until the end of 20/21).</p> <p>We will be establishing a new framework for the procurement of services for rough sleepers for next year.</p>		April 2021
TITLE: <u>MHCLG Next Steps Accommodation Programme</u>	STATUS: Commissioning of Services	
BUDGET: TBC; bid for £5.1m (net) to end 23/24	FUNDING SOURCE: MHCLG bid	
CONTRACT END DATE: TBC	STAKEHOLDERS: NCC, MHCLG, ICP, CCG, Opportunity Nottingham	
PORTFOLIO HOLDER: Cllr Langton		
Background		Completion Date
<p>Earlier this year, the government announced the Next Steps Accommodation Programme (NSAP) to set out its plans to work with local authorities to secure settled accommodation for former rough sleepers.</p> <p>The Council has submitted an application for a number of proposals to create new homes with support in 2020/21, which include agreements to secure and develop suitable properties and to make arrangements for the provision of appropriate support to promote sustainability.</p> <p>Notice on initial awards is expected by November 2020.</p> <p>Arrangements will be made with partners to establish contracts for revenue funded services to enable services to be delivered in line with those proposals supported by MHCLG for delivery in 2020/21.</p> <p>Preparation for next year's application includes work with partners on a proposal to establish a substantial new supported accommodation provision which explores opportunities to host 'in-reach' services (e.g. attending to health) provided by wider partners.</p>		March 2021

ADULT SOCIAL CARE

TITLE: <u>Residential Review</u>		STATUS: Strategic Review continuing from 2019	
BUDGET: NCC c£57m + CCG £10.3m		FUNDING SOURCE: NCC, CCG	
CONTRACT END DATE: 31/03/2025		STAKEHOLDERS: CCG	
PORTFOLIO HOLDER: Cllr Williams			
Background			Completion Date
A review of residential provision has been undertaken and the recommendations have influenced a new outcomes-based service model New contracts commenced in April 2020			April 2020 (COMPLETED)
TITLE: <u>Mental Health</u>		STATUS: Strategic Review continuing from 2019	
BUDGET: £16,356,273		FUNDING SOURCE: HRS £14,355,216 Subject to joint funding arrangements with the CCG under s117 Advocacy: £2,001,057	
CONTRACT END DATE: 31/03/2020		STAKEHOLDERS: NHS Trust, NHS City Care, GNCP	
PORTFOLIO HOLDER: Cllr Williams			
Background			Completion Date
Work has been undertaken to develop a new model for MH services, to ensure that the right mix of support and a comprehensive pathway between services is in place to deliver the Better Lives, Better Outcomes approach. The new model includes a reablement function. Closing dates for tenders are staggered through September and October. Implementation will start in Autumn 2020 with new services commencing in April 2021.			March 2021
TITLE: <u>Carers</u>		STATUS: New Services Review	
BUDGET: Carers Hub £263k p.a. + Carers Respite £311k p.a. + AYC £140k p.a.		FUNDING SOURCE: BCF (CCG)	
CONTRACT END DATE: 31/03/2020 +1+1		STAKEHOLDERS: Carers' Support Services, CCG	
PORTFOLIO HOLDER: Cllr Williams			
Background			Completion Date
A 'light touch' reviews of carers' services is to be completed in October/November 2020 – contracts to be extended for 1 further year, pending agreement by the CCG There is a CCG expectation to review all services in 2020, to explore options for joint city/county provision.			November 2020

New SCR to commence October/November 2020.		
TITLE: <u>Assistive Technology (AT)</u>	STATUS: New Services Review	
BUDGET: £3.332m + £353.149 + £957,000	FUNDING SOURCE: NCC	
CONTRACT END DATE: 31/03/2021	STAKEHOLDERS: NCH, CCG	
PORTFOLIO HOLDER: Cllr Williams		
Background		Completion Date
Review of all AT contracts, including Dispersed Alarms, Sheltered Alarms, Telecare and Telehealth to precede the commissioning of new services. AT also forms part of the ASC Digital Vision		March 2021
TITLE: <u>Extra Care</u>	STATUS: Review of Services	
BUDGET: £1.3m	FUNDING SOURCE: NCC and CCG for packages of care determined individually	
CONTRACT END DATE: Various 2024/25	STAKEHOLDERS: CCG	
PORTFOLIO HOLDER: Cllr Williams		
Background		Completion Date
Extra Care is specialist accommodation for older people with onsite care provision and is a cost effective alternative to residential care. This year, work is focusing on managing relationships within the provider market to ensure that Extra Care is meeting the needs of citizens and ASC. Work is being undertaken with ASC to support clear pathways. We are also working to develop options for new areas of Extra Care and to review Extra Care and Assessment Apartments		March 2021 June 2020
TITLE: <u>Care, Support and Enablement (CSE)</u>	STATUS: Review of Services	
BUDGET: £126m (£14m pa actual spend)	FUNDING SOURCE: NCC and CCG for packages of care determined individually	
CONTRACT END DATE: 28/02/2023 + 4	STAKEHOLDERS: CCG	
PORTFOLIO HOLDER: Cllr Williams		
Background		Completion Date
We are working with developers and housing providers to ensure that there is sufficient, suitable accommodation to meet the aims of the Better Lives Better Outcomes (BLBO) strategy. We will establish the requirements of ASC outside of Specialist Services and link to a wider programme of development We will explore opportunities for developments within NCC in collaboration with Regeneration and NCH Provider forums will be established to ensure that providers are engaged with the aims of the CSE contract <i>on a</i> quarterly basis		March 2021

TITLE: <u>Day and Evening Services</u>		STATUS: New Services Review	
BUDGET: TBC		FUNDING SOURCE: NCC	
CONTRACT END DATE:		STAKEHOLDERS: NCC, External Day Centre Providers	
PORTFOLIO HOLDER: Cllr Williams			
Background			Completion Date
<p>Day and Evening Services are intended to provide opportunities for citizens who are eligible to meet others in a supportive environment, enabling citizens to become further independent and to get involved in a range of group or community activities. Due to Covid-19, most buildings-based services were closed during the lockdown. Re-opening services cannot offer the same capacity as they previously did, and it is clear that it is not possible for all citizens who previously attended day centres to resume doing so.</p> <p>The review will consider how we re-shape services to take into account both the needs of the service users and their families, the changes to services required due to Covid-19, and the impact on both internal services and external providers. The outcomes of the review are likely to result in changes to the service model for both internal and external services, including payment arrangements for externally commissioned services centre.</p>			April 2021
TITLE: <u>Advocacy</u>		STATUS: New Strategic Review	
BUDGET: City contribution £258,038 (whole contract value £2.7m)		FUNDING SOURCE: BCF	
CONTRACT END DATE: 30/09/19 + extension (up to Oct. 2023)		STAKEHOLDERS: NCC, County, CCG	
PORTFOLIO HOLDER: Cllr Williams			
Background			Completion Date
<p>Changes in Advocacy legislation are expected to come into force in October 2022, and are expected to place additional duties on Local Authorities and increase eligibility and funding requirements. A Strategic Commissioning Review will be required to consider the new model and implications. The re-procurement is likely to be complex, involving both County and Health (potentially CCG and providers).</p> <p>To enable the SCR to take place, a contract extension up to October 2023 is being sought. A Light Touch review may be necessary this year to support a contract extension.</p>			March 2021
SEXUAL VIOLENCE AND SUBSTANCE MISUSE			
TITLE: <u>Sexual Violence Service (NSVSS)</u>		STATUS: New Service Review	
BUDGET: : £185,836		FUNDING SOURCE: OPCC. CCG. NCC	
CONTRACT END DATE: 31/12/2020		STAKEHOLDERS: DSV JCG	
PORTFOLIO HOLDER: Cllr Mellen			

Background		Completion Date
This service provides support and counselling for survivors of both current and historical sexual abuse. It will refer into the SARC (Sexual Abuse Reporting Centre) to link the survivor with the police and ensure Criminal Justice practices are convened. A new service will be launched on the 1 st January 2021, this has now been commissioned as a countywide service by the OPCC and the service bid has been awarded to NSVSS		January 2021
TITLE: <u>Prevention (Equation)</u>	STATUS: New Service Review	
BUDGET: : £149,291	FUNDING SOURCE: NCC, OPCC	
CONTRACT END DATE: 31/03/2021	STAKEHOLDERS: OPCC, NCC	
PORTFOLIO HOLDER: Cllr Mellen		
Background		Completion Date
The DV Prevention service is a dual functioning service, which works towards the aim of reducing the prevalence of, and harm caused by domestic and sexual violence. The two functions of the service are: <ul style="list-style-type: none"> • Delivering training programmes and resources to children and young people in schools and other education settings around healthy relationships and domestic and sexual abuse, at levels appropriate for each age range. • Delivering training and resources to professionals, and to carry out campaigns aimed at raising awareness and reducing the prevalence and harm caused by DSVAs in Nottingham City. <p>We are currently in the process of going out to tender. The proposal is for a three-year contract with three further extension periods of two years. The service has delivered well during the pandemic and has been central to getting new and changing information about access to survivors and to professionals.</p> <p>The new service is due to begin on 1st April 2021, following a competitive tender process.</p>		March 2021
TITLE: <u>Pharmacy Supervised Consumption</u>	STATUS: New Service Review	
BUDGET: £225,613 pa	FUNDING SOURCE: Public Health	
CONTRACT END DATE: 31/03/2021	STAKEHOLDERS: CDP Partners	
PORTFOLIO HOLDER: Cllr Campbell-Clark		
Background		Completion Date
52 pharmacies across Nottingham City are commissioned to deliver the supervised consumption of methadone and buprenorphine. The service aims to reduce the potential harm caused by taking home these prescribed drugs, such as reduced risk of accidental poisoning (specifically of children); reduced risk of over and under-dosing, and reduced likelihood of diversion. It also allows for service users to see a medical professional regularly.		February 2021

The current contract was awarded on a 1+1+1 basis, starting in April 2018. The process was undertaken through open accreditation. Procurement of this will start again at the beginning of 2021/22.		
FINANCIAL VULNERABILITY		
TITLE: <u>Advice Services for People Vulnerable to Financial Difficulty</u>	STATUS: Services Review	
BUDGET: £883k pa (externally delivered services)	FUNDING SOURCE: Public Health	
CONTRACT END DATE: October 2021	STAKEHOLDERS: NCC Welfare Rights / Finance, Housing, Public Health	
PORTFOLIO HOLDER: Cllr Langton		
Background		Completion Date
The contract for these services ends in October 2021, but due to the pandemic and its implications on the financially vulnerable, it has been necessary to respond to the issues as they emerged, including developing plans for use of the Defra allocation to NCC to alleviate hardship and vary agreements with advice providers. As part of the commissioning proposals, we will scope a joint review of internal and commissioned advice provision and provide recommendations for a future model.		September 2021
SEXUAL HEALTH SERVICES		
TITLE: <u>Integrated Sexual Health Services</u>	STATUS: Strategic Review	
BUDGET: c £3,388,548 pa	FUNDING SOURCE: Public Health	
CONTRACT END DATE: extending to 2022	STAKEHOLDERS: County	
PORTFOLIO HOLDER: Cllr Campbell-Clark		
Background		Completion Date
The sexual health service strategic commissioning review commenced in September 2019, but was paused in April 2020 due to the pandemic. Integrated sexual health services are a mandatory function of local authorities and provide open-access contraception and STI services. Complimentary to the integrated service in Nottingham there are a number of additional smaller sexual health contracts that provide targeted support for high-risk populations, eg a targeted service for people who use drugs. These targeted services need to remain aligned to the integrated service and are thus included in the strategic commissioning review. There is the option within the integrated sexual health services contract to extend the service in one-year increments until the end of March 2024, however this is not the preferred way forward as we need to carry out the review to ensure that the sexual health needs of citizens are being met.		July 2021

CHILDREN AND YOUNG PEOPLE

TITLE: <u>Targeted Child and Adolescent Mental Health Service (CAMHS)</u>		STATUS: New Service Review	
BUDGET: £1,454,000 pa		FUNDING SOURCE: jointly funded by NCC and CCG (Section 75 Agreement)	
CONTRACT END DATE: N/A		STAKEHOLDERS: NCC, CCG	
PORTFOLIO HOLDER: Cllr Barnard			
Background		Completion Date	
<p>Nottingham City Council has managed the Nottingham Targeted CAMHS by for a number of years. The funding for this service has been from mainstream Nottingham City Council funding and Nottingham City CCG. The service is fully integrated and has performed well over many years. A Section 75 Agreement was developed jointly in 2017 to ensure the Targeted CAMHS continued to provide a high quality service to the young people of Nottingham and the level of funding from each partner was protected. The Agreement is due to be reviewed this year to ensure that the service specification is still fit for purpose and the learning from the Covid situation is incorporated into it.</p>		March 2021	
TITLE: <u>Teenage Pregnancy Supported Housing</u>		STATUS: New Service Review	
BUDGET: £230k pa		FUNDING SOURCE: Public Health	
CONTRACT END DATE: 31/10/21		STAKEHOLDERS: NCC, CCG	
PORTFOLIO HOLDER: Cllr Campbell-Clark			
Background		Completion Date	
<p>The purpose of the service is to provide safe, supported accommodation for pregnant teenagers, teenage parents and their children in Nottingham; providing the space and means for the teenagers to become good parents. The service will support teenage parents to ultimately gain access to settled, sustainable living arrangements that will enable them to live as independently as possible, and to encourage the means (eg through the development of skills, resilience and the creation of successful support networks) to enable these arrangements to be maintained. A review of the service will start in January 2021 and the findings will influence the development of a new service specification and contract.</p>		September 2021	
TITLE: <u>Independent Visitor and Advocacy Service</u>		STATUS: New Service Review	
BUDGET: £180k pa		FUNDING SOURCE: Jointly funded between NCC (£80k) and Nottinghamshire CC	
CONTRACT END DATE: 31/03/21		STAKEHOLDERS: NCC, Notts CC	
PORTFOLIO HOLDER: Cllr Barnard			
Background		Completion	

<p>Children's advocacy is a statutory responsibility for children in care and for children subject to child protection procedures. The current contract for this service is jointly commissioned with Nottinghamshire County Council (County is the lead commissioning agency.) Nottinghamshire County Council intend to change their service model, and are considering in-house provision. NCC will continue to work closely with the County to consider the benefits of this approach and will undertake a review of existing need in the City to inform an appropriate service model .</p>		<p>Date August 2021</p>
<p>TITLE: <u>Short Breaks</u></p>	<p>STATUS: Service Review continuing from 2019</p>	
<p>BUDGET: Group activities - up to £104,000 p.a +1-1 'befriending' - up to £28,800 p.a.</p>	<p>FUNDING SOURCE: NCC</p>	
<p>CONTRACT END DATE: 30/09/20</p>	<p>STAKEHOLDERS: NCC, CCG</p>	
<p>PORTFOLIO HOLDER: Cllr Barnard</p>		
<p>Background</p>		<p>Completion Date</p>
<p>The number of children and young people with special educational needs and/or a disability (SEND) has been rising nationally and locally, increasing the demand for support. The review has looked at the short breaks provision available to this cohort to ensure it meets their needs. The recommendations from the review have influenced the commissioning of new services. Two providers have been awarded the contract for 1-1 activity and one for group activities. Contracts are being issued for the services to start at the end of October and are for a 4 year period.</p>		<p>September 2020</p>
<p>TITLE: <u>Children in Care</u></p>	<p>STATUS: New Strategic Review</p>	
<p>BUDGET: Internal £11,840,000 pa. External £22,260,000 pa.</p>	<p>FUNDING SOURCE: NCC,D2N2</p>	
<p>CONTRACT END DATE:</p>	<p>STAKEHOLDERS: NCC, D2N2, External Placements Providers</p>	
<p>PORTFOLIO HOLDER: Cllr Barnard</p>		
<p>Background</p>		<p>Completion Date</p>
<p>This review is looking at sufficiency and costs in children's placements, internal and external options and market management strategies. The recommendations from the review will inform our future sufficiency strategy.</p>		<p>September 2020</p>

**Health and Wellbeing Board
25 November 2020**

	Report for Information
Title:	Joint Strategic Needs Assessment Evidence Summary (2020)
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	<p>Amy Pellow and Gill Clark, Strategic Insight Assistant Researchers amy.pellow@nottinghamcity.gov.uk gill.clarke@nottinghamcity.gov.uk</p> <p>Claire Novak, Insight Specialist – Public Health claire.novak@nottinghamcity.gov.uk</p>
Brief summary:	<p>This Evidence Summary presents an overview of the health and wellbeing needs in Nottingham City using the key findings from Nottingham City’s Joint Strategic Needs Assessment (JSNA). It summarises the six chapters published during the financial year 2019 to 2020:</p> <ul style="list-style-type: none"> • Pregnancy • Air Quality and Health • Demography • Smoking and Tobacco Control • Severe Multiple Disadvantage • Housing, Excess Winter Deaths and Cold-Related Harm <p>JSNAs are local assessments of current and future health, and of social care needs. The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help determine what actions Local Authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.</p> <p>Nottingham City’s JSNA chapters each consider a particular health and social care issue or the health and social care needs of specific groups. All supporting data and information for this Evidence Summary, including references, can be found in individual chapters.</p>

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- (1) note the recommendations for commissioners included in the JSNA chapters; and
- (2) reflect on the learning to be gained from each chapter.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The JSNA directly informs Health and Wellbeing Strategy formulation and commissioning. Its contribution cuts across the strategic aims and outcomes in the Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and 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 wellbeing is a key theme which runs throughout the JSNA. Parity of esteem is applied when prioritising chapters to be updated.

Background papers:	The JSNA Evidence Summary (2020) is available on Nottingham Insight at: https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/behavioural-factors-and-wider-determinants-of-health/jsna-evidence-summary-2020/
---------------------------	--

This page is intentionally left blank

JSNA Chapter - JSNA Evidence Summary

Topic information	
Topic title	Evidence Summary
Topic owner	David Johns, Consultant in Public Health
Topic author(s)	Amy Pellow and Gill Clark, Strategic Insight Assistant Researchers
Topic endorsed by	JSNA Steering Group
Current version	June 2020
Replaces version	March 2019
Linked JSNA topics	Pregnancy (2019) Air quality and health (2019) Demography (2019) Smoking and tobacco control (2019) Severe multiple disadvantage (2019) Housing, excess winter deaths and cold-related harm (2020)

Executive summary

Introduction

This Evidence Summary presents an overview of the health and wellbeing needs in Nottingham City using the key findings from Nottingham City's Joint Strategic Needs Assessment (JSNA).

JSNAs are local assessments of current and future health and social care needs. The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Nottingham City's JSNA chapters each consider a particular health and social care issue or the health and social care needs of specific groups. The full JSNA can be accessed at www.nottinghaminsight.org.uk. It is only possible to present a brief overview of this information in this Evidence Summary and so it should be used in conjunction with the full JSNA.

All supporting data and information for this Evidence Summary, including references, can be found in individual chapters.

Pregnancy

In 2016 there were 4,315 live births in Nottingham, an increase from the 2008 figure of 3,540, but lower than the peak of 4,477 in 2010. The wards with the highest number of births per 1000 women were Dales, Aspley, Bulwell and Leen Valley. Higher pregnancy rates mirror the geographic distribution of teenage pregnancy and are associated with areas of disadvantage.

During 2016 and 2017 there were 41 stillbirths in Nottingham, a rate of 4.8 per 1000 births. This was higher than the England average of 4.4 per 1000 births. Associated risk factors for stillbirth are maternal age (women aged under 20 or over 40), smoking in pregnancy, maternal obesity, deprivation, multiple births and influenza.

Improvements in socio-economic conditions and obstetric care have made significant contributions to reducing infant and maternal mortality. However, not all population groups have the same outcomes. Women with complex social factors are less likely to seek antenatal care early in pregnancy or stay in contact with maternity services.

Local data shows the number of women in Nottingham who present with complex social factors during pregnancy. There were significantly more women who presented with mental ill health than presented with other complex social factors, followed by: those who had difficulty speaking English; mothers aged under 20; recent migrants. This is in line with the national picture and is attributed to Nottingham's demographics.

The number of pregnancies to women in Nottingham with complex social factors 2017/18

Complex social factor	Number of pregnancies during 2017/18
Mental health issues	1,224
Those who have difficulty reading or speaking English	475
Aged under 20 years	306
Recent migrant	245
Misuse substances (drugs or alcohol)	134
Asylum seekers or refugees	20
Experiencing domestic abuse	19

Source: NUH Medway Maternity data 2017/18

There is an underestimation of alcohol consumption among pregnant women due to poor estimation, poor recollection and social stigma. It is estimated that 25.8% of Nottingham women of child bearing age are binge drinkers. Given that half of pregnancies in the UK are unplanned, this potentially poses significant risks to infant outcomes if women continue to drink alcohol during pregnancy.

Although there were 19 recorded cases of domestic abuse among pregnant women in 2017/18, local intelligence suggests that this is not a true reflection of the issue and that many cases go unreported. In 2017/18 the wards with the highest number of domestic abuse related calls to police were Aspley, followed by Bulwell and Basford.

In addition to complex social factors, there are other factors that make a pregnancy high risk. Nottingham has a high prevalence of maternal obesity; in 2017/18, 1,550 pregnant women were recorded as having a BMI of over 30, which equates to 21% of all pregnancies. This was significantly higher than the England average of 15.6%. There is a significant correlation between deprivation and maternal obesity. In 2017/18, 17.2% of Nottingham women were reported to be smokers at the time of delivery, significantly higher than the England average of 10.8%. In Nottingham in 2017/18, 85 women were treated for FGM; out of 85 attendances at NHS clinics, 80 involved pregnancies.

There are a number of unmet needs and services gaps related to pregnancy. Women with complex social factors are a key concern given Nottingham's diverse population. It is recommended that a Health Equity Audit of timely access to maternity services is conducted and strategies developed for increasing early access amongst women identified as least likely to access early. It is important to ensure adequate provision of interpreting and translation services, preferably face-to-face. Multi-lingual leaflets and materials should be available as standard. Nottingham currently has an FGM clinic and specialist midwife, but it is unclear as to the long term succession arrangements and so it is important to work to ensure continuity of service for FGM survivors. It is recommended that maternity staff are trained in how to respond to domestic abuse in a way that makes it easier to disclose and that opportunities are sought to see pregnant women alone to give them the opportunity to disclose. The current perinatal mental health pathway may not be meeting the needs of pregnant women with low level mental health needs. It is recommended that an overarching perinatal mental health pathway that reflects NICE guidance be implemented. Options for increasing smoking cessation rates among pregnant women should be explored and clear and consistent messages around alcohol use in pregnancy developed and promoted. IT systems require improvement across the maternity pathway to ensure safe and effective data sharing with services including GPs, health visiting and Improving Access to Psychological Therapies (IAPT) services.

[Full JSNA for Pregnancy](#)

Air quality and health

Air pollution – both outdoor and indoor – damages human health from before birth to older age and, in the UK, it is ranked as the fourth greatest threat to public health after cancer, heart disease and obesity. It is linked as a contributory factor to asthma, stroke, heart disease, diabetes, dementia and to some types of cancer. Long-term exposure to air pollution causes respiratory and cardiovascular disease and lung cancer, whilst short-term exposure to elevated levels leads to a worsening of symptoms for those with existing asthma, respiratory or cardiovascular diseases and, in vulnerable adults, can trigger acute events such as asthma and heart attacks. In children, air pollution reduces lung development and function and can lead to the development of asthma.

Emissions from road traffic are one of the largest contributors to ambient air pollution in urban areas. It is estimated that between 28,000 and 36,000 deaths a year are attributable to exposure to outdoor air pollution in the UK. In Nottingham in 2016, it is estimated that 181 adult deaths (6.3% of all adult mortality) were brought forward due to the health impacts of air pollution (comprising PM10, PM2.5, NO2 and other pollutant species).

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
3.01 - Fraction of mortality attributable to particulate air pollution	2016	5.3	5.7	6.4	5.2	6.4	5.9	5.2	5.5	6.3	5.7	5.4

Public Health Outcomes Framework (PHOF) indicator 3.01: East Midland Authorities, including Nottingham City

Although limitations in the health and air quality data prevent further detailed analysis of the distribution of air pollution-related health impacts, it is reported that the most deprived 20% of neighbourhoods in England have higher air pollution levels than the least deprived neighbourhoods. However, those communities that are subject to the most pollution, generally emit the least. Nottingham scores highly on the scale of multiple deprivation (ranked 6th in England in 2015) and many of its most deprived areas include roads with higher levels of pollution.

Action to improve air quality can reasonably be expected to reduce premature mortality from cardiovascular and respiratory disease over time and action to reduce vehicle emissions will also contribute to sustainability. Nottingham City Council has already introduced and implemented a range of strategies, policies and measures that reduce emissions and exposure to air pollution around: active travel; public transport; workplace parking levy; ultra-low emission vehicle infrastructure; low emission taxi strategy; anti-idling enforcement; low emission zones; and behaviour change programme. However, despite meeting the National Air Quality Objective for PM10, concentrations of particulate matter (PM10 and PM2.5) currently exceed, and are likely to continue to exceed, the World Health Organization's guidelines.

Despite the many years of local authority activity, there are still gaps in organisational and public consciousness and understanding of the range and sources of air pollution and its effects on health. It is therefore recommended that an action plan to raise awareness continues to be included in the Health and Wellbeing Strategy, together with a summary of the actions that citizens and businesses can take to reduce emissions and personal exposure. This should be supported by the development and roll-out of a communication strategy and awareness-raising events to provide key messages on both outdoor and indoor air pollution. Additional resources to promote awareness are likely to deliver air quality improvements and benefits in other PHOF indicators more quickly. Furthermore, the effectiveness of those activities already undertaken, such as Nottingham's participation in National Clean Air days and campaigns to encourage active travel and the use of public transport, require evaluation to determine what more is needed and can practicably be done. Periodic reviews of the existing and emerging wider evidence base would also help to establish the effectiveness, impact and cost-benefit of specific interventions, in order to prioritise these for local action. The recommendation is therefore to support the development and use of comprehensive cost-benefit analysis tools to better quantify the impact of air pollution and mitigation measures on health and healthcare costs in Nottingham and Nottinghamshire.

A further knowledge gap lies within Nottingham's limited air pollution monitoring, which prevents detailed pollution concentration/health impact analysis and evaluation of measures and schemes to reduce emissions. It is therefore recommended that the collection of air pollution/health impact geo-spatial data for Nottingham is supported to inform local and national air pollution/health studies.

[Full JSNA for Air Quality and Health](#)

Demography

The latest estimate of the City's resident population is 329,200, having risen by 4,400 since 2016. The population is projected to rise to 342,000 in 2026 and to 363,700 in 2041. International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently. The number of births has decreased in the last few years, but is higher than the start of the 2000s.

29% of the population are aged 18 to 29. Full-time university students comprise about 1 in 8 of the population. The percentages in other age-groups are lower than the average for England, with the proportions of those between 65 and 79 being particularly low. Compared to some other Local Authority areas, Nottingham is unlikely to show much ageing or population growth in the short term to 2026.

The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts. There is a high turnover of population - 21% of people living in the City changed their address in the year before the 2011 Census.

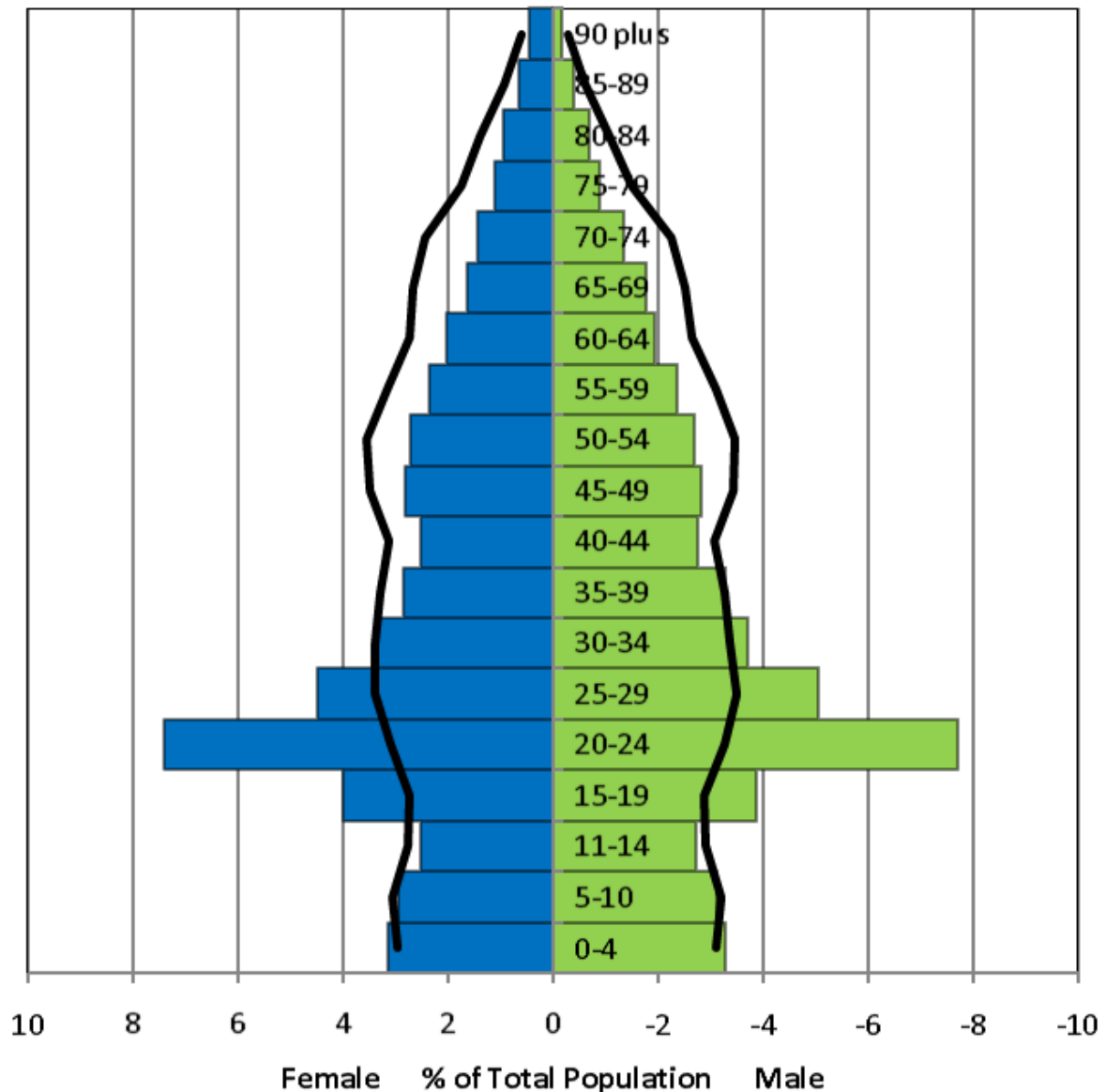
The 2011 Census shows 35% of the population as being from Black and Minority Ethnic (BME) groups. This is an increase from 19% in 2001.

The Asian/Asian British group is the largest BME group in Nottingham, making up 13% of the total population; Black/African/Caribbean/Black British, mixed or multiple ethnicity and White (not White British) groups each account for 6 – 7% of the total population.

Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age groups.

Figure 1: Age structure of Nottingham (bars) and England (lines), 2017



Source: ONS Mid-Year Estimates, 2017

Demography: Social and Environment Context

Nottingham is ranked 11th most deprived out of 317 districts in England in the 2019 Index of Multiple Deprivation (IMD). 3 in 10 super output areas in the City are in the worst 10% nationally. 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation. There are high levels of child poverty in the City. In 2016/17, 41,700 children and young people lived in workless or low income households.

10% of people aged 16-64 have no qualifications, higher than the national average of 8%. The difference is most evident in the 50-64 age group where some 18% have no qualifications, compared to 11% nationally. 31% of 16 to 64-year-olds have qualifications at NVQ4 level – degree level or above – compared with 39% in England.

The employment rate for the City was 62% in 2018, compared with 75% for England. This figure is deflated by the presence of so many university students, but even if they are excluded the rate is still low (74% compared with 80% nationally). 8% of the population aged 16-64 were claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance in August 2018, compared with 5% nationally. 4% were unemployed (claiming Job Seekers Allowance or Universal Credit claimants not in employment) in November 2018, compared with 3% nationally.

[Full JSNA for Demography](#)

Smoking and tobacco control

Smoking and tobacco usage varies from the more traditional smoking tobacco, to shisha, smokeless tobacco and the increasingly popular e-cigarette. Smoking remains the single largest preventable cause of early death in the UK, causing the deaths of 79,000 people a year in England; this is more than the next six causes combined. Half of all lifelong smokers will die prematurely, usually about ten years younger than non-smokers. Furthermore, for every smoking-related death, another ten smokers will be living with a smoking-related disease. A third of all cancers and over 90% of lung cancers are directly caused by smoking.

In England, smoking prevalence has continued to fall – down from 15.5% of adults in 2016, to 14.9% in 2017, the lowest level since records began. Similarly, in Nottingham, there has been a steady decline since 2013, although at 19.4% in 2017, it remains significantly higher than the national average. Nationally, men are more likely to smoke than women (17% compared to 13%) and Nottingham reflects this trend (although the difference between the sexes has narrowed, with more women smoking than they did historically - 24% of men; 22% of women). The highest proportion of regular smokers in Nottingham are within the 45-64 age bracket, with 25.7% of this age group smoking daily; the smallest proportion (10.5%) falls in the 16-24 age group. The largest proportion of **ex**-smokers occurs in the over-65s. However, there is a lack of robust data for smoking rates in the under-16s, as well as a dearth of information on the harms of social smoking in the 16-24 age group.

A number of groups of people are more likely to smoke compared to the general population and, in Nottingham, many of these high-risk groups have more than double the rates of smoking compared to the national average of 14.9%.



Smoking prevalence among high-risk groups in Nottingham

Source: Nottingham Citizens Survey 2016-18

Deprivation is a significant risk factor, evidenced by the most deprived in Nottingham having smoking rates of 33.2% compared to the least deprived at 16%, thereby widening the inequalities gap. The highest smoking rates are in the Aspley, St Ann's and Bulwell wards, corresponding to Aspley and Bulwell being the most deprived wards in Nottingham. ASH (Action on Smoking and Health) has estimated that 28% of UK families currently in poverty could be lifted out if they stopped smoking. Thus, effective help for smoking cessation in low-income families is essential for overall public health and well-being.

The local, community-based stop smoking service, New Leaf, was decommissioned in 2018. Although *Stub It!* – a new stop smoking service – was commissioned and launched by Nottingham City Council Public Health in March 2019, this delivers targeted smoking cessation support for specific groups only, namely pregnant and postnatal women and household members; and adults with mental health problems or substance misuse problems or long-term conditions or who were recently discharged from secondary care. There is no provision for children who might need support to stop smoking. Additionally, not only is the service fairly new and dealing with a back-log of clients, it is also currently delivered from city centre locations only, thereby excluding some with a disability or mobility problems. It is therefore recommended that this lack of accessibility be considered by commissioners.

Other unmet needs and service and knowledge gaps exist around smoking and tobacco control. For example, second-hand smoke remains a concern, as a quarter of deprived households allow smoking in their homes and there is currently no targeted work in this area to tackle children's exposure. However, it is not known the exact proportion of *all* Nottingham homes which allow smoking inside and how this compares to the national average. Thus, it is recommended that a question to assess this and children's exposure to second-hand smoke be included in the Citizen's Survey.

Since the previous JSNA, smokefree hospital policies (as covered in NICE Guidance PH48) have been introduced in all secondary care and mental health settings in Nottingham. However, more stringent implementation is needed to address the continuing problem of people smoking at entrances to the QMC and City hospitals. Nottingham University Hospitals NHS Trust (NUH) has ward-based, stop smoking advisers to whom patients may be referred, and all smokers are seen by an adviser on admission unless they opt out. Although this supports smokers to temporarily abstain, reports suggest that follow-up by community-based services is sporadic and inconsistent, thereby resulting in many smokers relapsing. A recommendation is therefore made to provide fast-tracking to community smoking cessation services for smokers who quit in hospital. This is in addition to ensuring that all hospital staff receive training in delivering *Very Brief Advice* and 'Making Every Contact Count' in GP practice, dentistry, opticians etc using *Very Brief Advice*.

Nottingham City Council's Smokefree Team has led, and continues to work with partners, on the successful implementation of a number of smokefree outdoor spaces initiatives and it is recommended that these be continued and expanded. However, shisha lounges remain prevalent in Nottingham City, despite smokefree legislation, and it is recommended that commissioners not only continue to review the compliance to the legislation and issue notices accordingly, but also improve education in schools and higher-education settings around the harms of shisha smoking. It is also recommended that those trading in illicit tobacco continue to be targeted, since illicit tobacco prevalence remains high in deprived areas of the city, undercutting the effects of tobacco control legislation and contributing to crime.

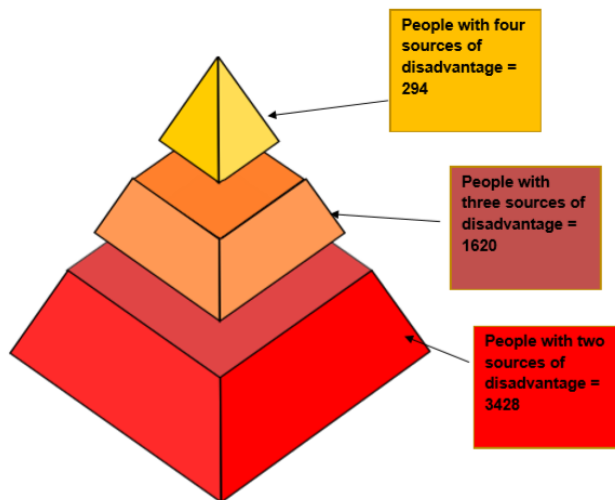
Current evidence suggests that e-cigarettes (ECs) are far less harmful than smoking and should be used as part of harm reduction or helping smokers to quit. However, public perception of ECs has not kept up with the evidence and it is recommended that an awareness campaign to encourage smokers to switch to ECs should be considered, together with the promotion of e-cigarettes as the treatment of choice for smoking cessation.

[Full JSNA for Smoking and Tobacco Control](#)

Severe multiple disadvantage

Severe Multiple Disadvantage (SMD) is generally considered to be a simultaneous experience of two or more of the following sources of disadvantage: mental health issues; homelessness; offending; substance misuse. SMD mainly originates in adverse childhood experiences: approximately 85% of people facing SMD have experienced early life trauma. Those experiencing SMD are also more likely than the general population to have other needs, such as long-term health conditions or disability; or be subject to domestic or sexual abuse (particularly women); or to suffer community isolation (particularly Black, Asian and Minority Ethnic [BAME] people).

Nottingham has the 8th highest prevalence of SMD in England – a prevalence more than twice the national average – with current estimates suggesting that over 5,000 Nottingham citizens experience SMD. This includes just under 3,500 people with two sources of disadvantage (SMD2) and nearly 2,000 people with three or four sources of disadvantage (SMD3/4).



Estimated current annual SMD population in Nottingham (data based on Hard Edges, Bramley et.al. [2015])

Currently, most services are arranged to provide treatment or support for each individual disadvantage issue, rather than through a collaborative or holistic approach. Evidence suggests that this single issue-focussed approach is not only ineffective for individual service users but has serious economic and social costs to wider society. Research in 2015 conservatively estimated the economic cost of severe multiple disadvantage to be £10.1b per year across the SMD 1/2/3 populations in England. Whilst Nottingham citizens facing the most acute SMD can benefit from specialist support from a dedicated SMD service – *Opportunity Nottingham* – this will cease in 2022.

There are a number of unmet needs and service gaps related to SMD. Research has found that there is hidden need amongst women and people from BAME groups, since they are less likely to fit the SMD definition or don't engage with mainstream services. It is recommended that there should be gender and culturally-specific SMD services and that flexible approaches to working, through gender and cultural responsiveness, should be promoted more widely.

There is insufficient cross-sector collaboration and coordination between the different services, from the ground-level up to the strategic and commissioning levels. This can result in "silo working" and a lack of data-sharing, causing those with SMD to have to keep repeating their story ad nauseam, which contributes to their alienation from services. Whilst *Opportunity Nottingham* has pursued a system change agenda and sought to encourage collaboration between services for those with the most acute SMD, this function will cease in 2022. It is therefore recommended that the legacy of *Opportunity Nottingham* be built upon, through consideration of the development of a jointly-commissioned SMD service and of a strategic Board to oversee service provision and continued system change (involving mental health, homelessness, substance misuse and criminal justice sectors, as well as others such as the DWP and social care). This "system working as one" would encourage both data-sharing between service providers, as well as a "no wrong door" approach for the benefit of service users. Additionally, "through the gate support" (ie meeting prisoners at the point of discharge) is seen as an essential component of any coordinated support network for people facing SMD.

As severe multiple disadvantage is primarily a consequence of trauma, understanding the centrality of addressing mental health issues is essential in enabling people to move away from SMD. Evidence points to lack of access to mental health services (particularly for rough sleepers) being the biggest problem in relation to those facing SMD and consideration needs to be given of how to address this. This would need to be underpinned by the provision of psychologically-informed environments and the development of trauma-informed practice across all services, which would require monitoring at commissioning level.

Where SMD results in homelessness, appropriate housing solutions are often not available and hostel provision has been shown to have limited success, especially for those with the most acute SMD needs. The Housing First initiative (a client-centred approach that is not conditional on first addressing problematic behaviours) has a good evidence base as an alternative but, as there is insufficient provision, it is recommended that the number of Housing First units in Nottingham be increased to 200.

Prevention is a key element of any strategy for tackling SMD, meaning early intervention is needed through better services supporting children and young people. Furthermore, involving people with lived experience of multiple needs, in the design and delivery of services, should be seen as essential. Their participation should be meaningful and supported with time and resources. Adopting a strengths-based approach to support the long-term wellbeing and independence of service users is recommended, which would both challenge stigma as well as build on their skills and positive networks.

[Full JSNA for Severe Multiple Disadvantage \(Multiple Needs\)](#)

Housing with excess winter deaths and cold related harm

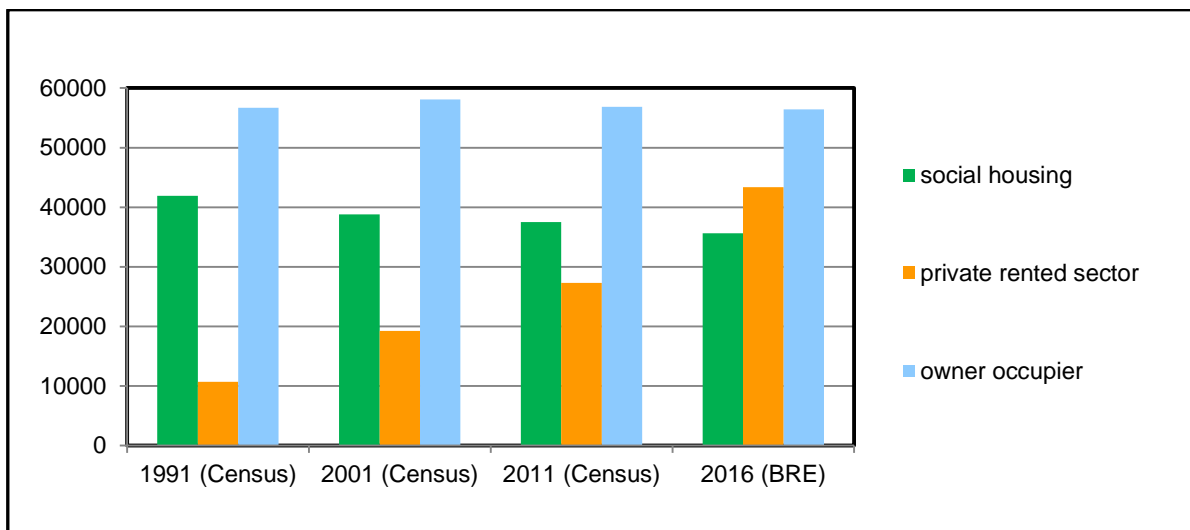
Housing is a key determinant of health and unsuitable homes can directly affect people's physical and mental wellbeing. Those who are already vulnerable through disability, ill-health, age or low income are most at risk. Cold and damp homes are a risk factor for Excess Winter Deaths (EWDs). In Nottingham, an average of 3,000 people died per year

between 2007/8 and 2017/18. Of those, an average of 158 were EWDs. Nottingham has a higher than average rate of EWDs.

37,800 people in Nottingham (11.5% of the city’s population) are aged 65 and over. One third of this group report that their activities are greatly limited by a long-term condition or disability. A further 10,600 (28%) are limited a little. Approximately 14,830 people aged 18-64 are predicted to have a moderate physical disability, with a further 4,020 having a serious one. In 2019, Nottingham was ranked 11th most deprived local authority in England out of 326.

Nottingham is the 36th most densely populated local authority in England and Wales. This can make the delivery of additional housing and meeting housing needs challenging, due to lack of sites and land. Nottingham’s household population is forecast to increase by 6,100 households between 2016 and 2028, when it will reach 134,642.

The greatest overlap of financial vulnerability and poor housing conditions is seen in the private rented sector. This sector has seen the largest growth over the past decade and now comprises over one third of Nottingham’s housing offer. The growth of this sector is due to a lack of access to owner-occupation and a lack of availability of social housing, as well as demand for flexibility from younger households and asset liquidity from older households.



Nottingham tenure share change 2001 to 2016 (Census, 2011 and BRE, 2016)

In 2016, the Building Research Establishment produced a dwelling stock model for Nottingham City Council. It found that 21% of properties in the private rented sector contained category 1 Health and Housing Safety Rating System (HHSRS) hazards. Nottingham’s private rented sector has more properties with a HHSRS hazard, in disrepair or households in fuel poverty than housing overall in Nottingham, and the private rented sector, on average, across the East Midlands and England.

It is estimated that fuel poverty causes nearly half of excess winter deaths (EWDs). The 2015 English Housing Survey found that the highest concentrations of fuel poverty were in wards, such as Dales and Berridge, with older, period housing stock and a mix of private renting households and owner-occupiers.

There are a number of unmet needs and gaps relating to housing, EWDs and cold-related harm. There is a shortage of quality and affordable housing and insufficient turnover in the

housing market to enable or encourage households to move as their needs change. The link between poor housing and health is still lacking in robust enough datasets to justify housing interventions based on health outcomes. The greatest coincidence of poor housing conditions and low income is in the private rented sector; however there is a lack of joined up working between organisations and a lack of coordination of other interventions to improve conditions and outcomes in private sector housing. EWDs index analysis data showed comparably worse outcomes in Bulwell and Sherwood, and Bestwood and Top Valley. Immunisation rates for influenza for over-65s and at-risk individuals are lower in Nottingham City than nationally. Smoking-related long-term conditions continue to be a key contributory factor to EWDs, especially when combined with poorly insulated housing. There are too few referrals to energy efficiency services of vulnerable householders from frontline health and social care staff and a lack of data to determine whether practitioners are adequately equipped to make every contact count.

There are a number of recommendations for consideration by commissioners. The Health and Wellbeing Strategy should retain a focus on housing as a means of improving health outcomes. It is also recommended that the Health and Housing Memorandum of Understanding is refreshed and reshaped. It is advised that there be more robust monitoring of the health impact of direct interventions on housing conditions and of the home as a cause of ill health, with the resulting data being used to target assistance to the most vulnerable households. Commissioners need to consider advice or signposting on housing conditions as a form of social prescription for patients. All health and social care staff should be equipped with the skills and knowledge to refer vulnerable householders to services. Partnership working within the City Signposting Scheme should be maximised to establish an effective single point of contact for health and housing advice, advocacy and referrals. Areas identified as having high or multiple levels of need should be targeted with coordinated actions to reduce poverty, improve energy efficiency and signpost to other services. Impact could be maximised by targeting resources towards the privately renting, in communities where multiple deprivation could be addressed via the home. It is advised that the Integrated Care Partnership include a private sector housing projects group. Commissioners are advised to reinvest in health and safety improvement services that are delivered via the home. The Fuel Poverty Strategy needs to be endorsed by the Health and Wellbeing Board and included as a separate chapter in the JSNA. Efforts should be made to ensure uptake of the influenza vaccine by engaging in Public Health England and NHS England vaccination campaigns.

[Full JSNA for Housing with excess winter deaths and cold-related harm](#)



**Statutory Officer's Report for the Health and Wellbeing Board
Corporate Director of People
25 November 2020**

Preparing for Ofsted

Following our Ofsted Focused Visit in February, we are now preparing for our Ofsted Inspection, which is due imminently. The inspection will cover all key Children's Services: front door/Children in Care/Child Protection (not just our Focused Visit areas). Inspectors are expected to be on-site and off-site, and there will be an Education Inspector with a focus on Children in Care and the virtual school.

Inspectors will look at the experiences of children and how Local Authorities and providers have made the best possible decisions for children in the context of the pandemic. The driver for our work in Nottingham is all about the right outcomes for children and our focus on consistently good practice is how we are improving our impact for children.

If you want to know more detail, the inspection framework and guidance can be found [here](#).

Update on the Children at the Heart Improvement Board



To support our improvement in Children's Services, we established our monthly Children at the Heart Improvement Board. This Board is chaired by our new Chief Executive, Mel Barrett, and is attended by the Leader and Portfolio Holder for Children and Young People. It also has senior representation from a variety of agencies including the Police, Citycare, the Local Government Association, schools and the Clinical Commissioning Group, to help us achieve the sustainable improvement that will make a real difference for children, young people and families.

Our Board has now met seven times and we are really making progress. We have arranged for our Board members to shadow Services, to improve their knowledge of our Services and the work that we do.

At our last meeting, we agreed to invite a practitioner representative to attend the Board going forward, to ensure that we are hearing the voice of the frontline. In November, the Board will be spending time with our young people for their direct feedback.

Adult Social Care

At the time of writing this report, we are going into a second national lockdown, and as we continue to ensure our citizens are supported we have also taken into account

how, on this occasion, we will continue to keep key services open. We have decided, therefore, that our day centres will continue to offer support to groups of people who are vulnerable and socially isolated with reduced occupancy, and maintaining a Covid-safe environment.

We are also in receipt of governance and Association of Directors of Adult Social Services (ADASS) guidance on care home visits, in particular on ensuring that people's human rights are maintained by, where applicable, allowing for safe visits following dynamic risk assessments. We will be working with our colleagues in Public Health and providers to put this in place and communicating out.

We are working with our partners across the system to ensure safe transfers of care, but are seeing pressures develop in the system, in particular within the workforce. We are undertaking a piece of work to identify all current staff capacity, so we can ensure staff are focused and deployed on key areas. Currently, we are continuing to meet our duties to assess under the Care Act, but we are keeping this under review due to pressure in the workforce, which may mean we need to consider Care Act easements.

The Department of Health and Social Care has asked for Local Authorities to contract with a care home that would be able to take Covid-positive people who need a 14-day isolation period. We have managed to secure a home to undertake this, which has been checked by Care Quality Commission and which will begin operation in the next two weeks. This is a joint initiative with Health and is funded by Government monies. The intent is that, once a person has passed the isolation period, they will move onto their previous accommodation – either home or residential care.

Our Adult Social Care team have been involved in two home closures, in one of which there were serious safeguarding concerns. This is been managed jointly with our colleagues in health, therefore ensuring all residents are safe and involving relatives in supporting people to move into new accommodation. This work is still in progress, with the intent that by the end of November, all residents will have moved to their new homes.

Catherine Underwood
Corporate Director for People
(November 2020)

Save Lives

#StopTheSpread #Covid19



HANDS - wash hands regularly with soap and water for 20 seconds



SPACE - maintain social distance

Keep 2m apart where possible



FACE - wear a face covering in all shared inside spaces



Self-isolate if you have symptoms

Call 119 to get a test



If you are self-isolating and you need help you can call the Council: 0115 915 5555

www.nottinghamcity.gov.uk/coronavirus



This page is intentionally left blank

Health and Wellbeing Board Work Plan 2020/21

Meeting Date	Agenda Item	Lead Officer
Wednesday 27 January 2021 1:30pm	Carbon-Neutral Nottingham	Chris Common (NCC) Helen Johnston (NCC)
	Mental Health Collaborative Update	Sharan Jones (NCC)
	Safeguarding Adults Board – Annual Report	Ross Leather (NCC)
	Joint Strategic Needs Assessment: Proposed Approach for 2021/22	Claire Novak (NCC)
Wednesday 24 March 2021 1:30pm	Terms of Reference Review	Alison Challenger (NCC)
	Working in Partnership with the Health Scrutiny Committee	Alison Challenger (NCC)
	Identifying and Addressing Health Inequalities	Alison Challenger (NCC)

Recurring Agenda Items

Agenda Item	Lead Officer
Coronavirus Update	Alison Challenger (NCC)
Health and Wellbeing Strategy Update	Alison Challenger (NCC)
Nottingham City Integrated Care Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Joint Strategic Needs Assessment: New Chapters	Claire Novak (NCC)
Board Member Updates	<ul style="list-style-type: none"> • The Third Sector • Healthwatch Nottingham and Nottinghamshire • NHS Nottingham and Nottinghamshire Clinical Commissioning Group • Nottingham City Council Corporate

	Director for People • Nottingham City Council Director for Public Health
Work Plan	Adrian Mann (NCC)

Details and recommendations must be provided to the Board in the form of a written report, headed by a standard cover sheet. Nottingham City Council colleagues must submit their papers through the electronic Reports Management System (<http://intranet.nottinghamcity.gov.uk/councillors-and-committees/delegated-decisions-and-reports>).

Presentations to help illustrate reports must be no more than 10 minutes in length. In certain cases, longer presentations for information purposes may be given in an informal session immediately before the public Board meeting.

Report authors **MUST** discuss their reports and presentations with Alison Challenger (Director of Public Health, Nottingham City Council, alison.challenger@nottinghamcity.gov.uk, 0115 8765105) before drafting their submission to the Board meeting.

Submissions for the Work Plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, adrian.mann@nottinghamcity.gov.uk, 0115 8764468), for agreement by the Chair.