

Nottingham City Council

Nottingham City Health and Wellbeing Board

Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 29 September 2021 from 1:36pm to 3:31pm

Voting Membership

Present

Councillor Adele Williams (Chair)
Dr Hugh Porter (Vice Chair)
Dr Manik Arora
Councillor Cheryl Barnard (items 30-32)
Councillor Eunice Campbell-Clark (items 26-35)
Lucy Hubber
Catherine Underwood

Absent

Sarah Collis
Diane Gamble
Sara Storey
Michelle Tilling

Non-Voting Membership

Present

Louise Bainbridge
Superintendent Kathryn Craner
Tim Guyler

Absent

Mel Barrett
Dr Sue Elcock
Stephen Feast
Stephen McAuliffe
Leslie McDonald
Craig Parkin
Jules Sebelin
Jean Sharpe

Elaine Mulligan (substitute for Jean Sharpe)

Colleagues, partners and others in attendance:

Philip Broxholme	- Head of Strategy, Office of the Nottinghamshire Police and Crime Commissioner
Commissioner Caroline Henry	- Nottinghamshire Police and Crime Commissioner
Adrian Mann	- Governance Officer, Nottingham City Council
Claire Novak	- Insight Specialist - Public Health, Nottingham City Council

26 Changes to Membership

The Board noted that Stephen Feast has replaced Richard Holland as the representative of Nottingham City Homes.

27 Apologies for Absence

Mel Barratt	- Chief Executive, Nottingham City Council
Sarah Collis	- Chair, Healthwatch Nottingham and Nottinghamshire
Stephen Feast	- Director of Housing, Nottingham City Homes
Diane Gamble	- Deputy Director of Strategic Transformation (North Midlands), NHS England

Stephen McAuliffe	-	Deputy Registrar, University of Nottingham
Leslie McDonald	-	Executive Director, Nottingham Counselling Centre
Craig Parkin	-	Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Jules Sebelin	-	Chief Executive, Nottingham Community Voluntary Services
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Sara Storey	-	Director of Adult Social Care, Nottingham City Council

28 Declarations of Interests

None.

29 Minutes

The minutes of the meeting held on 28 July 2021 were confirmed as a true record and signed by the Chair.

30 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) case rates are stable, following high levels during the summer that have now declined rapidly. Cases are increasing with the return of children to school, both amongst the children and their immediate households, but at a lower rate than the national trend. In addition, these cases do not appear to be transmitting into the wider community or into older age groups, where vaccine uptake is highest;
- (b) the lowest level of vaccination uptake is amongst young adults in the 25-40 age range. As this age range represents a large proportion of the city population and workforce, the situation should be monitored closely. A refresh of community messaging is planned, to encourage people to wear masks wherever possible. Self-testing rates for people with symptoms are high, but it is important to continue to encourage vaccine take-up, including through walk-in appointments;
- (c) the provision of vaccinations is now moving away from a small number of large hubs to more local delivery, through GPs and pharmacies, supported by mobile teams. Vaccinations for 12-15 year olds are being rolled out in schools, and booster vaccines are being offered to the most vulnerable people six months after receiving the second jab. Young people aged 16-17 can have a vaccination, but walk-in appointments are only available at the Queen's Medical Centre (QMC), due to the requirement for specialist paediatric supervision. QMC also focuses on vaccinating workers in health and social care. Double Covid-19 / flu jabs will be available shortly, and this should be communicated by all partners to staff in health and social care roles;
- (d) there are now many more options available for getting a vaccination, but this means that the associated messaging has become much more complex, as there

is a need to take into account many more potential circumstances regarding who should get a vaccination, when, where and how. As much information as possible is published on the 'Grab a Jab' website;

- (e) the approach being taken follows the current national guidance but, should the Government consider that the NHS will be put under too great a pressure, previous mandatory containment measures would be reintroduced. However, currently, schools are responsible for setting their own control measures, unless an outbreak occurs – so work is underway to encourage schools to work as closely as possible with parents to control transmission. A request has also been made to the Department for Education for the review of the current contingency framework in the context of home transmission. As much as possible must be done to relieve pressures on the care system, and there is a role for employers to play in ensuring that messaging reaches their workforces;
- (f) the local universities have been proactive partners in engaging with the student population on messaging, encouraging vaccination uptake and preventing transmission. A great deal of engagement has been carried out with international students. The University of Nottingham has developed its own form of spit testing for students, which has now been accredited. There is a high level of vaccine uptake amongst 18-19 year olds, and the number of double-vaccinated students is growing. However, maintaining social distancing between students can be challenging, and a number of illnesses other than Coronavirus are starting to spread within the student population.

The Board noted the update.

31 Nottingham City Place-Based Partnership Update

Dr Hugh Porter, Clinical Director at the Nottingham City Integrated Care Partnership (ICP), presented a report on the ICP's current programme priorities. The following points were discussed:

- (a) the ICP has five key programmes. A great deal of work has been carried out in driving vaccination schemes, with important learning gathered from the experiences of the previous year. There are over 50,000 smokers in the city, which remains above the national average, so the smoking cessation programme remains a priority, and measures are in place to seek to deter people from taking up smoking. Steps are also underway to broaden the programme focusing on severe multiple disadvantage, and the ICP has secured funding of £3.9 million over 3 years to support transformation in how the system and services wrap around citizens to achieve a substantive difference. Following consultation with partners, a new programme priority relating to mental health and wellbeing has now been introduced;
- (b) partnerships with the eight city Primary Care Networks (PCN) is being developed (which each covering an area with around 30,000 to 60,000 residents), engaging closely with the voluntary sector and seeking to help GP practices move towards integrated neighbourhood working. Green social prescribing link workers are operating at the PCN level to address social issues such as loneliness, and

projects are underway to develop green spaces to improve physical and mental health;

- (c) NHS reorganisation is moving forward, with the Clinical Commissioning Groups to come to an end in April 2022. The regional Integrated Care System is establishing an Integrated Care Partnership Board to engage with local partners – so the ICP will need to change its name and establish how both it and the Board will fit into the new model of local, place-based delivery, and demonstrate in the public domain what is being done to address health inequality;
- (d) steps are underway to address culture change, particularly in frontline roles, and partners need to communicate with and understand each other as much as possible to facilitate inter-partner working to develop collective outcomes. There are significant challenges within the NHS, particularly within primary and social care, and a great deal needs to be done to support staff. Ultimately, space is also needed for reflection on what has worked and what has not in the context of system transformation, and care must be taken to not over-design the response to the various issues;
- (e) the Board considered that the ICP is a vital partner for local service delivery, and that it has taken a number of opportunities to bring in funding for projects on the basis of working differently, particularly around complex needs. There is an increased demand for social prescribing, but there is also a high level of fragility in the voluntary sector, currently. As such, it is vital that commissioning processes support social value and the voluntary sector properly, as it often catches vulnerable people who fall through the net of the statutory bodies. A focus is also needed on the communities and their voluntary organisations who do not have a strong voice within the current system.

The Board noted the report.

32 Police and Crime Plan - Engagement with Partners and Stakeholders

Commissioner Caroline Henry, the Nottinghamshire Police and Crime Commissioner, presented a report on proposed Police and Crime Plan priorities for 2021 to 2024. The following points were discussed:

- (a) as part of carrying out strong partnership working across Nottinghamshire to enable people to feel safe, the three main objectives of the new Police and Crime Plan are to prevent crime and protect people from harm, to respond efficiently and effectively to local needs, and to support victims and communities to be safe. Resources will be targeted at addressing the root causes of crime, which will also help to address the wider determinants of health, with the main areas of shared concern being serious violence, domestic and sexual abuse, substance misuse and mental health;
- (b) the Violence Reduction Unit adopts a public health approach to tackling serious violence. It works with communities to prevent violence and reduce its harmful impacts, and there is a particular focus on engaging with young people. The Safer Streets programme is intended to create safer residential environments, with a burglary reduction officer in place and work carried out with students on protecting

their residences against crime. the Reducing Reoffending Board is in place, to seek to break cycles of repeated crime;

- (c) officer teams are being strengthened to manage missing persons and suicide cases, and to be aware of rehabilitation and mental health needs. Stronger support will be put in place for victims and communities to feel safer, in partnership with the voluntary sector. Support is also available to vulnerable people who are lonely and might be at risk from scams such as romance fraud, and work is underway to refer people to support for substance misuse and associated mental health needs;
- (d) the Ministry of Justice has clear objectives for improvements in the support available for victims of domestic abuse, including therapeutic support and initiatives to identify hidden harm more quickly. It is vital to build confidence in the system to encourage and assist the reporting of exploitation and abuse. Work is also underway to improve the victim experience of and outcomes from the criminal justice system, with the delivery of justice more swiftly through a move to Local Justice Boards, to help address the backlog caused by the Coronavirus pandemic in Courts hearing cases;
- (e) currently, the Department for Work and Pensions is focused on very similar areas, so there is a good opportunity for partnership working. There are also opportunities for joint communications between partners on addressing modern slavery and fraud;
- (f) the Board noted that there are wide range of health-related challenges that would benefit from close partnership working. The Nottingham City Integrated Care Partnership has developed a range of resources on responding to trauma through informed care. The impact of domestic violence is a significant issue, along with the impact of Coronavirus and drug and alcohol misuse. There is a substantial need to build stronger levels of trust with vulnerable communities, where there can be a high degree of distrust of authorities, in general. As such, the partnership approach should aim to develop culture change, with organisations seeking to be more reflective of the people of the communities that they serve;
- (g) the Board considered that a public health-based approach to vulnerability is extremely welcome, as criminals can often exploit vulnerable people very effectively. It is vital to work closely with young people to steer them away from crime and so improve their life opportunities. It is also important to seek to address disproportionality in people's experience of the criminal justice system, as some communities can have very different experiences of the system than others. Ultimately, the right resources must be in place in the right areas to address the factors in people's lives that can both prevent crime and improve health;
- (h) the Board observed that, in the context of the Coronavirus pandemic, there appears to be a higher than normal baseline of social anger that can be triggered easily. It is important that partners find ways of working together collectively to help reaffirm pride and happiness in the people across Nottinghamshire, to ensure that the environments in which they live and work are as well maintained as possible. Anchor organisations should also seek to communicate and celebrate as much good news as they can.

The Board thanked the Police and Crime Commissioner for her presentation on the new Police and Crime Plan, and welcomed the consultation process.

33 Joint Strategic Needs Assessment - Annual Report

Claire Novak, Insight Specialist in Public Health at Nottingham City Council, presented a report on the progress and development of the Council's Joint Strategic Needs Assessment (JSNA) for 2021/22. The following points were discussed:

- (a) the JSNA represents an assessment of the city population's health and social care needs, in addition to highlighting health inequalities, to inform strategic priorities and commissioning decisions. The Coronavirus pandemic has affected all elements of the JSNA, and an associated chapter is now being drafted following an investigation of the impacts of Covid-19 on the population;
- (b) a pragmatic approach is being taken to the refresh of the JSNA and, as part of the approach to align the JSNA with the aims and priorities of the Integrated Care System, place-based pilots have been carried out with two of the local Primary Care Networks and the communities that they cover. A steering group has been established to include wide representation, and a technical development group is in place to ensure that the data arising from the pilot is easily readable and accessible;
- (c) new JSNA chapters on demography, physical activity and housing with excess winter deaths and cold-related harm have been published during the pandemic, while chapters on children and young people with special educational need and disability, and the emotional and mental health needs of children and young people are nearing publication. Chapters on musculoskeletal conditions, noise pollution and adult substance misuse are under production, though these have been delayed, due to the pandemic;
- (d) it is a responsibility of the Board to complete a Pharmaceutical Needs Assessment every three years. However, as a result of Covid-19, the deadline for the production of the current Assessment has been extended by 18 months;
- (e) the Board thanked officers for their hard work on the JSNA during the pandemic. It considered that there are a large number of chapters within the JSNA, which can make it difficult for frontline staff to find information relevant to them quickly and easily – so it hoped that the new and very positive placed-based approach would make the information more accessible. It hoped that the data from the latest national census, which will be available around March 2022, will help to inform the JSNA going forward, as the previous data from the 2011 census is now out of date;
- (f) the Board recommended that the digital delivery of services and digital inclusion is addressed by the JSNA, as this will be a vital area, going forward. It noted that care should be taken in the language used to describe ethnicity and mainstream and minority groups. It considered that it will be important to focus on mental wellbeing in the wake of Covid-19, and to seek to support the voluntary sector in its delivery of vital services as much as possible.

The Board noted the report.

34 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) Tim Guyler, Assistant Chief Executive at the Nottingham University Hospitals NHS Trust, explained that the Trust is experiencing significant challenges during the unprecedented circumstances arising from the Coronavirus pandemic, where the risk to the wellbeing of citizens and staff has risen across all sectors. The health and wellbeing of Trust employees is of the greatest importance, so work is being carried out to engage directly with frontline staff, to seek to improve the position. It is now vital to plan for the coming winter pressures, and to understand the current sector-wide risks;
- (c) the environment for the delivery of services by the Trust is very challenging. Work is being carried out to address service user needs as much as possible, but resources are limited and must be prioritised in certain areas. The Trust has been visited by the Care Quality Commission (CQC) on three occasions and has been rated as 'outstanding' in relation to care provision. However, the Trust has been challenged on the effectiveness of how its staff are supported in the very difficult situations arising at work, and work is underway to address this and to improve governance processes;
- (d) the Board noted that it will be as supportive as possible to the Trust in addressing the concerns raised by the CQC, as it is a key resource in the city, and it hoped that the Trust will keep the Board and other partners informed as to its progress on its improvement journey. It considered that it is vital for the voice of frontline health and care staff to be heard on the impacts of the pandemic, and to consider how active support can be put in place.

The Board noted the updates from members.

35 Work Plan

The Chair presented the Board's proposed work plan for the 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.

36 Future Meeting Dates

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

Health and Wellbeing Board – 29.09.21

- **Wednesday 26 January 2022 at 1:30pm**
- **Wednesday 30 March 2022 at 1:30pm**