



Nottingham City Health and Wellbeing Board

Date: Wednesday 24 March 2021

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 Apologies for Absence	
2 Declarations of Interests	
3 Minutes Minutes of the meeting held on 27 January 2021, for confirmation	3 - 10
4 Coronavirus, Testing and Vaccination Update Update by the Director of Public Health	Verbal Report
5 Nottingham City Integrated Care Partnership Update Update by the Integrated Care Partnership	11 - 20
6 Health and Wellbeing Strategy and Integrated Care Partnership Alignment Update Update by the Director of Public Health and the Integrated Care Partnership	Verbal Report
7 Joint Strategic Needs Assessment: Proposed Approach for 2021/2022 Report of the Director of Public Health	21 - 24
8 Board Member Updates Updates from Board members	25 - 28
9 Work Plan	29 - 30
10 Future Meeting Dates (Provisional) Wednesday 26 May 2021 at 1:30pm Wednesday 28 July 2021 at 1:30pm	

Wednesday 29 September 2021 at 1:30pm
Wednesday 24 November 2021 at 1:30pm
Wednesday 26 January 2022 at 1:30pm
Wednesday 30 March 2022 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>.

Nottingham City Council Health and Wellbeing Board

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 27 January 2021 from 1:32pm to 3:49pm

Voting Membership

Present

Councillor Eunice Campbell-Clark (Chair)
Dr Hugh Porter (Vice Chair)
Councillor Cheryl Barnard
Alison Challenger
Sarah Collis
Diane Gamble
Councillor Angela Kandola
Michelle Tilling
Catherine Underwood
Councillor Adele Williams

Absent

Dr Manik Arora

Non-Voting Membership

Present

Lyn Bacon
Mel Barrett
Tim Guylar
Craig Parkin
Jules Sebelin

Absent

Viki Dyer
Julie Hankin
Superintendent Mathew Healey
Richard Holland
Leslie McDonald
Andy Winter

Tracey Macdonald (substitute for Viki Dyer)

Colleagues, partners and others in attendance:

Wayne Bexton - Head of Energy Services, Nottingham City Council
Kathryn Bouchlaghem - Early Years Manager, Nottingham City Council
Katherine Crossley - Project Officer - School Access and Inclusion (Early Years), Nottingham City Council
Ross Leather - Safeguarding Adults Board Manager, Nottingham City Council
Adrian Mann - Governance Officer, Nottingham City Council

27 Changes to Membership

The Board noted that Diane Gamble has replaced Samantha Travis as the representative of NHS England, and that Councillor Angela Kandola has filled a vacancy on the Board for a Nottingham City Councillor.

28 Apologies for Absence

Dr Manik Arora
Viki Dyer

Superintendent Mathew Healey
Andy Winter

29 Declarations of Interests

None.

30 Minutes

The minutes of the meeting held on 25 November 2020 were confirmed as a true record and signed by the Chair.

31 Coronavirus Update

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

- (a) there have been 1,342 Coronavirus cases in Nottingham in the last seven days. This reflects a seven-day incidence rate of 403.1 per 100,000 population, which is very similar to the average for England of 403.9. Infection rates have decreased by 6% from the previous seven-day rate of 429.6. However, although cases are now declining from the peak, local infection rates are not decreasing as quickly as seen elsewhere, so there is a need to remain cautious. Infection trends are similar across all age-groups, with rates remaining highest amongst 23 to 59-year-olds;
- (b) continual work is underway to manage outbreaks within the city, with a number of cases arising in care homes and hotels. Management and support structures are in place, including the regular testing and priority vaccination of all care home residents and staff, in line with Government targets. The situation is challenging for local healthcare services, but every effort is being made to ensure a full system approach by all partners to respond to any outbreaks. A robust, whole-system communications plan is in place, with specific engagement with the most vulnerable communities;
- (c) the national scheme has established a priority order of cohorts for vaccination, with the top four priorities being residents and staff off care homes for older adults, all those of 80 years of age and over and frontline health and social care workers, all those 75 years of age and over, and all those of 70 years of age and over and clinically extremely vulnerable individuals. The vaccines in use have been produced relatively quickly, but have gone through all of the proper approval steps for usage;
- (d) currently, there is enough vaccine in supply for the four top priority groups, and a large number of vaccinations have been carried out for people in these groups. It is vital that all frontline healthcare staff are vaccinated, particularly in care homes, and it is aimed to have achieved this by the Government deadline of 15 February – though this is a challenging target. As such, focused work is required to ensure that everyone who is now eligible does come forward for a vaccination, and to ensure that they keep their appointments, so that the vaccination programme is carried out as rapidly as possible. The amount of vaccines in the supply is on the

basis of the calculated number of people in the priority groups, so there is unlikely to be a surplus. Live data will be collected on who has been given the vaccine to establish which people are eligible but have not received it, so that support and engagement can be provided;

- (e) a community testing centre has been opened in the Djanogly Leisure Centre, meaning that there are now three testing and vaccination centres operating on Gregory Boulevard and the Forrest Recreation Ground. The centre's purpose is to identify asymptomatic Coronavirus cases so that individuals can isolate and avoid spreading the virus inadvertently. The centre uses lateral flow testing, providing results returned within one hour. To be able to test as many people as possible, the centre will be open six days each week to anybody who does not have Coronavirus symptoms already, and operates a full drop-in service, without the need for an appointment. It has a particular focus on people who cannot work from home, and weekly testing is encouraged;
- (f) this pilot testing scheme will operate until the end of February, so partners' support with communications and increasing the use of the centre is welcomed. Once the centre has been operating for long enough to collect viable data on the percentage number of infections identified by the testing scheme, the information will be published and the model will be reviewed, to inform next steps. There is a high level of the original virus in Nottingham, plus cases of the newly emerging variations. However, a number of people who are infected do not show symptoms themselves, so regular testing is vital to prevent the spread of the virus;
- (g) communications processes are in place, but help from partners is needed to ensure that the messaging reaches everyone that it needs to. A great deal of engagement is required with Black, Asian and minority ethnic (BAME) communities to promote testing and dispel myths surrounding vaccines, in order to reduce health inequalities in the city. This includes engagement with places of worship and community leaders to improve positive local communications, and spreading messaging through social media, local radio and websites. BAME citizens have been approached directly to participate in video messaging on social media, and translations are being provided in a number of languages. This is an ongoing area of work to address a wider anti-vaccination position and reassure people who are hesitant to accept the vaccine, and support from partners is vital.

The Board noted the update and requested that short, written briefings are provided on the progress of the testing and vaccination programmes where appropriate, to provide a general overview of the developing situation.

32 Health and Wellbeing Strategy Update

Alison Challenger, Director of Public Health at Nottingham City Council, and Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented a report on proposals to align formally the work, strategies and priorities of the Board and the ICP. The following points were discussed:

- (a) the Board and the ICP both operate using the Local Authority area boundary, and so serve the same population. Both share a focus on improving the health and

wellbeing outcomes for Nottingham's citizens, and reducing health inequalities. However, to date, the Board and the ICP have operated independently from one another. As there are overlaps in the representation and membership of the two bodies, there is a potential for significant, unnecessary duplication. As such, it would be beneficial to bring the Board and the ICP into closer alignment in the delivery of a refreshed Health and Wellbeing Strategy, to work together more efficiently to achieve better outcomes for Nottingham citizens;

- (b) currently, in this period of financial and capacity pressures, NHS England and Improvement is seeking to improve how healthcare provision is focused on delivering to place-related objectives, using a full partnership approach. This means that local providers need to ensure that they have a detailed understanding of Nottingham and its particular challenges and requirements, to achieve a healthier city. Work is underway to reduce unnecessary duplication as much as possible by aligning the different healthcare bodies and encouraging much closer joint working under more joined-up governance structures. The further development of joint commissioning is also an important area for improving efficiency and achieving better health outcomes;
- (c) the Board considered that closer working with the ICP to a refreshed Health and Wellbeing Strategy would be extremely welcome, with the strategy aligned to ICP Programme Priorities and the Integrated Care System's Health Inequalities Strategy, and to align the governance of the ICP and its programmes of work with the formal statutory governance of the Board. It felt that some joint workshops would be helpful in developing strong partnership working, going forward. It noted that any external examples of this kind of partnership should be reviewed, to take advantage of existing learning.

Resolved to participate in a joint session between the members of the Health and Wellbeing Board and the Integrated Care Partnership Forum to discuss overlaps, functions and the benefits and dis-benefits of the formal alignment of the two bodies.

33 Nottingham City Integrated Care Partnership Update

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

- (a) following its first year, the ICP is reviewing the delivery of its projects (particularly on supporting people with severe multiple disadvantages and on encouraging the greater uptake of vaccinations), to inform what healthcare requirements need addressing, going forward. Work will be carried out to identify the upcoming health priorities, which will be informed through close consultation with citizens, in the context of addressing the recent paper from the NHS on place-based healthcare approaches. The ICP is always seeking to learn and break down barriers, and holds weekly share and learn sessions with partners. These have been well-attended and represent a good forum for city healthcare providers to share knowledge. A co-mentoring scheme is also in place;

- (b) a funding bid for a project on green social prescribing has been successful, which will focus on supporting mental health issues in a collaborative way, and on the wider determinants of health. Assistance is also being provided to third-sector partners in making funding bids for projects to support vulnerable communities.

The Board noted the update.

34 Carbon Neutral Nottingham 2028

Wayne Bexton, Head of Energy Services at Nottingham City Council, presented a report on the response of the Council to climate change and its impact on public health and wellbeing. The following points were discussed:

- (a) Nottingham is experiencing the local effects of a changing global climate, as the levels of carbon dioxide in the atmosphere continue to increase. Due to changes in approach and the development of agendas for carbon reduction and air quality improvement, Nottingham has reduced citywide carbon emissions by over 43% since 2005. Nevertheless, the city still emitted 1.17 million tonnes of carbon in 2017. However, although Nottingham's emissions levels have remained relatively static, this is in the context of a national trend of increased emissions. In January 2020, the Council declared a Climate and Ecological Emergency, followed by publishing a Carbon Neutral Charter, which is a partnership agreement to achieve net zero carbon emissions by 2028 and tackle climate change jointly, across the city;
- (b) in March 2020, the Council published a Carbon Neutral Nottingham 2028 Action Plan, which contains three cross-cutting themes and seven carbon reduction work-streams, all of which are led by a Council director or head of service. These streams are managed by an Implementation Group, Board and Executive Panel, with ultimate oversight provided by the Council's Executive Board. The plan contributes to improving public health in a number of ways, through actions to improve air quality, reduce fuel poverty, create warmer and better housing, focus on healthier dietary choices, and improve access to open spaces and nature;
- (c) currently, a number of Nottingham citizens remain in fuel poverty, which has been a particular problem when many people are working from home in the winter, during the Coronavirus pandemic. Homes that are cold can lead to health problems, including respiratory illnesses. As such, support programmes are in place (including through the Warm Homes Hub) to improve heating efficiency in homes as a means of addressing fuel poverty and decreasing domestic carbon emissions;
- (d) there is an important need to support marginalised, deprived and vulnerable groups and communities, who often face the worst consequences of climate change. However, addressing these issues is a substantial objective that can only be achieved through a broad range of partners working together to deliver it, both across the city and the wider region. A strong working relationship is in place with Nottingham City Homes (NCH), which is retrofitting its social housing stock for improved energy efficiency, and the businesses that are working with NCH to carry out these retrofits are also seeking to improve their own energy efficiency. Work is also underway in relation to delivering needed improvements following

legislative changes in the criteria used to assess a property's energy efficiency. Grant support for these projects is sought wherever possible;

- (e) successful partnership work has been carried in relation to improving general air quality. There needs to be a major focus on green recovery and better air quality for a healthier Nottingham following the Coronavirus pandemic. Close consultation with residents and businesses is a key priority of this, to achieve a sustainable city with a strong active travel network that attracts and develops green jobs, ensuring economic wellbeing – and its associated positive impact on health. Behaviour changes are being studied carefully to see where carbon emissions have increased or decreased, but it is important to reassure citizens on the safety of returning to public transport;
- (f) there is a good level of external funding for carbon reduction available currently, and there are opportunities to link this with funding to support health and wellbeing. Initiatives are underway to broaden access to open spaces, improve diet and address food poverty, working with local GPs on referrals. Health services are working to reduce their carbon footprint by using technology to ensure that health workers travel to visit patients as efficiently as possible, and by increasing the number of digital appointments that are available to patients, so that they do not need to travel – though measures are in place to ensure that this does not contribute to digital exclusion. Data is being collected on the carbon footprint created by travel related to medical appointments, and this can be shared to develop further strategies for digital care – which has achieved greater acceptance by patients during the Coronavirus pandemic;
- (g) the Board felt that the Carbon Neutral Nottingham 2028 Action Plan represented a welcome commitment to the improvement of healthy lifestyles and mental wellbeing across the city, through an intention to bring about wide cultural change through partnership working. As such, the Board agreed that it would be beneficial for it to participate in the meetings of the Carbon Neutral Nottingham 2028 Board.

Resolved that a representative of the Health and Wellbeing Board should attend the meetings of the Carbon Neutral Nottingham 2028 Board.

35 Speech, Language and Communication Needs: Strategy Development

Kathryn Bouchlaghem, Early Years Manager at Nottingham City Council, and Katherine Crossley, Project Officer – School Access and Inclusion (Early Years) at Nottingham City Council, presented a report on the work around the development of a strategy and supporting pathway in relation to speech, language and communication. The following points were discussed:

- (a) a local needs analysis has shown that children and young people in Nottingham are not always developing speech, language and communication (SLC) to the best of their potential, which impacts on their attachment, attainment, leisure, mental health, well-being, later employment and life chances. Through Department for Education funding under the Early Outcomes Fund, the Council's Children's Services team has been working in partnership with Leicester and Derby City Councils, and the Better Communication Community Interest

Company, to deliver real and proactive solutions in the area of SLC to make a significant difference to children and families;

- (b) effective SLC intervention at an early stage in a child's life is a significant means of mitigating against greater issues in the future, bringing important health and wellbeing benefits. A great deal of work has been carried out to predict and identify need, but much of these was done before the Coronavirus pandemic, so the need will be reviewed in the light of this changed context. The SLC work has been carried out in partnership with 'Small Steps, Big Changes' to ensure a fully integrated approach with national strategies, and seeks to act as a 'golden thread' to bring interventions together;
- (c) in order to support this work and improve children's life chance, it is intended to produce a full written strategy by March, to link together all of the interventions required to bring improvement to these children's lives. A 'task and finish' group is required for joint commissioning, and to have oversight of development, delivery and overall ownership of the strategy. Consideration is also being given to expanding the age range of this work, to develop a 0 to 25 years joint strategy for SLC across all agencies;
- (d) the Board welcomed the proposed SLC strategy and recognised the need for a integrated SLC approach as part of the wider work of the Board and the Integrated Care Partnership, due to the significant impact that SLC can have as a determinant of life chances from an early stage and throughout a child's life – particularly in the context of helping to address poverty, deprivation and health inequality. It agreed that, in moving forward, the SLC strategy should be expanded to develop a 0 to 25 years joint strategy for SLC across all agencies;
- (e) the Board noted that, currently, there are large number of 'strategies' in circulation, which can create confusion for frontline healthcare staff. It suggested that the SLC approach is integrated as a work-stream as part of the delivery of an existing element within the overall Health and Wellbeing Strategy.

Resolved to oversee the development and delivery of a speech, language and communication work-stream (to be integrated into the delivery of an existing element within the overall Health and Wellbeing Strategy), take on its overall ownership and provide necessary engagement, governance and accountability, including supporting the development of a task and finish group for joint commissioning.

36 Safeguarding Adults Board - Annual Report 2019/20

Ross Leather, Safeguarding Adults Board (SAB) Manager at Nottingham City Council, presented the 2019/20 annual report of the SAB, to outline how it met the objectives of the previous year's strategic plan. The following points were discussed:

- (a) the annual report is produced to provide assurance on the robustness of adult safeguarding in a given year. The current report cover activity during 2019/20, so precedes the changed situation arising from the Coronavirus pandemic. The level of referrals continued to rise, with a growing demand and increase in case complexity. Most incidents take place in a domestic setting, with increases of

cases of modern slavery and financial abuse. However, the risks of abuse are successfully reduced in most referred cases. Important work also continues to be carried out with the survivors of child sexual abuse;

- (b) the Coronavirus pandemic, however, has changed the context of adult safeguarding to a high degree. Since April 2020, referral rates decreased by 20% or more, though referrals have increased again as lockdown period ease. It is anticipated that referral levels will return to normal when safeguarding staff are able to visit the homes of people at risk on a more normal basis. Careful monitoring of care homes is in place, and partners have been challenged to speak out to highlight issues and ensure that proper planning and safeguarding measures are used;
- (c) the Board thanked the outgoing Chair of the SAB and officers for the report, and recognised the development of a real culture of challenge, to drive better practice. It noted, however, that the effective continuation of safeguarding throughout the unpredictable and challenging period of the Coronavirus pandemic is a very significant issue. A robust partner approach is in place, but detailed work will be required to ensure full assurance, particularly as a new Chair comes into post;
- (d) the Board felt that it is vital for there to be full collaboration and engagement between Board and SAB members and partners (including with the Crime and Drugs Partnership) to support the work underway to identify the scale of hidden harm arising from the Coronavirus pandemic, and address it effectively.

The Board noted the report, and requested an update on the progress of the review into hidden harm arising from the Coronavirus pandemic within 6 months.

37 Board Member Updates

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

The Board noted the report.

38 Work Plan

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

The Board noted the Work Plan.

39 Future Meeting Dates

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

**Health and Wellbeing Board
24 March 2021**

	Report for Information
Title:	Nottingham City Integrated Care Partnership (ICP) Update
Lead Board Member(s):	Councillor Eunice Campbell-Clark – Chair, Nottingham City Health and Wellbeing Board and Nottingham City ICP Forum member Dr Hugh Porter – Vice Chair, Nottingham City Health and Wellbeing Board and Interim Lead / Clinical Director, Nottingham City ICP
Author and contact details for further information:	Rich Brady, ICP Programme Director rich.brady@nhs.net
Brief summary:	This update includes an overview of the ICP programme review of priorities 1-5 ahead of 2021/22. Following the recent NHS England / Improvement engagement on the future of Integrated Care Systems, there is a focus on programme priority 6, both in establishing the ICP culture in the city and building the infrastructure to support delivery. There is also an update on programme priority 7, with work undertaken to support uptake of the Covid-19 vaccine in Nottingham.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to note the update from the Nottingham City ICP.

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 ICP established its first set of programmes in June 2020. Programme Leads have been working with project teams (made up of different ICP partners), meeting regularly to progress activity against programme plans. Each of the five ICP programmes have continued to make good progress in the first year, despite
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.	operational pressures caused by the pandemic.
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	
There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going development.	
Background papers:	Appendix 1 – Nottingham City ICP Programme Priorities 2020/21 Appendix 2 – Flyer for VCS engagement event Appendix 3 – DRAFT ICP Maturity Matrix Appendix 4 – Co-mentoring advertisement Appendix 5 – Share and learn programme schedule

Introduction

1. This update includes an overview of the City ICP programme review of priorities 1 – 5 ahead of 2021/22. Following the recent NHS England / Improvement engagement on the future of Integrated Care Systems there is a focus on programme priority 6, both in establishing the ICP culture in city and building the infrastructure to support delivery. There is also an update on programme priority 7 with work undertaken to support uptake of the Covid-19 vaccine in the City.

Programmes priorities 1 – 5 (population cohorts)

2. The City ICP established its first set of programmes in June 2020 (appendix 1), Programme Leads have been working with project teams (made up of different ICP partners), meeting regularly to progress activity against programme plans.

Each of the five ICP programmes have continued to make good progress in the first year despite operational pressures caused by the pandemic.

3. Ahead of 2021/22 the City ICP will undertake a formal review of programme priorities 1 – 5 at Programme Steering Group meetings in February and March 2021. The review will include a summary of progress against key performance indicators / outcomes and discussions on the risks, issues and opportunities for 2021/22 before a decision is taken on the future of each programme. The review will provide the opportunity to generate new programmes in the City, as well as with partners in South and Mid Nottinghamshire ICPs.
4. As part of the programme review, on 4 March, Healthwatch Nottingham and Nottinghamshire, in partnership with Nottingham Community Voluntary Service will hold an event with community and voluntary partners (appendix 2). The purpose of this event is to ensure that voices of the citizens and the community and voluntary sector are at the forefront of the programme review process.

Programme priority 6: Develop the partnership and establish the ICP culture

5. Following the recent NHS England / Improvement proposals set out in, Integrated Care: next steps to build strong and effective integrated care systems across England, City ICP partners have been working together to strengthen the infrastructure, governance and accountability of the partnership, as well as embedding the ICP culture in the city. This work is being undertaken as part of the sixth priority to, 'develop the Integrated Care Partnership and establish the ICP culture'.
6. The City ICP provided a response to the NHSE England / Improvement proposals which can be found [here](#).

Developing the partnership

7. The NHSE/I proposals have significant emphasis on the role of place-based partnerships with the need to support and develop effective models for joined-up working at "place" with the aim to progressively deepen relationships between the NHS and local authorities, including on health improvement and wellbeing.

Maturity planning

8. To support the development of effective models for joined up working at place, the City ICP has developed a draft ICP maturity matrix (appendix 3). The ICP Executive Team is reviewing the maturity of the City ICP against this local framework to be able to set out the steps needed for the City ICP to take on the responsibilities expected of place-based partnerships as set out in the NHSE/I proposals. At the time of writing there is not a nationally recognised maturity matrix for ICPs or other place-based partnerships.

Strategy and governance alignment

9. To support the deepening of relationships between the NHS and local authorities to work collectively on health improvement and wellbeing, City ICP partners are strengthen the alignment of ICP with the Join Health and Wellbeing Strategy and

the statutory governance of the Health And Wellbeing Board. Partners will participate in independently facilitated workshops to work through proposals.

Establishing the ICP culture

10. As well as developing the partnership, programme priority 6 aims to build and establish the ICP culture in the city. As part of this programme the City ICP has set up a co-mentoring scheme and a programme of 'share and learn' webinars.

Co-mentoring

11. In December 2020 the City ICP launched a co-mentoring scheme for staff working across the partnership (appendix 4). The programme is aimed at all staff who are interested in developing their understanding of what it is like to work in different roles and in different organisations. 16 colleagues attended the first session and have been paired into 8 co-mentoring partnerships. Co-mentoring partnerships are made up of colleagues working in a variety of different roles from across the partnership. Colleagues are meeting regularly and will participate in a formal evaluation in March 2021.

Share and learn

12. Throughout 2021 ICP partners are running a series of 'share and learn' webinars which give the opportunity for ICP and ICS colleagues to find out more about the ICP, its partners and programmes of work.

13. Each session is 30 minutes, with presentations from partners followed by question and answer sessions. Each session is recorded and available to watch again on YouTube. The programme for January – May 2021 is detailed in appendix 5. The aim of these sessions is to:

- Generate a better understanding of what the ICP is and the ICP's ambition for integrated care in Nottingham
- Develop a greater understanding of the organisations and services that make up the partnership
- Share knowledge and skills across the partnership
- Continue building effective relationships that allow partners to work closely together, today and in the future.

Monthly newsletter

14. In November the City ICP began producing a monthly newsletter, which provides a focus on the progress of the ICP programmes and work being undertaken in the Primary Care Networks, as well as sharing news from across the partnership. The three editions to date cover [November](#), [December](#) and [January](#).

Programme priority 7: Support our partners in response, recovery and restoration from Covid-19

15. The City ICP has started to bring together key partners (including community and voluntary groups) with a role to play in supporting the uptake of the coronavirus vaccine across diverse communities in Nottingham City. The purpose of this group is to coordinate the efforts of colleagues across the city so that partners can work together better to encourage vaccine uptake and reduce any duplication. The group has four main areas of focus:

- Support data and information sharing between partners
- Support LRF colleagues with vaccine site locations and access to reach areas of low uptake
- Understand vaccine hesitancy within communities and work to overcome this
- Communications between partners and with citizens to improve vaccine uptake

16. The City ICP covid-19 vaccine coordination group is not part of the formal Local Resilience Forum (LRF) governance however its aim is to support and complement the work of the LRF.

Appendix 1 – Nottingham City ICP Programme Priorities 2020/21

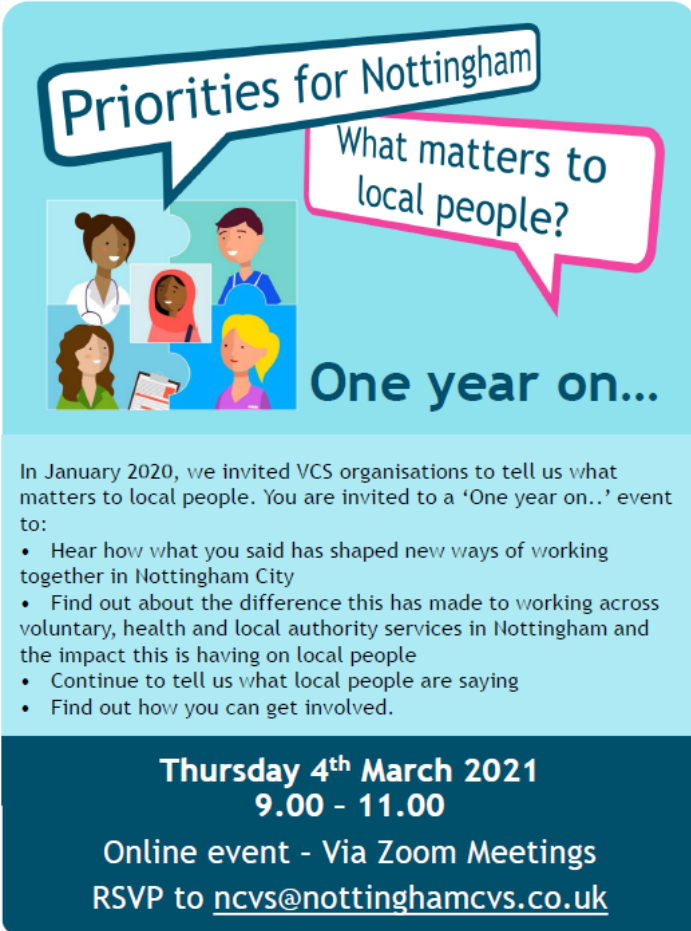
In 2020/21 City ICP partners will work together to improve the lives of citizens by:

- 1 Supporting people who face severe multiple disadvantages to live longer and healthier lives
- 2 Preparing children and young people to leave care and live independently
- 3 Supporting those who smoke to quit and reducing the number of people at risk of smoking
- 4 Increasing the number of people receiving flu vaccinations
- 5 Reducing inequalities in health outcomes in BAME communities

As well as focusing on improving outcomes for citizens City ICP partners will:

- 6 Develop the Integrated Care Partnership and establish the ICP culture
- 7 Support our partners in response, recovery and restoration from Covid-19

Appendix 2 – Flyer for VCS engagement event



The flyer features a light blue background with a central illustration of five diverse people (two men and three women) in a grid. Above them are two speech bubbles: a white one with a blue border saying 'Priorities for Nottingham' and a pink one with a white border saying 'What matters to local people?'. Below the illustration, the text 'One year on...' is written in a large, bold, dark blue font. The event details are listed in a dark blue box at the bottom, including the date 'Thursday 4th March 2021', time '9.00 - 11.00', and the fact that it is an online event via Zoom. Logos for healthwatch, Nottingham Community and Voluntary Service, and Nottingham City Integrated Care Partnership are at the bottom.

Priorities for Nottingham

What matters to local people?

One year on...

In January 2020, we invited VCS organisations to tell us what matters to local people. You are invited to a 'One year on..' event to:

- Hear how what you said has shaped new ways of working together in Nottingham City
- Find out about the difference this has made to working across voluntary, health and local authority services in Nottingham and the impact this is having on local people
- Continue to tell us what local people are saying
- Find out how you can get involved.

Thursday 4th March 2021
9.00 - 11.00

Online event - Via Zoom Meetings
RSVP to ncvs@nottinghamcvs.co.uk

healthwatch
Nottingham & Nottinghamshire

Nottingham Community and Voluntary Service

Nottingham City
Integrated Care Partnership

Appendix 3 – DRAFT ICP Maturity Matrix



	Emerging	Developing	Maturing	Thriving
Common vision and purpose	Recognition that there is a need for a collective vision but limited progress has been made to finalise ICP vision and objectives or embed these across the ICP and within individual organisations	An early shared vision and some defined objectives, starting to build common purpose and a collectively-owned narrative among ICP leadership team	The ICP's vision and purpose is clear, aligned to the programme objectives and can be articulated by partners. Partners are clear on how the work of the ICP will add value to the work being undertaken by the constituent partners that make up its membership	The ICP's vision has a clear relationship to the overarching system vision and objectives, is shared across all members of the partnership and tangibly informs decision making
Operating Model and Risk Management	Agreement in principle between ICP partners to work towards an alliance agreement that will enable the ICP to hold programme / population level budgets and fairly allocate risk and reward	The ICP has an agreed set of principles established to inform the design/re-design of services to deliver joined-up care to cohorts of the population. Agreements in place with strategic commissioners for ICPs to hold budgets and share risk on smaller population / cohort groups. Risk associated with delivery is still held by strategic commissioners	Provider alliance agreement in place. The principles and processes established provide assurance to strategic commissioners that delivery through the ICP will improve outcomes for the population as well as organisational performance. Risk associated with delivery is shared between partners	The ICP has a collectively agreed operating model and form to deliver whole-population, joined-up care. The model enables the ICP to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. Arrangements to assess and share risks and gains across providers are established and supported by transparency around resource availability and allocation within the ICP
Workforce Engagement	Limited input from clinical and other frontline professionals into plans, policies and decision making. Limited established networks across professional groups and care settings	Clinicians and other frontline professional are consulted on relevant programmes however this takes place on an ad hoc basis. Frontline professionals are not always clear on the outcome of the consultation / engagement.	Established engagement with clinical community and other frontline professional across care settings into ICP programmes of work. Frontline professionals are involved in service design / re-design, ensuring that service design is based on best practice and an understanding of practical barriers to integrated working	All plans, policies and decisions of the ICP are based on or informed by engagement with the partnership's clinical community and other frontline professionals. Strong networks amongst care professionals exist across care settings and professional groups are the foundation of this engagement
Care Coordination and Management	The ICP is starting to build local plans for improving the coordination of care for its population and is starting to build relationships across partners	Relationships between partners are developing and partners are beginning to work through traditional barriers to care coordination and management outside of formal ICP programmes. The ICP has facilitated the generation of some multi-disciplinary teams to meet the needs of specific populations / cohorts, working across health and care pathways	There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going MDT development. Workforce sharing protocols in place.	The ICP enables the provision of high-quality, coordinated and population-focused care across all health and care pathways
Citizen Ownership and Engagement	There is limited meaningful engagement with citizens. Citizens are not routinely involved in the development of priorities or co-design of services. When citizens are consulted they are not always aware of the outcome of their involvement.	Processes are in place to engage with citizens in the design and delivery of programmes and trusted relationships between citizens and partners are beginning to develop	The ICP has embedded forums and processes for seeking and acting on citizen views in co-designing and delivering care. Expert citizens are involved in programmes and contribute to key decision making	The ICP is routinely involving and engaging citizens in the design and delivery of services to meet the needs of population groups / cohorts. The ICP has established links and relationships with wider community assets and works in partnership with community assets to meet population need
Data, Analytics, Infrastructure and Interoperability	Infrastructure is being developed for population health management including facilitating access to data that can be used easily, developing information governance arrangements & providing analytical support	Basic data sharing, common population definitions, and information governance arrangements have been established that supports the flow of information between services. There is some linking of data flows between social care, primary care, community services and secondary care	There is a data and digital infrastructure in place to enable a level of interoperability within and across the ICP, including wider availability of shared care records. Analytical support, real time patient data and PHM tools are made available for ICPs and PCNs to help understand at risk population cohorts, and to support care design	IT, data system alignment and interoperability exists across ICP partners. To enable the optimal management, coordination and delivery of patient care, information is available to clinicians and service planners across care organisations. Agreed permissions in place for data and information sharing relevant for system insight across care organisations to enable system wide analysis

Appendix 4 – Co-mentoring advertisement



Interested in a new challenge and opportunity?

APPLY for the Nottingham City ICP co-mentoring scheme today

The world is changing and how we work in the future is changing alongside it!

Appendix 5 – Share and learn programme schedule

Date	Title	Speaker
12 January 2021 at 13:00 hours	An introduction to our ICP <i>Role and function</i> <i>Membership</i> <i>Programme Objectives</i> <i>Opportunities</i>	Rich Brady Programme Director
21 January 2021 at 13:00 hours	Local Authority <i>Overview of organisation</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Catherine Underwood Corporate Director of People
27 January 2021 at 13:00 hours	NCVS <i>Overview of organisation</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Jules Sebelin Chief Executive
4 February 2021 at 13:00 hours (POSTPONED)	Primary Care Networks <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Jonathan Harte PCN Clinical Director
16 February 2021 at 13:00 hours	Community Services <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Lyn Bacon Chief Executive CityCare

2 March 2021 at 13:00 hours	Framework Overview Key priorities Success areas Development opportunities	Andrew Redfern, Chief Executive Apollos Clifton – Brown Director, Health and Social Care
18 March 2021 at 13:00	Nottingham City Homes Overview Key priorities Success areas Development opportunities	Richard Holland Assistant Director of Housing Operations
31 March 2021 at 13:00	Hospital Services <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Keith Girling And Sarah Moppett Medical Director and Deputy Chief Nurse
6 April 2021 at 13:00	Mental Health Overview Key priorities Success areas Development opportunities	Julie Hankin Medical Director, Nottinghamshire Healthcare NHS Foundation Trust
28 April 2021 at 13:00	Small Steps Big Changes (SSBC) <i>Role and function</i> <i>Membership</i> <i>Programme Objectives</i> <i>Opportunities</i>	Karla Capstick Programme Director
11 May 2021 at 13:00	A focus on health inequalities An overview of our population Work being undertaken	Dr Margaret Abbott ICP Health and Inequalities Lead

This page is intentionally left blank

**Health and Wellbeing Board
24 March 2021**

	Report for Information
Title:	Joint Strategic Needs Assessment: A Proposed Approach for 2021/2022
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	David Johns, Public Health Consultant david.johns@nottinghamcity.gov.uk Claire Novak, Insight Specialist Public Health claire.novak@nottinghamcity.gov.uk
Brief summary:	The report provides information on the proposed development of the Nottingham City's Joint Strategic Needs Assessment (JSNA). The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities for Nottingham's citizens.

Recommendation to the Health and Wellbeing Board:

The Board is asked to note and endorse the proposed approach for 2021/22, with further detail on a JSNA refresh to be presented at the September 2021 Board meeting.

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	This paper recommends a refresh of the JSNA to align with a refresh of the Health and Wellbeing Strategy, which is in turn informed by NHS Integrated Care System and Integrated Care Partnership priorities. 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	
JSNA authors consider mental health impact alongside physical health. In addition, several chapters focus specifically on mental health topics.	
Background papers:	None.

Joint Strategic Needs Assessment: a proposed approach for 2021/22

1.0 Background

- 1.1 Nottingham City's Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of its citizens. The JSNA should identify the needs of citizens as well as highlight inequalities and, in doing so inform priorities, targets and commissioning decisions.
- 1.2 The City's JSNA is produced in collaboration with public health, social care, the Nottingham City Clinical Commissioning Group and the Crime and Drugs Partnership. Historically there are nearly 50 individual chapters covering clinical topics such as diabetes, behavioural topics such as smoking and alcohol, and vulnerable client group chapters such as children in care and adults living with severe multiple disadvantage. However, ongoing reductions in capacity over several years have made this number of chapters difficult to maintain.
- 1.3 This report provides Nottingham City's Health and Wellbeing Board with a proposal to refresh the JSNA, precipitated by severe pressures due to the COVID-19 pandemic and to align with the Health and Wellbeing Strategy, which is in turn informed by Integrated Care System (ICS) and integrated Care Partnership (ICP) priorities.

2.0 Impact of COVID-19

- 2.1 The pandemic has necessitated prioritising the Covid response across the health and social care system. This has resulted in the JSNA workplan becoming largely dormant over the last year. Authors have been reassigned and many chapter owning groups have not been functioning.
- 2.2 The JSNA Steering Group has endorsed a refresh of the JSNA process as there is no longer capacity to maintain the same number of chapters. There is also a need to modernise to ensure the JSNA remains fit for purpose. This will ensure that JSNA plans focus on population health outcomes; support commissioning partnerships locally; and build a narrative that supports change in the wider determinants of health. Many local authorities across the country are refreshing their JSNA.

3.0 Proposal for refresh

- 3.1 It is thought that a place-based approach to the JSNA grounded in local health need and incorporating the lived experience of residents would align with the new HWB strategy and ICP work plan. However, due to the ongoing pressures of the pandemic response, a firm proposal has yet to be created and will be brought to the Health and Wellbeing Board later this year.
- 3.2 Any proposed refresh will include:
 - aligning the JSNA to the refreshed Joint Health and Wellbeing Strategy;
 - aligning to ICS and ICP priorities and strategies;
 - reviewing membership and attendance of the JSNA Steering Group;
 - working with partners to redesign the JSNA to support place-based approaches; and
 - reviewing the chapter template and exploring more dynamic data presentation.

4.0 The 2020/21 Work Plan

Pharmaceutical Needs Assessment

- 4.1 Responsibility for pharmaceutical needs assessments (PNAs) was transferred to Health and Wellbeing Boards under the Health and Social Care Act 2012. The Nottingham City Health and Wellbeing Board was due to publish its third PNA on 1 April 2021, but this responsibility was deferred for a year nationally due to the pandemic. Ongoing workforce pressures have prompted the decision by Nottingham City Council and Nottinghamshire County Council Public Health teams to collaboratively commission an external provider to project manage and produce their respective PNAs.

Chapter and Content Development

- 4.2 The JSNA Steering Group has met sporadically over the last year and have endorsed the pragmatic 'holding position' over chapter production, i.e., authors part way through were supported to complete where possible and no new chapters were started. Most chapters have remained at a standstill. At best three chapters should be published in the next quarter. These include a new chapter on Noise Pollution, and refreshed chapters on Physical Activity and Special Educational Needs and Disability.



**Statutory Officers' Report for Health and Wellbeing Board
Corporate Director of People
24 March 2021**

Parent-Infant Relationship Service

In December 2020, Nottingham City Council's Early Help Team submitted a joint bid with Targeted CAMHS for a Small Steps, Big Changes-funded team working with Parent Infant Relationships. We can now confirm that the bid has been successful (subject to contracts being agreed and signed). The 'Parent Infant Relationship Team' will provide training and support for practitioners supporting children and families in Nottingham to help them to identify and intervene early through a preventative and early intervention model.

Across the UK, there are only 27 parent-infant relationship teams in operation, all with the following shared goals:

- To be expert advisors and champions for parent-infant relationships.
- To drive change by empowering professionals to turn families' lives around.
- To offer high-quality therapeutic support for families experiencing severe, complex and/or enduring difficulties in their early relationships.
- To support babies on a positive developmental trajectory.

This is true preventative work: acting early and holistically considering the needs of mothers, fathers and the baby as a family unit, in order to prevent potential harm to babies' emotional wellbeing and later mental health. It is hoped that this exciting team will commence in June.

Thematic inspection to identify how Youth Offending Services understand and meet the needs of black and mixed heritage boys in the youth justice system

During April, the Council will be one of nine local authorities that will be involved in a thematic inspection to identify how our Youth Justice Service understand and meet the needs of black and mixed heritage boys in the youth justice system. The aim of the inspection is to take a closer look at the work undertaken in the delivery of services to black and mixed heritage boys. Data and research show that this group of children are significantly over-represented in the youth justice system and have poorer outcomes than their peers.

The inspection will help develop HMI Probation's understanding of the range, quality and effectiveness of services and interventions delivered to black and mixed heritage boys. They aim to identify good practice and make recommendations for improvement where needed. The inspection will be undertaken by HMI Probation and last one week.

Nottingham City Council Recovery and Improvement Plan

Last month, Nottingham City Council published its Recovery and Improvement Plan to take it forward to 2024. The Plan, which follows the rapid non-statutory review carried out last year on behalf of the Ministry of Housing, Communities and Local Government, sets out how Nottingham will address the financial and governance issues raised and transform the authority for the future.

The Plan provides assurance to Government that the Council is responding positively to the review and is committed to making improvements at pace. The Plan also confirms that we are committed to ensuring that we continue to deliver the quality statutory and day-to-day local services and that we will work in partnership with the communities we serve to build a thriving city that offers residents the opportunity to realise their potential.

As Corporate Director for People, I am jointly on the work stream for 'People Services and Commissioning'. The work stream is about doing better for our citizens and developing the council which will serve Nottingham best for the next generation. We will be looking at putting in place models of service delivery which build on best practice locally, and from around the country. We will be thinking carefully about our priorities and opportunities for real transformation.

Sewa Day in Nottingham

Hetvi Parekh, a Social Worker from Nottingham has been commended by the Prime Minister for her services to voluntary work during the pandemic. Hetvi coordinated and raised funds and food donations for deliveries of 25,000 meals to key workers, vulnerable people, the homeless, and international students in Nottingham in response to the pandemic. In a personal letter to Hetvi, Prime Minister Boris Johnson said "Thank you for all you have done during this pandemic to serve your community". For more information, please see [here](#).

Adult Social Care

At the time of writing this report, the Council is beginning to see green shoots of growth moving through Covid in Adult Social Care. 80% of our front-line social care staff have received their first vaccine and, working with our Clinical Commissioning Group colleagues, we have been able secure walk-in vaccine slots that have facilitated access to vaccinations. We will continue to monitor the uptake of the vaccine for front line staff and have put in place regular communications. We report weekly to Department of Health and Social Care on the numbers. We are now working on Cohort 6 of the programme, supporting the uptake by unpaid carers. This is a large group of people, but we are confident of meeting our targets.

Previously, I reported that we had seen several staff ill due to Covid, but can now report sickness has reduced and, although staff are fatigued, they are still at the forefront delivering services to our most vulnerable citizens. It is encouraging to note that, despite the pressures, 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.

The White Paper on health and social care integration and innovation has been produced, and this will help drive forward our ambition to move towards a more cohesive and integrated model of support for our citizens, and over the coming months we will be working with partners to determine a plan of actions to meet some of the key legislative changes within the document.

We have also been working with the Integrated Care Partnership to formulate our neighbourhood delivery model, and have attended several sessions to present the adult social care transformation proposals alongside our thinking of future models of support. The proposals have been well received by partners, and have stimulated lots of interest and debate. We have agreed this will now underpin future discussions, and we are looking to identify our first neighbourhood to develop one team and services.

Our budget proposals have been agreed and we have incorporated these into our adult transformation programmes. We can effectively monitor as we move forward in transforming our services. We are seeking to set up a series of engagement sessions both internally and with our citizens and families so they can have say and help influence and shape the future provision.

We held the adults workforce annual meeting on Friday 26 February. This was a great opportunity to share wider the transformation, thinking and to introduce the new Director of Adults, Sara Storey. Some 550+ staff were accommodated on the MS Teams platform.

Looking forward the adults programme is now moving into delivery phase with clear plans for each quarter this year, and with a strong link to the People's Programme board we have both accountability, visibility and robust governance in place.

Catherine Underwood
Corporate Director for People
March 2021

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



Health and Wellbeing Board Work Plan 2021/22

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)

Meeting Date	Agenda Item	Lead Officer
Wednesday 26 May 2021 1:30pm	Health and Wellbeing Board and Integrated Care Partnership Alignment	Rich Brady (ICP)
	Speech, Language and Communication Needs Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
	Commissioning Reviews and Commissioning Intentions	Steve Oakley (NCC)
Wednesday 28 July 2021 1:30pm	Adult Safeguarding and Hidden Harm during Lockdown	Ross Leather (NCC)

Wednesday 29 September 2021 1:30pm	Joint Strategic Needs Assessment: Annual Report	Claire Novak (NCC)
Wednesday 24 November 2021 1:30pm		
Wednesday 26 January 2022 1:30pm	Safeguarding Adults Board: Annual Report	Ross Leather (NCC)
	Safeguarding Children Partnership: Annual Report	
Wednesday 30 March 2022 1:30pm		

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.