



Nottingham City Health and Wellbeing Board

Date: Wednesday 26 May 2021

Time: 1.30 pm

Place: The Ballroom - The Council House, Old Market Square, Nottingham, NG1 2DT

Please see the information at the bottom of this agenda front sheet about the requirements for ensuring Covid-safety

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.

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1 Appointment of the Vice Chair	
2 Changes to Membership <ul style="list-style-type: none">• David Johns has replaced Alison Challenger as Nottingham City Council's Interim Director of Public Health• Dr Sue Elcock has replaced Julie Hankin as the representative of the Nottinghamshire Healthcare NHS Foundation Trust• Louise Bainbridge has replaced Lyn Bacon as the representative of the Nottingham CityCare Partnership	3 - 4
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and Clinical Director

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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.

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Health and Wellbeing Board Membership

Voting Members	
Nottingham City Council's Portfolio Holder with a remit covering Health and Adult Social Care	Councillor Adele Williams (Chair) Portfolio Holder for Adults and Health
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 Eunice Campbell-Clark
	<i>Vacant</i>
Four representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Dr Hugh Porter (Vice Chair)
	Dr Manik Arora
	Michelle Tilling City Locality Director
	<i>Vacant</i>
Corporate Director for People, Nottingham City Council	Catherine Underwood
Director of Adult Social Care, Nottingham City Council	Sara Storey
Director of Public Health, Nottingham City Council	David Johns
Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
Representative of NHS England	Diane Gamble Deputy Director of Strategic Transformation – North Midlands
Non-Voting Members	
Representative of the Nottingham University Hospitals NHS Trust	Tim Guyler Director of Integration
Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Dr Sue Elcock Medical Director and Executive Director of Forensic Services
Representative of the Nottingham CityCare Partnership	Lou Bainbridge 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	Viki Dyer

and Pensions	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 24 March 2021 from 1:32pm to 3:20pm

Voting Membership

Present

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

Absent

Diane Gamble

Non-Voting Membership

Present

Lyn Bacon
Tim Guylar
Leslie McDonald
Jules Sebelin
Andy Winter

Absent

Mel Barrett
Viki Dyer
Julie Hankin
Superintendent Mathew Healey
Richard Holland
Craig Parkin

Tim Brown (substitute for Viki Dyer)

Colleagues, partners and others in attendance:

Sarah Carter - Executive Director, Nottingham and Nottinghamshire
Clinical Commissioning Group
David Johns - Consultant in Public Health, Nottingham City Council
Adrian Mann - Governance Officer, Nottingham City Council

40 Changes to Membership

The Chair held a minute's silence in memory of Helen Blackman, Nottingham City Council's Director of Children's Integrated Services, who passed away earlier in the year.

The Chair noted that this would be the last meeting of Allison Challenger (Nottingham City Council's Director of Public Health) and Lyn Bacon (the Nottingham CityCare Partnership's Chief Executive) as members of the Board, and wished them all of the best for the future.

The Board noted that Sara Storey has joined the Board as Nottingham City Council's Director of Adult Social Care.

41 Apologies for Absence

Mel Barrett
Viki Dyer
Superintendent Mathew Healey
Craig Parkin

42 Declarations of Interests

None.

43 Minutes

The minutes of the meeting held on 27 January 2021 were confirmed as a true record and signed by the Chair.

44 Coronavirus, Testing and Vaccination Update

Alison Challenger, Director of Public Health at Nottingham City Council, and Sarah Carter, Executive Director at Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), provided an update on the impacts and response to the Coronavirus pandemic, and on the associated testing and vaccination programmes. The following points were discussed:

- (a) there is a decreasing trend of Coronavirus cases, with a current rate of 68.8 per 100,000 of population, which is down from 79 in the previous week. This is higher than the national average, but the gap is closing. There has been an increase of asymptomatic testing in schools, to seek to avoid the need of sending all children home when Coronavirus cases occur. However, the decline is starting to slow and may reach a plateau, so caution is still required and the current restrictions must still be observed as the national roadmap to recovery progresses. Nationally, infection rates appear to be higher in the north of the country than the south;
- (b) the Local Outbreak Management Plan has been refreshed to incorporate the current learning, in partnership with the County and the Local Resilience Forum. The Plan covers a range of local authority responsibilities including ongoing surveillance, community testing, enhanced contact tracing, self-isolation support and outbreak management, and seeks to ensure that the response is sustainable in the longer term, enabling communities to live safely with the virus;
- (c) the next phase of the national roadmap will be implemented from 29 March, allowing outdoor sports facilities to open and for groups of up to six or two households to meet outdoors;
- (d) a community testing programme is in place, and asymptomatic tests are being offered to everyone who has to travel to a workplace on a regular basis. One in three people who have Coronavirus display no symptoms, so the testing is vital in revealing infections and enabling people to self-isolate. Over 12,000 tests have been carried out so far, with a positive result in 0.8% of cases. It is important to note that the Lateral Flow tests are for people not showing symptoms of

Coronavirus – people with symptoms should instead take the PCB test, for accurate confirmation;

- (e) the community testing sites are open for extended hours, including at weekends, and will be open until the end of June at least, though they will likely continue for longer. Data on the ethnicity of people receiving tests is not available currently, but the centres are located to be as accessible as possible to all members of the community. It is likely that the temporary testing centre at Djanogly will be relocated in the near future;
- (f) a mobile testing unit is now active in the County, and a similar unit may be introduced for city areas. Arrangements are being finalised for collection systems for home testing, to ensure the best access to testing for citizens. There is close engagement with schools, but it is not yet confirmed whether or not they will be a collection point for home test kits – which may focus around pharmacies. There are extensive communications on testing, using a number of routes, languages and easy-read versions, to ensure that citizens have access to easily understandable information. However, there is always room for further improvement;
- (g) work is being carried out to engage wherever possible with employers and provide strong communications, with assistance from the Council's Economic Development Team, to ensure that their staff participate in regular testing, as an outbreak can be devastating for businesses. The physical and mental wellbeing of employees in general is a significant issue, and organisations should take as many steps as possible to reduce potential vulnerabilities and preserve a healthy workforce;
- (h) the Integrated Care Partnership is leading a proactive vaccination programme, which started on 8 December 2020 from hospital hubs, moving to more local delivery centres with volunteer staffing and good transport links. There has been high usage of the vaccination transport hub. Primary care pop-up clinics have been deployed to areas of lower vaccination uptake (often in BAME areas or communities with higher levels of social deprivation), including in some mosques, and provision is now also possible from a number of pharmacies. Work is underway with community leaders and trusted community venues, including places of worship, to improve uptake. A great deal of early communications focused on explaining what is in the vaccine, though it is important that this messaging is repeated regularly. It is also important that there are staff working at vaccination centres who can speak all of the local community languages;
- (i) more than 115,000 local people have now been vaccinated, including over 90% of all citizens over 70 years old. There has been a focus on the most vulnerable cohorts and communities, with close engagement in place with community groups. The priority cohorts for vaccination have been front-line health services and those with a high chance of mortality if infected by Coronavirus. All people in these cohorts have now been offered a vaccination, and it is aimed to complete vaccinations by the end of June. Second jabs are now being carried out for care home residents and staff;

- (j) vaccinations for people aged 55-59 have begun recently and, by mid-April, vaccinations will be offered to people in the non-priority cohorts on the basis of descending age. Rates are on track to meet the national target by 15 April. There is reasonable assurance that the right staff resourcing will be in place to achieve delivery of the major vaccination programme during May and June, though work is needed for the further recruitment and retention of staff and volunteers, and to ensure resilience – particularly when volunteers on furlough may be returning to regular work;
- (k) ultimately, it is vital that people book and attend their appointments, to ensure the strongest possible protection. Both the Council and GPs do follow up with citizens who have not taken up the offer of a vaccination, or who did not attend a booked appointment – though non-attendance levels are low.

The Board noted the update.

45 Nottingham City Integrated Care Partnership Update

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

- (a) the ICP is reviewing its programme priorities ahead of 2021/22, in the context of the recent NHS White Paper on health and social care integration and innovation. The first five programme priorities are citizen-facing and have continued to make good progress in their first year, despite operational pressures caused by the Coronavirus pandemic;
- (b) support has been provided to help 70 rough sleepers into sheltered accommodation, which represents a huge change for these vulnerable people, and measures are also in place to secure supported accommodation for young people leaving care. The Opportunity Nottingham funded programme has provided close support to citizens experiencing Severe Multiple Disadvantage. Cases of flu are much lower, but Nottingham is the only core city where the vaccination rates for pregnant women have increased. A significant number of people have accessed support to quit smoking;
- (c) the ICP has been successful in the first round of its funding bid to the Government's 'Changing Futures' programme. The ICP is also seeking to progress further work on mental health and is reviewing commissioning for Children's Services, in support of the City's 'Small Steps, Big Changes' programme;
- (d) the sixth programme priority focuses on developing the ICP itself. ICPs are fairly new and, as such, are always learning and developing. Working is underway with the Clinical Commissioning Group and the Local Government Association to improve governance, and a large piece of work is underway on creating the right culture within the ICP. It is vital for there to be strong messaging with staff and citizens, and there is a great deal of information on the Integrated Care System website;

- (e) there is substantial engagement with the Primary Care Networks (PCNs), with support in place for social prescribers and 22 clinical pharmacists, currently. All care homes are now aligned to a PCN. For 2021/22, the ICP is approaching community mental health and adult social care transformation in the context of a neighbourhood model. Work is also needed on addressing Coronavirus and its long-term health impacts;
- (f) the Committee noted that a tangible difference is being made by the ICP through proactive work with communities. It considered that the work with care leavers and young people is very important, as are the initiatives on prevention. It commented that as much work as possible is needed to drive the integration of care services through a full partnership approach, to address health inequality and support those with Serve Multiple Disadvantages.

The Board noted the report.

46 Health and Wellbeing Strategy and Integrated Care Partnership Alignment 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), provided an update on developing further alignment between the Board and the ICP. The following points were discussed:

- (a) an initial workshop to consider ways of aligning the work of the Board and the ICP, and the delivery of the Health and Wellbeing Strategy, took place on 12 March. A second workshop is scheduled for 20 April to continue to develop the proposals, ahead of a formal report being presented to the Board later in the year.

The Board noted the update.

47 Joint Strategic Needs Assessment: Proposed Approach for 2021/2022

David Johns, Consultant in Public Health at Nottingham City Council, presented a report on the proposed development of Nottingham City's Joint Strategic Needs Assessment (JSNA). The following points were discussed:

- (a) a refresh of the JSNA is underway with partners to align it with the Health and Wellbeing Strategy, which is in turn informed by the Integrated Care System and integrated Care Partnership priorities. The refresh is also intended to make the JSNA as relevant as possible for commissioning partners, taking a place-based approach and promoting neighbourhood delivery at a Primary Care Network level;
- (b) due to the Coronavirus pandemic, the production and review of JSNA chapters has been paused, though three chapters will be coming to the Board in due course. It has also been challenging to produce the statutory Pharmaceutical Needs Assessment, due to reduced capacity, but the national deadline has now been extended to the end of April 2022 and measures are in place to ensure that the Assessment will be delivered on time;

- (c) the Board considered that, ultimately, the health priorities and impacts of Coronavirus must be made as clear as possible.

The Board noted the report and endorsed the proposed approach to the JSNA for 2021/22, with further details on the refresh to be brought to the September 2021 Board meeting.

48 Board Member Updates

Board Members provided the following updates:

- (a) 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;
- (b) Jules Sebelin, Deputy Chief Executive at Nottingham Community Voluntary Services, raised concerns about the potential fatigue in the voluntary sector due to the Coronavirus pandemic – particularly when emergency funding sources come to an end. However, a pilot scheme for green social prescribing will be launched shortly, and some good candidates have come forward for the role of Programme Manager.

The Board noted the updates from Board Members.

49 Work Plan

The Chair presented the Board's proposed work plan for the coming 2021/22 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.

50 Future Meeting Dates (Provisional)

The Board noted the provisional meeting dates for the coming 2021/22 municipal year.

**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 24 March 2021 from 4:02pm to 4:16pm

Membership

Present

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

Absent

Alison Challenger
Sarah Collis
Steve Oakley
Sara Storey
Ceri Walters
Helen Watson

Colleagues, partners and others in attendance:

- Karla Banfield - Commissioning and Market Services Manager, Nottingham City Council
- Anna Coltman - Commissioning Officer, Nottingham City Council
- Bobby Lowen - 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 **Tuesday 6 April 2021**. Decisions cannot be implemented until the next working day following this date.

7 Changes to Membership

The Committee noted that Sara Storey has joined the committee as Nottingham City Council's Director of Adult Social Care, and that Helen Watson has joined the committee as Nottingham City Council's Interim Director of Children's Integrated Services.

8 Apologies for Absence

Alison Challenger (Director of Public Health, Nottingham City Council)
Sarah Collis (Chair, Healthwatch Nottingham and Nottinghamshire)
Steve Oakley (Acting Director of Commissioning and Procurement, Nottingham City Council)
Sara Storey (Director of Adult Social Care, Nottingham City Council)
Helen Watson (Interim Director of Children's Integrated Services, Nottingham City Council)

9 Declarations of Interests

None.

10 Minutes

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

11 Integrated Assistive Technology and Dispersed Alarms Services

Anna Coltman, Commissioning Officer at Nottingham City Council, presented a report on the provision of the Integrated Assistive Technology (AT) and Dispersed Alarms Services. The following points were discussed:

- (a) the Integrated AT and Dispersed Alarms Services are commissioned by the Council, with the Clinical Commissioning Group (CCG). The Council acts as the lead commissioner for these services, which are funded through the Better Care Fund. The key outcomes of the services are that citizens are enabled to remain living independently in their own home safely and for as long as possible, requirement for moves into residential care are prevented or delayed, and unnecessary hospital admissions are avoided;
- (b) the current contracts come to an end on 31 March 2021, so it is proposed to re-award two new three-year contracts to Nottingham City Homes (NCH) through a 'Teckal' arrangement. This direct award represents best value because NCH has a strong, existing infrastructure and response framework across the city (including a call centre team to monitor service needs and coordinate responses), which has operated effectively in delivering the services throughout the contract term, including the period of the Coronavirus pandemic;
- (c) value for money during the current contracts has been monitored through service reviews with the provider and the analysis of statistical information, including assessment of call volumes and the reasons for calls, to measure the impact of the service provision on citizens. These reviews have involved the Council, the CCG and the Integrated Care Partnership;
- (d) the Committee considered that the contracts proposed represent a good strategic direction for services supporting independent living for citizens across the city.

Resolved:

- (1) to endorse Nottingham City Council as the lead commissioner of the Integrated Assistive Technology Service and the Dispersed Alarms Service;**
- (2) to approve the award of the Integrated Assistive Technology Service contract to Nottingham City Homes as a wholly-owned subsidiary of the Council, through 'Teckal' arrangements. This is a 3-year contract with an annual value of £434,400 and a total value of £1,303,200;**
- (3) to approve the award of the Dispersed Alarms Service contract to Nottingham City Homes as a wholly-owned subsidiary of the Council, through 'Teckal' arrangements. This is a 3-year contract with an annual value of £17,940 and a total value of £53,820;**

(4) to delegate authority to Nottingham City Council's Acting Director of Commissioning and Procurement to award and sign the contracts for these services;

(5) to approve the spend associated with this decision, subject to the joint approval of the 2021/22 Better Care Fund Plan, as detailed in Section 4 of the report.

- Reasons for the decision

To ensure that the provision of the Integrated AT and Dispersed Alarms Services remains in place when the current contracts end on 31 March 2021, so that citizens are enabled to remain living independently in their own home safely and for as long as possible, any requirement for moves into residential care are prevented or delayed, and unnecessary hospital admissions are avoided.

- Other options considered

(1) To do nothing: this option was rejected as the current contracts are ending and new arrangements are required to maintain service provision.

(2) To seek to review service provision and explore alternative models: this option was rejected for the Integrated AT Service as the contract has been subject to review in the previous term of the contract, which resulted in a contract variation to reduce the contract value. Any further changes to deliver efficiencies would risk destabilising the current service model provided by NCH. The Dispersed Alarms contract has been subject to a review of service provision, resulting in a change to the service model.

(3) To extend the contracts for a further year: this option was rejected as the contract is ending with no option for extension and a decision is required to put new arrangements in place. New contracts will allow commissioners to work with the provider to explore opportunities for achieving better value for money, to review and remodel the service and to explore a broader range of equipment choices for citizens. Commissioners will also initiate development work with NCH to create an outcomes-focussed service model and align the service with Council's draft Digital Strategy. This development work will form part of the annual reviews.

(4) To tender the services through an open and competitive tender process: this option was rejected as the current services are considered to be delivering value for money for the Council. NCH as housing and alarm service provider has infrastructure, systems and processes in place that any new provider would need time and funding to establish. There are not considered to be other providers who could deliver the same service within Nottingham. NCH is a wholly-owned subsidiary of the Council, so direct awards are permissible through 'Teckal' provisions of the Procurement Regulations.

12 Future Meeting Dates (Provisional)

The Committee noted the provisional meeting dates for the coming 2021/22 municipal year.

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**Health and Wellbeing Board
26 May 2021**

	Report for Information
Title:	To highlight the early findings from research into the impact COVID19 has had on expectant parents, babies and children.
Lead Board Member(s):	Councillor Adele Williams
Author and contact details for further information:	Donna Sherratt - SSBC Head of Programme Donna.sherratt@nhs.net Telephone: 07717720910
Brief summary:	The pandemic has identified many inequalities. The impact on expectant parent's babies and children is under researched and long term impact unknown. The purpose of this paper is to highlight early findings and provide opportunity to explore how the Partnership can use the remaining Small Steps Big Changes (SSBC) investment and work collectively to get up stream in responding to these needs.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- 1) note the early findings identified in local and national reports presented; and
- 2) discuss the opportunities the Board has in responding to the findings.

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.	It is well researched and evidenced that the first 1001 days of a child's life are the most important and determinant's for outcomes in later life. This paper addresses a number of the Health and Wellbeing strategies with a particular focus on Outcome 2. Expectant parents, babies and children will have had a significantly different experience's during their crucial 1001 days
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.	

	during 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

The presentation of this paper identifies the important work of the SSBC Partnership Programme in ensuring expectant parents, babies and children are heard and invested in across the Partnership. Mental and physical health are key objectives of the SSBC Programme and therefore fully aligns with the aspirations of the Health and Wellbeing Board.

Background papers:

Nottingham Trent University report
<http://www.smallstepsbigchanges.org.uk/file-manager/News-items/executive-summary-effects-of-covid-19-on-families-with-children-under-five-in-nottingham.pdf>

Best Beginnings - babies in lockdown
<https://www.bestbeginnings.org.uk/news/the-babies-in-lockdown-report>

'A Better Start' - Small Steps Big Changes – The Impact of COVID-19 on Expectant Parents, Babies and Children.

Completed by: Donna Sherratt - SSBC Head of Programme

Date: 26th May 2021

Contact Information: Donna.sherratt@nhs.net

For Discussion

Tel: 07717720910

Introduction

The purpose of the report is to:-

- 1.1. To highlight the early research findings on the impact the pandemic has had on expectant parents, babies and children.
- 1.2 To discuss the opportunities the Health and Wellbeing Board has in responding to the findings.

Background

The COVID-19 pandemic has identified many inequalities. The impact on babies and children is under researched and the long term impact unknown.

In the recently launched Best Start for Life; The Early Years Healthy Development Review Report, the Secretary of State for Health and Social Care stated “During the past year, the coronavirus pandemic has tested not only our nation’s physical health, but also its mental health to the extreme. We have all been affected by the lockdown but **the effects on our youngest have been profound**”

It is recognised and well researched, the first 1001 days are critical in building blocks for lifelong emotional and physical health.

Expectant parents, babies and children who experienced their first 1001 days during the pandemic will have had a significantly different experience.

In Nottingham City 4246 expectant parents and 12436 under two’s will have lived a portion of their first 1001 days during the pandemic.

Whilst the impact of this has not always been wholly negative, many families will continue to experience the long term impact.

The purpose of this paper is to highlight local and national research into the experience of expectant parents, babies and children during the COVID-19 pandemic. The Nottingham Centre for Children, Young People and Families (NCCYPF) were commissioned by the Small Steps Big Changes (SSBC) Partnership in July 2020 to explore this. The paper also draws on other national research, local evaluation and qualitative feedback from the communities SSBC serve.

Local Research - Effects of Covid-19 on Families with Children Under Five in Nottingham

<http://www.smallstepsbigchanges.org.uk/file-manager/News-items/executive-summary-effects-of-covid-19-on-families-with-children-under-five-in-nottingham.pdf>

In July 2020 NCCYPF was commissioned by SSBC to carry out a study of the experiences of families with children under five in Nottingham during Covid-19.

Qualitative, semi structured interviews were conducted over the phone, all families had at least one child under five, families were predominantly residents within Nottingham City with priority given to SSBC wards. 29 interviews were conducted (27 families in total, 27 mothers and 2 fathers).

Key Findings:

- Concern from parents about children not seeing their friends and how important this was with knock on impacts of less confidence in social situations.
- Concern about the effects on their health and the health of their child, as well as of their extended families.
- For breastfeeding mothers a particular concern about the pause of health visiting services and not being able to have baby weighed.
- Worry about lack of stimulation for child.
- Lack of own time for parents and the impact this had on parental mental health.
- Some families suffered loss of income leading to financial pressures.
- The isolation of parents without extended family in the UK was of particular concern.
- Those who had SSBC peer support valued the contact they received. However, some parents felt that being supported only by phone was inadequate.
- Online story reading was valued, although noted as just in English, which for families missing out on heritage language via grandparents was a concern.
- Support via churches etc. also not available.
- Parents expressed hope and reflected on the importance of the future for their young children, but felt that children and their needs should be prioritised in future.

The report recommended that the SSBC Partnership:

- make strong representations to Government, Local Authority and other policy makers to put children's needs first when considering COVID-19 policy;
- resist the pause of children and family services in future emergencies, and restore any that are not restored to date;
- develop the parent peer mentoring scheme to include putting parents who have felt isolated during lockdown in touch with those of their own community especially where English is not their first language, in order to address social and cultural isolation;
- provide all-year supervised outdoor group activities (defined as 'for educational purposes' under the recent COVID-19 regulations effective in England from 14.09.2020) for children aged under five years with a focus on social interaction and contact with other children and families who do

not yet feel comfortable on attending indoor early years provision;

- evaluate the effectiveness of telephone or video, as opposed to face-to-face, contact in delivering support to families with children under five years of age during the lockdown period;
- develop working practices to assess family intervention needs early and prevent risk at home;
- develop services delivered face to face and virtually to young children that include the use of other languages than English, to allow the cultural inclusion of families where parents do not always have English as a first language;
- Increase efforts to involve young children in decision-making processes and promote their rights to be heard.

The Programme has responded to these findings in a number of ways. These include; sharing the report through a shared learning event, secured an evaluation of the benefits of virtual vs. face to face group delivery, funded the bid to UNICEF to become a Child Friendly City's to support children's voices and increasing opportunities for communications in different languages.

SSBC Parent Champions Conversations:

Parent Champions held 403 conversations with families between April 2020 and June 2020;

These conversations highlighted the most common issues families were facing; fear, isolation, development regression and challenges in managing children's behaviour. Parents also reported the benefit of enjoying spending time with their families - especially dads.

Fathers Consultation:

Coram Family and Childcare were commissioned by SSBC in March 2020. The focus was to develop and deliver a consultation with fathers living in Nottingham City to increase understanding of their wants and needs of universal services. 100 Fathers were surveyed on a broad range of their experiences of fatherhood. One of the comments relating to COVID-19 was;

'Some had also not been able to attend appointments because of COVID 19 risks. While they understood the reasons for this, they had found it difficult to miss out on these important opportunities.'

National Research

Babies in Lockdown Report Best Beginnings

<https://www.bestbeginnings.org.uk/news/the-babies-in-lockdown-report> Online Survey -29th April and 3rd June 2020 and completed by 5474 responses.

- COVID-19 has affected parents, babies and the services that support them in diverse ways
- Families already at risk of poorer outcomes have suffered the most - Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.
- Almost 7 in 10 (68%) parents felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child
- A third (34%) of respondents believed that their baby's interaction with them had changed during the lockdown period.
- One quarter (25%) of parents reported concern about their relationship with their baby, and one third (35%) of these would like to get help with this.
- Almost half (47%) of parents reported that their baby had become more clingy. One quarter (26%) reported their baby crying more than usual.
- 6 in 10 (61%) parents shared significant concerns about their mental health.
- Only around 3 in 10 (32%) were confident that they could find help for their mental health if they needed it.
- A quarter (24%) of pregnant respondents citing mental health as a main concern said they would like help with this, rising to almost a third (32%) of those with a baby.
- People in the lowest income bracket felt less equipped with the information they needed during and after their pregnancy compared with those in highest income bracket (23% with an income
- Over half of respondents are breastfeeding (55%), but over half of those using formula had not planned to do so (53%).

Open Discussion

The first 1001 days are critical; the pandemic will have had a negative impact on 16682 expectant parents and children under two, who will have lived a portion of their first 1001 days during the pandemic.

58.5% of children lived in workless or low income families before the pandemic; there is a likelihood this figure has increased due to the impact of the pandemic. It is therefore a valid assumption these children will be adversely affected, resulting in an impact on child development outcomes.

The impact and costs of not supporting these babies and children now will resonate through the system and into education, youth justice, housing, employment, mental health, primary care and specialist services for the next 20+ years.

How can the Health and Wellbeing Board support this important agenda?



Recommendations

1. Note the early findings regarding the impact the pandemic has had on expectant parents, babies and children.
2. Discuss the opportunities the Board has in responding to the findings, including:
 - 2.1 Consider ensuring investment in early years and prevention remains strong.
 - 2.2 Consider the SSBC investment into the Child Friendly City initiative and the learning from the SSBC Programme to date as a catalyst to focus on all children, with a spotlight on pregnancy and early years as a system
 - 2.3 Continue to work with SSBC and the ICP locally to utilise the remaining four years of SSBC investment to ensure a legacy for the babies and children of Nottingham.

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**Health and Wellbeing Board
26 May 2021**

	Report for Information
Title:	Nottingham City Integrated Care Partnership (ICP) Update
Lead Board Member(s):	Cllr Adele Williams (Chair, Nottingham City Health and Wellbeing Board and City ICP Forum member) Dr Hugh Porter (Vice Chair, Nottingham City Health and Wellbeing Board and Interim Lead / Clinical Director, City ICP)
Author and contact details for further information:	Rich Brady, ICP Programme Director rich.brady@nhs.net
Brief summary:	This update includes the outcome of the City ICP programme review of priorities 1-5 from 2020/21 and confirms the agreed City ICP priorities for 2021/22. An update on activities under priority 6 to strengthen the infrastructure, governance and accountability of the partnership, and on priority 7, with work undertaken to support uptake of the Covid-19 vaccine in the City, is also included.

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.	This update includes the outcomes of the City ICP programme review of priorities 1-5 from 2020/21 and confirms the agreed priorities for 2021/22. An update on activities under priorities 6 and 7 is also included.
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.	

<p>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.</p>	
<p>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.</p>	
<p>Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</p>	

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 City ICP will continue all of the programmes from 2020/21 into 2021/22 with the addition of a programme that will focus on improving the mental health and wellbeing on city residents. An update to the ICS Board on the scope of the mental health programme will follow engagement and co-production activities with ICP partners and citizens.

Background papers:

Appendix 1 – Nottingham City ICP Programme Priorities 2020/21

Appendix 2 – Flyer for VCS engagement event

Appendix 3 – VCS engagement event stakeholder summary report

Appendix 4 – Strategy Unit good practice case study: Pop-up vaccine clinics in mosques in Nottingham

Introduction

1. This update includes an outcome of the City ICP programme review of priorities 1 – 5 from 2020/21 and confirms the agreed City ICP priorities for 2021/22. An update on activities under priorities 6 and 7 is also included.

Programme Review: Priorities 1 – 5

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 has made good progress in the first year despite operational pressures caused by the pandemic.
3. Ahead of 2021/22 the City ICP undertook a formal review of programme priorities 1 – 5 at Programme Steering Group meetings in February and March 2021. Each of the five programme leads presented a summary of progress against key performance indicators and outcomes, highlighting any risks, issues and opportunities for 2021/22 before a decision was taken on the future of each programme.
4. Programme leads were asked to recommend if the programme should:
 - cease to continue;
 - continue in line with current plans; or
 - continue with recommended improvements.
5. All programme leads recommended that their respective programmes should continue into 2021/22, one in line with current plans and four with recommended improvements.

Programme	Decision
Supporting people who face severe multiple disadvantages to live longer and healthier lives	Continue in line with current plans
Preparing children and young people to leave care and live independently	Continue with recommended improvements
Supporting those who smoke to quit and reducing the number of people at risk of smoking	Continue with recommended improvements
Increasing the number of people receiving flu vaccinations	Continue with recommended improvements
Reducing inequalities in health outcomes in BAME communities	Continue with recommended improvements

6. All recommended improvements to programmes have been agreed by the City ICP Programme Steering Group and supported by the Executive Team.

7. As part of the programme review, on 4 March, Healthwatch Nottingham and Nottinghamshire, in partnership with Nottingham Community Voluntary Service held an event with community and voluntary partners (**appendix 2**). The purpose of this event was to ensure that voices of the citizens and the community and voluntary sector influenced the programme review process.
8. Community and voluntary sector partners who attended the event provided feedback on the way the City CIP has been working in year 1, what the current issues of importance are to citizens and made recommendations for future areas of focus for the City ICP. These were:
 - focus on mental health;
 - BAME health inequality in and outside the context of Covid-19;
 - joined-up work between partners to address the wider determinants of health which have been significantly exacerbated by Covid-19;
 - a more long-term approach, not crisis management;
 - ongoing assessment of the social prescribing programme, on its benefits and the voluntary sector's ability to absorb the referrals;
 - greater partnership with specialist services in the community and voluntary sector (domestic abuse, learning disability, etc.);
 - community and voluntary sector being more at the centre of the system, not at the fringes;

A full summary of feedback from the event can be found in **appendix 3**.

9. Taking into account the feedback from community and voluntary sector partners, City ICP partners have agreed to develop a new programme for 2021/22 that will focus on improving the mental health and wellbeing on city residents. The scope of this programme is yet to be defined but will build on the work of the Nottingham City Action for Better Mental Health Collaborative. It is anticipated that the programme will be the central point of contact in the city for with the on-going ICS mental health transformation programme.

Programme Priorities for 2021/22

10. The City ICP will continue all of the programmes from 2020/21 into 2021/22 with the addition of a programme that will focus on improving the mental health and wellbeing on city residents. An update to the ICS Board on the scope of the mental health programme will follow engagement and co-production activities with ICP partners and citizens.

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

11. Following the proposals set out in the NHS England / Improvement engagement paper, Integrated Care: next steps to build strong and effective integrated care systems across England, and the DHSC White Paper, 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'.

12. During March and April ICP partners and members of the Nottingham City Health and Wellbeing Board took part in two workshops facilitated in partnership between the Local Government Association and Hill Dickinson. Partners worked through potential implications for the City ICP ahead of the proposed legislative changes, with a focus on options for how the City ICP may interface with the ICS and support in the delivery of system priorities. A further workshop is to be scheduled for the end of June.

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

13. City ICP partners continue to come together to coordinate activity to support the uptake of the covid-19 vaccine across diverse communities in Nottingham City. Partners have worked together to target support to communities where there is low uptake, supporting the setup of community vaccine clinics in places of worship and other community venues. The group has also supported the deployment of the covid-19 vaccine bus in the city.
14. Partners have worked with community groups including the Nottingham Council of Mosques and Majority Black Led Churches to encourage uptake of the vaccine in communities where there is a need to build vaccine confidence. ICP partners have also supported numerous Q&A sessions on local radio stations (Faza FM, Radio Dawn and Kemet FM) where members of the Muslim and black communities have had an opportunity to have their questions about the covid-19 vaccine. The Strategy Unit has developed a good practice case study based on the work to increase uptake of the covid-19 vaccine in the Muslim community. A draft of the case study can be found in **appendix 4**.

Dr Hugh Porter
Nottingham City ICP Interim Lead and Clinical Director



Appendix 1 – Nottingham City ICP Programme Priorities 2020/21

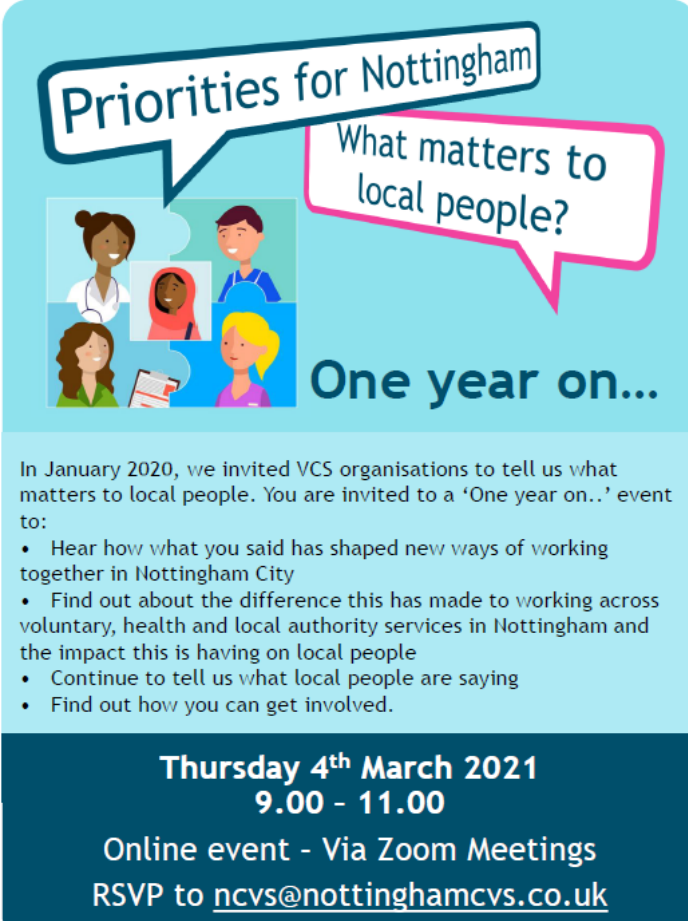
In 2020/21 City ICP partners will work together to improve the lives of citizens by:

- 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 blue one containing the text 'Priorities for Nottingham' and a pink one containing 'What matters to local people?'. Below the illustration, the text 'One year on...' is written in a large, bold, dark blue font. The main body of the flyer contains a paragraph of text and a bulleted list. At the bottom, a dark blue banner provides the event date, time, format, and RSVP information.

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 City
Integrated Care
Partnership

Priorities for Nottingham

What matters to local people?



**What matters to local people? - One year on
Stakeholder Event - 04/03/21**

In January 2020, Healthwatch Nottingham and Nottinghamshire and Nottingham Community and Voluntary Service facilitated a workshop to hear from voluntary and community sector organisations about what matters to local people in Nottingham City.

One year later we invited them to a follow up event to hear an update and to tell us what local people are saying now.

This is what they told us in March 2021.



COVID 19 has had a big impact

Big increase in wider determinants of health

Unemployment, youth/younger people in particular

Deprivation bracket widened (end of furlough)

Mental health/isolation

‘I miss the face-to-face contact in support groups -
meeting online is not the same’

Disproportionate impact on BAME communities



People from BAME communities

Deep lack of trust with mainstream/statutory services

Vaccine hesitancy in BAME communities as a result of the above

Structural health inequalities/racism

People do not feel engaged or represented from the outset



People with learning disabilities (LD) and carers

Vaccine information not readily available in an accessible format

Concern among people with LD whether the vaccine will impact on their impairments or medication -
‘I feel anxious about the side effects a vaccine could have on me’

People with LD reporting not being able to take carers/support workers to vaccine

Increased burden on unpaid carers



NHS services are too disjointed

Not person centered, each part of the system is fixing a bit of 'you' but not the whole of you

“They just fix the bit they need to and they send you on your way, no follow up to link you to the next bit”

Communication still too complex

“I am a white woman who is eloquent in my language (English) and I struggle so much... ..I can't imagine how someone who doesn't speak English is supposed to access services”

People having to tell their story over and over again



Domestic abuse and violence against women

Rise in violence against women in general and sex workers; domestic homicide

Increased need for counselling and mental health support for women

Increased difficulties in accessing statutory mental health services, referrals not going anywhere

Massive increase in need for support from domestic abuse/women's services; demand greater than need, risk of volunteer burnout

Mental Health

Young people are struggling with social isolation

Increased tension and conflict between and within households, intergeneration living arrangement, home schooling

Referrals to mental health are increasing but people are not being seen and it is hard to see how that is going to be resolved without a clear plan

Remote support has been helpful for some people but should not be the only offer “it’s difficult to build up a rapport if not meeting up face to face”



Ideas for future areas of focus for the Nottingham City Integrated Care Partnership

- Focus on mental health
- BAME health inequality in and outside the context of Covid19
- Joined up work between partners to address the wider determinants of health which have been significantly exacerbated by Covid19
- More long-term approach, not crisis management
- Ongoing assessment of the social prescribing programme, on its benefits and the voluntary sector's ability to absorb the referrals
- Greater partnership with specialist services in the community and voluntary sector (domestic abuse, learning disability, etc)
- Community and voluntary sector being more at the centre of the system, not at the fringes

Potential new approaches

- Co-production with community partners
- Better evidencing of need in order to obtain greater central government funding
- More meaningful engagement with disengaged, disinterested communities
- ‘The ‘Everyone In’ scheme from the first phase of Covid19 demonstrated that if there is a will, there is a way; and that inequalities can be addressed if there is the commitment.

Pop-up vaccine clinics in mosques in Nottingham

Top Tip

Listen to your community and empower them. Recognise the parity of health & care professionals and communities working together to deliver.



Overview

Reference: 023

Location: Nottingham

Target Group: Muslims

Initiative type: Pop-up vaccination clinics

Contact

Website:

www.healthandcarenotts.co.uk/care-in-my-area/nottingham-city-icp

Twitter:

@NottmCityICP

Email:

nnccg.citylocalityteam@nhs.net

Why is this important to us?

We knew that we needed to build confidence in the vaccine with our Muslim community. This was in line with the national picture for Covid vaccine uptake and our local experience with flu vaccination.

What are we doing?

Nottingham City ICP formed a Vaccine Coordination Group, to bring its partner organisations together to understand how best to support our population to take up the vaccine. The ICP linked with the Nottingham Council of Mosques and local Muslim leaders to identify two mosques (Fiveways Islamic Centre and the Karimia Institute) to hold pop up vaccination clinics. They are in different parts of the City, which helped to improve accessibility. Q&A sessions led by religious leaders and GPs were organised, which demonstrated that the COVID-19 vaccine is endorsed in Islam. People are able to book a vaccination appointment via the mosques, to ensure a personalised approach. The Nottingham City Council Customer Hub has also called people to let them know they are eligible for the vaccine and offer support to book them into a clinic if they wish which has been useful for people who are digitally excluded or not wishing to ring the main booking line. The Customer Hub can also book people into the free transport service to travel to and from their vaccination, if required. We have been led by the community in how we have promoted the initiative including via social media, local mosque networks, radio, and leaders contacting their congregants by telephone. The vaccination clinics are delivered by our local GP practice teams. Although the Imams have confirmed that the COVID-19 vaccine is acceptable to have during Ramadan, we have recognised that some people will be more hesitant to take the vaccine at this time, so have organised more appointments before Ramadan to meet the anticipated demand.

Who is involved?

The overall vaccine programme in Notts is delivered as a whole system partnership through the LRF. The ICP itself has a wide ranging partnership across health, care and community voluntary sector who have all contributed to this work in the City. Key partners were the CCG, Nottingham Council of Mosques, Muslim leaders and community, Nottingham City Council, local GP teams and Nottinghamshire Healthcare Trust. The ICP has played a key role in bringing everyone together to work towards a common goal for Nottingham City within the wider system vaccination programme.

What works for us?

Feedback from the community has been very positive; particularly, the Q&A sessions have been credited with improving vaccine confidence. Understanding the issue and listening to the community has been central to co-producing an effective intervention. **All vaccination slots at the mosque have been taken up, with a very low rate of non-attendance.**

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Statutory Officers Report for Health and Wellbeing Board

Corporate Director of People

May 2021

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

In April, Nottingham City was one of a number of areas that was the subject of an HMIP 'thematic inspection, to identify how Youth Justice Services understand and meet the needs of black and mixed heritage boys in the youth justice system'. Significant amounts of research and data show that this cohort of young people are disproportionately represented in the youth justice system and have poorer outcomes.

The week long Thematic provided the YJS with an opportunity to showcase the work that they undertake with black and mixed heritage boys. A report outlining the outcome of the inspection will be published in Autumn and will be an overall 'picture' covering the nine areas across the country that were part of the inspection. Individual outcomes are not provided.

The issues of disproportionality is a critical concern within the Youth Justice and wider criminal justice system and addressing it is a priority for the youth justice sector. Nottingham City YJS will be continuing the work it has started to address this issue, and has highlighted disproportionality as its major priority for its 2021 Youth Justice Service plan.

Ofsted Residential Inspection

Earlier this year Wood View Children's Home had a really successful monitoring visit by Ofsted. Wood View is a local authority run home providing care and accommodation for up to four children with learning disabilities and associated communication difficulties.

Ofsted acknowledge that: Children's care has consistently been of a high quality throughout the pandemic. The children all reported that they are happy at the home.

And in particular, noted: staff and managers went to great lengths to provide consistent care when there was an outbreak of COVID-19 in the home. The assistant manager and two staff members moved into the home for three weeks to ensure stable care arrangements; staff did this at a time when they knew it would pose a risk to their own health. They continued to reassure the children, despite being worried themselves. One senior manager described the staff involved as 'heroes'.

Monitoring visits during Covid are not graded and so the home retained their 'Good' with an 'Outstanding' feature for Leadership and Management Inspection judgment.

Nottingham City Council Recovery and Improvement Plan

Following the publication in February of, Nottingham City Council's Recovery and Improvement Plan, I have met with each Director in People's Services for an

introductory meeting with Sir Tony Redmond, the chair of our Improvement and Assurance Board.

People's directorate have provided an introduction to all our services and developments in People's Services will be part of the wider Recovery and Improvement plan as it progresses.

Nottingham City – Virtual School Peer Review

Our Virtual School champions, oversees and holds accountability for the schooling of our children in care, wherever their education is delivered. There are currently 690 children, in the virtual school. During March, our Virtual School was subject to a 2 day Peer Review focusing on 4 key areas:

1. The Virtual School structure and staffing
2. The ePEP arrangements
3. Pupil Premium Plus arrangements
4. Arrangements for monitoring and tracking outcomes

The Peer Review process is a mechanism to support Virtual Schools with the identification of strengths and areas for improvements. The final report will suggest key developments to ensure effective and efficient arrangements are in place for promoting and improving the educational outcomes of its authority's children in care.

The Peer Review Team consisted of two Virtual School Heads from other authorities, an Assistant Director of Education from another authority and an Independent Diagnostic Manager.

We await the final published findings report.

Adult Social Care

We are continuing to see a high uptake of the Covid-19 vaccination across adult social care staff. To date, 79% of staff have received their first vaccination and 53% are now fully vaccinated. 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 DHSC on uptake.

We are moving ahead with our transformation programme and one of our main areas of focus currently is on workforce, capacity and resources. We have held a number of workshops with both the wider leadership team and Team Managers across the department to gain feedback on our current operating model, resources, what works well and what the current challenges are. Further workshops are planned in June and July for all staff across the department who wish to attend to ensure that everyone has the opportunity to engage with this.

We are also starting to plan for how we will work differently as restrictions begin to ease. This includes staff returning to office bases, looking at a balance between home and office working, ensuring that staff well-being is taken into account. Since the start of the pandemic, where possible assessments have been done virtually in order to protect both citizens and staff. We will now look to resume face to face assessments where appropriate and again look at striking a balance between virtual and face to face support.

The Better Lives; Better Outcomes strategy which was formally approved in 2018 continues to underpin our work in Adult Social Care. We will be undertaking a review of the strategy over the next few months so that we can evaluate which of our objectives have been achieved and where there is still further work to do.

A decision has now been made to close Summerwood day centre in Clifton, following consultation. Our priority now is to review the care packages of all citizens who were attending Summerwood to ensure that they continue to receive the care and support they require, whether this is through attending alternative day centres or through other means.

#KeepGoing

Hands Face Space

START 8 March

STEP ONE 29 March

STEP TWO 12 April

STEP THREE 17 May

STEP FOUR 21 June

*All dates subject to government review

www.nottinghamcity.gov.uk/coronavirus

Nottingham City Council

Catherine Underwood
Corporate Director for People
(May 2021)

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Health and Wellbeing Board Work Plan 2021/22

Recurring Agenda Items

Agenda Item	Lead Officer
Coronavirus Update	David Johns (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 of Public Health
Work Plan	Adrian Mann (NCC)

Meeting Date	Agenda Item	Lead Officer
Wednesday 28 July 2021 1:30pm	Health and Wellbeing Board and Integrated Care Partnership: Alignment Proposals	David Johns (NCC) Dr Hugh Porter (ICP) Rich Brady (ICP)
	Commissioning Reviews and Commissioning Intentions	Katy Ball (NCC) Karla Banfield (NCC)
	Adult Safeguarding and Hidden Harm during Lockdown	Ross Leather (NCC)
	Speech, Language and Communication Needs Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
Wednesday 29 September 2021	Joint Strategic Needs Assessment: Annual	Claire Novak (NCC)

1:30pm	Report	
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 David Johns (Interim Director of Public Health, Nottingham City Council, david.johns@nottinghamcity.gov.uk) 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), for agreement by the Chair.