

Nottingham City Council

Nottingham City Health and Wellbeing Board

Minutes of the meeting held in the Ballroom, The Council House, Old Market Square, Nottingham, NG1 2DT on Wednesday 28 July 2021 from 1:33pm to 3:39pm

Voting Membership

Present

Councillor Adele Williams (Chair)
Dr Hugh Porter (Vice Chair)
Dr Manik Arora
Councillor Cheryl Barnard (items 13-21)
Councillor Eunice Campbell-Clark (items 13-21)
Lucy Hubber
Sara Storey
Catherine Underwood

Absent

Sarah Collis
Diane Gamble
Michelle Tilling

Non-Voting Membership

Present

Louise Bainbridge
Craig Parkin
Jules Sebelin

Absent

Mel Barrett
Superintendent Kathryn Craner
Dr Sue Elcock
Tim Guylar
Richard Holland
Stephen McAuliffe
Leslie McDonald
Jean Sharpe

Colleagues, partners and others in attendance

Katy Ball	- Director of Commissioning and Procurement, Nottingham City Council
Kathryn Bouchlaghem	- Early Years Manager, Nottingham City Council
Rich Brady	- Programme Director, Nottingham City Integrated Care Partnership
Ross Leather	- Safeguarding Adults Board Manager, Nottingham City Council
Jane Lewis	- Community Safety Strategy Manager, Nottingham City Council
Adrian Mann	- Governance Officer, Nottingham City Council
John Matravers	- Service Manager - Safeguarding Partnerships, Nottingham City Council

13 Changes to Membership

The Board noted that Lucy Hubber has replaced David Johns as Nottingham City Council's Director of Public Health; Superintendent Kathryn Craner has replaced Superintendent Mat Healey as the representative of Nottinghamshire Police; Stephen McAuliffe has replaced Andy Winter as the representative of the Nottingham

Universities; and Jean Sharpe has replaced Viki Dyer as the representative of the Department for Work and Pensions.

14 Apologies for Absence

Mel Barratt	-	Chief Executive, Nottingham City Council
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire
Superintendent Kathryn Craner	-	Nottinghamshire Police
Dr Sue Elcock	-	Medical Director and Executive Director of Forensic Services, Nottinghamshire Healthcare NHS Foundation Trust
Tim Guylor	-	Assistant Chief Executive, Nottingham University Hospitals NHS Trust
Stephen McAuliffe	-	Deputy Registrar, University of Nottingham
Leslie McDonald	-	Executive Director, Nottingham Counselling Centre
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Michelle Tilling	-	City Locality Director, NHS Nottingham and Nottinghamshire Clinical Commissioning Group

15 Declarations of Interests

None.

16 Minutes

The minutes of the meeting held on 26 May 2021 were confirmed as a true record and signed by the Chair.

17 Minutes of the Commissioning Sub-Committee

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 26 May 2021.

18 Collaborative Commissioning to Support an Integrated Health and Care System

Katy Ball, Director of Commissioning and Procurement at Nottingham City Council, presented a report on the approach to joint commissioning for integrated care being taken by the Council and the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), as the joint sponsors of the report. The following points were discussed:

- (a) the proposed approach to stronger collaborative commissioning will underpin both the Council's and the CCG's commissioning reviews and intentions, going

forward. Joint working on addressing homelessness and equipping communities has been successful, to date. However, local authorities and the NHS still often commission services separately based on their own criteria for specific outcomes and particular need, so there are many more areas where the Council and the CCG can work together collaboratively;

- (b) a working group is in place to establish the principles of the commissioning strategy, ensure consistency of working, and develop the associated governance arrangements. A framework for delivery is being produced, along with the confirmation of a work plan based on the Integrated Care System's (ICS) local priorities. It is a main objective to further develop prevention and early intervention services that are focused at a place-based level. It is important that the joint principles are used to maximise social value considerations, and that this is done consistently at the ICS level. As such, co-production and co-design with both partners and service users is vital to ensure that strategic planning and delivery is informed by as many voices as possible;
- (c) work is being carried out with the Local Government Association to help develop the joint commissioning approach and workshops will be held with stakeholders to assess the current position, set out the ambitions and confirm the principles that will form the strategy and policy framework. The planned workshops will seek to address a number of governance questions, as there is a need to move away from individual service contracts and to bring a range of provision together at a place-based level;
- (d) as the ICS covers both the City and County Council areas, consideration will be given to how effective place-based approaches can be taken within this wider context, to ensure that required services are provided consistently across the whole system. The regional Fire and Rescue Authorities work to a model of mutual assistance already, and it would be extremely beneficial for there to be strong and clear connections between the Board and the Crime and Drugs Partnership, to help avoid any duplication of effort. As such, as broad a partnership as possible should be brought together to aid the planning of effective collaborative commissioning, as a wide range of agencies can contribute to addressing the wider determinants of health locally and across the system in a joined-up way;
- (e) ultimately, it is intended that the Board will carry out a strategic, overview role to monitor the planning of joined-up commissioning, and carry out effective scrutiny of agencies on the behalf of service users. The Board will need to be able to take the right strategic view of provision in the city and monitor success against the key performance indicators, with the commissioners and providers working together to set objectives and achieve shared outcomes. It is important to show how social value is achieved through the commissioning work, and how co-production achieves the right solutions for Nottingham citizens. It is also important that the published information relating to service commissioning is as legible and clear to citizens as possible;
- (f) the Board considered that the greater development of collaborative commissioning is very positive, as part of establishing a new architecture for effective ways of working within the system. Council and NHS service

commissioners need to work together closely to focus on areas that can make a significant impact on people's wider health needs, such as Early Years. Ultimately, systems across all stages of life must be coordinated and proactive in addressing prevention and early intervention, rather than focusing on reactive services to address health-related problems that might have been prevented. It is important to involve citizens in planning the provision of services, and the creation of a chapter on a place-based approach to health and wellbeing within the Joint Strategic Needs Assessment is very positive.

The Board noted the report.

19 Alignment of the Health and Wellbeing Board with the Integrated Care Partnership and Integrated Care System

Lucy Hubber, Director of Public Health at Nottingham City Council, and Rich Brady, Programme Director at the Nottingham City Integrated Care Partnership, presented a report on the developing proposals for the alignment of the Board with the new place-based NHS structure. The following points were discussed:

- (a) on 6 July 2021, the Health and Care Bill introduced proposals first set out in the Government's Health and Social Care White Paper in February 2021. The Bill builds on proposals in the NHS Long-Term Plan, establishing 44 Integrated Care Systems (ICS), which will each consist of a new NHS Body – the Integrated Care Board (ICB) – and a local Integrated Care Partnership (ICP), which act together as a joint committee. The ICBs will replace the current Clinical Commissioning Groups, which are to be abolished in April 2022. Place-based partnerships feature prominently in the accompanying ICS Design Framework, with an expectation that they will be a delivery vehicle for some of the ICB's statutory functions. However, there is no statutory definition of 'place', so there is a great deal of work to be done to establish a Nottingham City Place-Based Partnership (NCPBP, currently the Nottingham City Integrated Care Partnership) effectively, in full alignment with the Board;
- (b) the ICB will have a wide range of commissioning functions. Given the importance of joint commissioning, a mature partnership structure is required to enable meaningful delegation by the ICB to the NCPBP to deliver provision locally, on its behalf. Full consideration is needed on how all available resources across partners can be brought together to facilitate a collective commissioning system that is flexible and responsive to all people in Nottingham;
- (c) three workshops have taken place between Board and NCPBP members to help develop alignment proposals for consideration by the ICS and the Council, and this may result in some amendments to how the Board functions, to bring it into alignment with the ICB/ICP and NHS England and NHS Improvement. The current statutory duties of the Board will remain unchanged, but it is likely that it will need further responsibility for monitoring the delivery of outcomes at the place-based level;
- (d) a strong focus is required on what can be done now to prepare for the new position in April 2022, including a detailed refresh of a thematic Health and Wellbeing Strategy. This Strategy will need to address the process of recovery

from the Coronavirus pandemic in a partnership way across the whole city, with a strong focus on the wider determinants of health, given the even greater health inequalities that have emerged during the period. The Strategy should set out what objectives will be put in place, how they will be delivered and how performance will be monitored;

- (e) engagement and coproduction with service users will be vital for informing the development of the Strategy, to ensure that the structures introduced are fully community-facing and address what matters most. Consideration is also required as to how the voluntary sector is engaged and provided with sufficient resources and funding, in a strategic way;
- (f) the Board acknowledged that achieving effective alignment in the new context represents a substantial project, and thanked all of those involved for their current and ongoing work. It noted that it is intended that alignment proposals, and a new Joint Health and Wellbeing Strategy, will be developed for presentation to the Board meeting in January 2022.

Resolved to approve the development of a new Joint Health and Wellbeing Strategy for Nottingham building on the revised approach to the joint strategic needs assessments, the programme priorities of the Nottingham City Place-Based Partnership and the current Integrated Care System’s Health Inequalities Strategy, and to note the alignment work being undertaken to establish the interfaces needed to better support the delivery of integrated care in Nottingham.

20 Children’s and Adult’s Safeguarding, Exploitation and Domestic Abuse During and Beyond the Covid-19 Pandemic

Ross Leather, Safeguarding Adults Board Manager at Nottingham City Council; Jane Lewis, Community Safety Strategy Manager at Nottingham City Council; and John Matravers, Service Manager for Safeguarding Partnerships at Nottingham City Council, presented a report on the initial service challenges experienced as the Covid-19 pandemic first arrived, the adaptations and mitigations put in place and their impact, and service provision beyond lockdown. The following points were discussed:

- (a) the Safeguarding Adults Board, the Safeguarding Children’s Partnership, and the Crime and Drugs Partnership have been working hard to identify and address areas of concern affecting vulnerable children and adults arising during the Covid-19 pandemic. Largely, the system was able to respond effectively during the pandemic by working in strong partnerships and adopting new technology to meet the challenges of the situation;
- (b) for adults, there was a slight reduction in work volumes in relation to carrying out statutory safeguarding enquires, but the number of safeguarding referrals are now returning to normal levels. The quality of the service provided remained high, but there were some difficulties in getting casework to the frontline social workers, in the context of remote working;
- (c) focused work was carried out in addressing the rise in domestic abuse and, although oversight of care homes was reduced during the pandemic, the normal

processes are now being resumed. Cases of financial scams targeting vulnerable adults increased, and there has been a rise in the number of complex cases, where the people affected can be particularly vulnerable to crime. A Covid-19 taskforce was established with the Clinical Commissioning Group (CCG) and has been working well, and there has also been strong partnership working with the Police, where the support provided for asylum seekers has been effective;

- (d) all agencies have responded to the pandemic as effectively as they could, with the Safeguarding Adults Board being as flexible as possible while providing support and effective challenge to agencies, to ensure the right level of assurance. A Coronavirus tracker and action plan has been produced to enable an effective response to the evolving situation, going forward;
- (e) the statutory and voluntary sectors reacted as quickly as possible to the increase in domestic abuse cases during the pandemic. The Office the Police and Crime Commissioner was able to inject funding into the sector to update the IT infrastructure to support remote working and support, including a 24-hour general helpline for victims across the City and County. This has received over 17,000 calls during the pandemic so far, representing a 54% increase on the normal volumes, making it a key point of contact. However, people working on the helpline are at potential risk from experiencing vicarious trauma, and this can be particularly difficult situation where staff are working remotely, in a home environment. As such, how the wellbeing of staff is supported requires very close attention. Despite the provision of national funding in the short term, it is proving difficult to recruit in the sector;
- (f) the domestic abuse prevention team for the city worked closely with all partners to carry out weekly communications meetings, in addition to regular engagement with communities using both traditional and social media, including through a weekly blog. A great deal of work is underway to encourage all existing survivors of domestic abuse to seek help. It is estimated that there are around 54,000 survivors in the city, where approximately 70% are women. Normally, GP surgeries provide safe spaces for survivors to seek help, but were open less regularly during the pandemic. As such, more information was provided in alternative locations, such as in supermarkets and pharmacies. Unfortunately, homicide and suicide cases increased during the pandemic, and ten homicide reviews are underway, currently;
- (g) the Domestic Abuse Act became law in April 2021, and the Crime and Drugs Partnership has become the new Local Partnership Board for Domestic Violence and Abuse. A requirement of the new Statutory Duty for Local Authorities is to provide a Needs Assessment and Strategy for domestic abuse accommodation-based services, which must be submitted to the Ministry of Housing, Communities and Local Government and then reported on every three years, with an annual refresh. Housing is a vital element of the wider determinants of health, and there is a need for more refuge accommodation. However, there is very little capital funding in place at a national level, so as much work as possible is required to secure all ongoing funding available, as short-term central financial support during the pandemic will come to an end shortly;

- (h) the City has a good national reputation for its response in this area and a strong Strategy is in place, which will be raised with the Board in the future to ensure oversight of the delivery of the strategy. However, assistance in supplying data to inform the Strategy from Board members working in health and social care would be very welcome, including engagement on developing a strong locality picture in partnership with the NHS;
- (i) for children, meetings are held between the Safeguarding Children's Partnership, the CCG and the Police every four weeks, to ensure as rapid a response to cases as possible. An independent assessment was carried out for the Partnership, the results of which were primarily positive. Despite the pandemic, a high level of face-to-face visits were maintained, and relationships with partners were strengthened in terms of working together to identify vulnerable children. Services have continued to deliver well in difficult circumstances, in the context of strong partnership working;
- (j) during the pandemic, it was still possible to progress the important strategy focused on addressing neglect (which has now been launched), and work continues to be carried out in relation to the findings of the Independent Inquiry into Child Sexual Abuse. All reviews into sudden infant death were delivered within the required timetable and to a high quality. Unsafe infant sleeping is a major national issue and funding from Small Steps, Big Changes has been provided to help address it fully in Nottingham;
- (k) the new Domestic Abuse Act will have a significant impact for Nottingham people and, as part of the legislation, children can now also be defined as survivors of domestic abuse. A mixed economy is needed within the workforce to enable services to operate effectively, with the right balance of face-to-face and virtual provision. Increasing the ease of access to services going forward is a major area of challenge, with a particular focus on addressing issues of digital poverty. A great deal of learning has arisen as a result of the pandemic and work is underway to ensure that the new approaches are taken forward and shared with partners;
- (l) the Coronavirus pandemic has led to a number of delays in the court system, and everything possible is being done to escalate safeguarding cases actively, due to the significant impacts that can be caused by delay;
- (m) the Board considered that it is important to maintain a focus on those people experiencing the greatest impacts, particularly when they are suffering from severe multiple disadvantage, and the wider impacts of abuse on both physical and mental health and wellbeing. Enabling people to access and engage with the services they need easily is vital, and it is important to support the non-specialist services in providing safe spaces to encouraging engagement. It is important that steps towards addressing digital poverty are coordinated in a system-wide way, and it would benefit all agencies for there to be a clear and visible structure identifying who is working on what priorities across the city. Employers across Nottingham should also be engaged on this issue, as part of ensuring a safe city for everyone.

The Board thanked officers for their hard work in compiling the detailed paper on the safeguarding position during the Coronavirus pandemic, and noted the report.

21 Speech, Language and Communication Strategy

Kathryn Bouchlaghem, Early Years Manager at Nottingham City Council, presented a report on the draft Speech, Language and Communication (SLC) Strategy for Nottingham. The following points were discussed:

- (a) a great deal of work is underway to ensure that the range of proactive interventions across the Early Years system (including in Health, Education, Childcare, Early Help and Social Care) are linked by a 'golden thread' to help ensure that all children have the opportunity to reach their full potential. A clear Early Years offer for SLC skills is intended to prepare children for school and impact positively on their future attachment, attainment, leisure, mental health, wellbeing, employment and life chances. It is vital that every opportunity is used to engage with children living in circumstances of high social deprivation and ensure that the right interventions are in place, particularly where a large number of children under five have been affected significantly by the Coronavirus pandemic;
- (b) funding from the Early Outcomes programme has enabled the Council to take a strong partnership approach, using collaboration and integration both internally and in conjunction with Derby and Leicester City Councils. Provision also needs to be connected to housing and mental health services, in addition to other social value areas. Effective approaches to joint commissioning are vital. Early Years is working closely with Youth Justice to help prevent youth offending and the aspiration is that, ultimately, a full 0-25 offer will be in place to support Nottingham's children and young people;
- (c) it is proposed to carry out a full public consultation on the draft SLC Strategy, to inform the action plan for its implementation and delivery from November. It is important that the right language is used to achieve effective engagement and feedback from parents, as well as partners;
- (d) the Board considered that the SLC Strategy is a highly important part of addressing the wider determinants of health, and it hoped that an effective partnership approach to engaging with the wider system will ensure that the necessary support structures are in place for the most disadvantaged.

Resolved to agree the collective aims presented within the draft Speech, Language and Communication Strategy, pending a full public consultation process and action plan development.

22 Coronavirus Update

Lucy Hubber, Director of Public Health at Nottingham City Council, provided an update on the current position in relation to the Coronavirus pandemic. The following points were discussed:

- (a) infection rates are above the national average in Nottingham, at around 510 per 100,000 people. However, cases are starting to decrease across all age groups,

both locally and nationally. Nevertheless, PCR positivity is at 14%, so it remains important for the situation to be monitored closely;

- (b) it is vital to continue the proactive communications approach to encourage as many people as possible to be vaccinated, with a particular focus on younger adults. However, a great deal of work still needs to be done to achieve the target 85% vaccination rate in all age groups, to combat what is a very infectious virus. Detailed planning is required for the return to schools and universities in September, to ensure that this is done in as safe a way as possible.

The Board noted the update.

23 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 work being carried out by the Council's Children's and Adults' Services;
- (b) the Nottingham Community and Voluntary Service is commissioning a 'State of the Sector' survey, and Green Social Prescribing work is progressing well;
- (c) the Nottingham City Integrated Care Partnership has been successful in securing funding from the national Changing Futures programme, which will be used to support citizens experiencing severe multiple disadvantage.

The Board noted the updates from members.

24 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.

25 Future Meeting Dates

- **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**