



Nottingham and Nottinghamshire
Clinical Commissioning Group



Nottingham
City Council

Nottingham City Health and Wellbeing Board

Date: Wednesday 29 September 2021

Time: 1:30pm

Place: Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG

Please see the information at the bottom of this agenda front sheet about the measures 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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Wednesday 26 January 2022 at 1:30pm
Wednesday 30 March 2022 at 1:30pm

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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 Guyler
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 Guyler	-	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 conisation 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**

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**Nottingham City Health and Wellbeing Board
29 September 2021**

	Report for Information
Title:	Update on the Nottingham City Integrated Care Partnership (ICP)
Lead Board Member(s):	Councillor 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:	Dr Hugh Porter hugh.porter1@nhs.net
Brief summary:	This update includes a progress report on priorities 1-5 from 2020/21 and the newly agreed mental health and wellbeing priority for 2021/22. An update on activities under the priority to strengthen the infrastructure, governance and accountability of the partnership, and on priority 8, with work undertaken to support uptake of the Covid-19 vaccine in the City, is also included.

Recommendation to the Health and Wellbeing Board:

1. To note the ICP update.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The programmes of work undertaken by the ICP supports all of the aims, but recent work has been especially focussed on reducing inequalities.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	

Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

The new programme adopted by the ICP will be focussed on mental health and wellbeing.

Background papers:	<p>Appendix 1 – Nottingham City ICP Programme Priorities 2020/21</p> <p>Appendix 2 – Green social prescribing update</p> <p>Appendix 3 – NHS England 'Developing Thriving Places' – part of a suite of national guidance around the proposed changes in the Health and Social care bill currently going through parliament.</p>
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1. Introduction

This update includes an update of the City ICP programme priorities 1-5 from 2020/21 and the newly agreed mental health and wellbeing priority agreed for 2021/22. An update on activities under priorities 6 (developing the partnership, its PCNs and ICP culture) and priority 7 (supporting the Integrated Care System (ICS) in managing Covid and recovery) is also included.

2. Programme Priorities 1-5: Review

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.

The most significant recent development has been the success of the programme around Severe Multiple Disadvantage in securing funding from the Ministry for Housing, Communities and Local Government (MHCLG) through the Changing Future Programme. The ICP has secured funding of £3.9 million over 3 years to support system transformation in how the system and services support and wrap around these citizens.

The Changing Futures programme is a £64 million joint initiative by the MHCLG and The National Lottery Community Fund, the largest funder of community activity in the UK. The fund is for local organisations to work in partnership to better support those who experience multiple disadvantage, including homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.

It will build on the positive work already being delivered in the city to support those facing multiple disadvantage, especially by Opportunity Nottingham; an organisation that closes in June 2022. This will see key aspects of its work in supporting those facing multiple disadvantage in Nottingham continue under the new funding. People experiencing multiple disadvantage within the city were also involved in the bid, providing their views on how services can be improved to ensure better outcomes for people facing very challenging circumstances in their lives.

How the funding will help

The grant will fund a specialist team, with links to key services including housing, probation, mental health services, and Social Workers. A key focus will be on building a sustainable City Partnership; delivering integrated support for people facing multiple disadvantage in the city, via a cost effective, connected and person-centred system.

The impact of the funding will be felt immediately within the city, with a core delivery team structure already developed, and transition into new roles to commence during the summer.

3. New Programme Priority: Mental Health and Wellbeing

As part of the review of the current 20/21 programmes 1-5 in March 2021, Healthwatch supported by the Nottingham Community and Voluntary Service held a further listening event to support the ICP to understand the concerns and issues of City residents. Following this and subsequent discussions at the ICP Executive it has been agreed to develop a new programme with a focus on Mental Health and Wellbeing for 2021/22. This will be supported and have input from the current Nottingham Mental Health Collaborative.

A dedicated programme lead has been identified and is now scoping this work which will focus on a small number of key mental health issues, whilst also supporting the wider ICS mental health programmes of work.

4. Programme Priority: Developing the partnership and its Primary Care Networks (PCNs), and Establishing the ICP Culture

This has taken on increased importance given the progression of the health and care bill being laid before Parliament on the 6 July 2021, with plans to make the ICS a statutory body, and for Clinical Commissioning Groups (CCGs) to cease to exist in April 2022. As part of this, the current ICS board has been involved in two recent development sessions to start to process the raft of guidance now available from NHS England. Importantly for Nottingham City ICP is the guidance on place-based partnerships produced by NHS England and the Local Government association on 2 September: 'Thriving places Guidance on the development of placebased partnerships as part of statutory integrated care systems' ([ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/publication/thriving-places-guidance-on-the-development-of-placebased-partnerships-as-part-of-statutory-integrated-care-systems/)).

This guidance allows a high level of flexibility for each ICS around its places, but also stresses the importance of Health and Wellbeing Boards in both place but also being foundations to the ICS strategy. A sub-group of the ICS / CCG had been set up to work through the national requirements of this documentation in preparation for April 2022. The ICP is working closely with this group following the development sessions that took place over the summer between City Health and Well-being Board and the ICP.

A small but important aspect to note - the new ICS partnership boards will officially be called Integrated Care Partnerships (ICPs) , so the place based partnerships in Nottingham and Nottinghamshire, which to date have also been called Integrated Care Partnerships, will need to be renamed. Currently, the terminology used in the legislation is Place-Based Partnerships (PBPs).

Primary Care Network accelerator sites

After discussion across the 8 PCNs which make up the City ICP, it has been agreed that PCN 1 – Bulwell and Top Valley, and PCN 6 – Nottingham City East (which covers St Anns, Sneinton and Bakersfield) would act as pathfinders in future PCN development – taking them from groups of general practices towards more integrated neighbourhood teams (and

leadership) across multiple partners. As part of this, PCN 1 has launched the Bulwell and Top Valley Health Forum, bringing partners to their on a regular basis.

The ICP is working with the remainder PCNs on smaller-scale neighbourhood projects and developments (see Appendix 2 as an example of work going on in PCN 3 – BACHS).

‘Share and Learn’ and co-mentoring

Another arm to developing both our PCNs and the ICP culture is around increasing understanding between different frontline staff in different organisations of our work, pressures and achievements.

Two aspects of this are Share and Learn webinars – brief 30 minute slots that explain an organisation or service and allow staff to ask questions. This completed its first tranche of events over the summer, with positive feedback, so wave 2 of these webinars is set to launch on 29 September with an update on the ICP itself, and its plans going forward. Alongside we launched a co-mentoring scheme (Appendix 3), which pairs different people from across our partner organisations. Again, a pilot first wave was completed earlier in the year and now a wave 2 is live with increased numbers of participants.

Green social prescribing

Green social prescribing connects people to community groups and other organisations for practical and emotional support to improve their health and wellbeing. Nottingham and Nottinghamshire ICS was successful in securing £500,000 as part of a two-year (April 2021 to March 2023) national green social prescribing scheme aimed at improving the mental wellbeing of communities hardest hit by coronavirus.

The focus of the programme is within Nottingham City, however the project will aim to grow into Nottinghamshire in the second year. The project is being run by the Department of Health and Social Care; the Department for Environment, Food and Rural Affairs; Natural England; NHS England and NHS Improvement; Public Health England; Sport England; the Ministry of Housing; and the National Academy for Social Prescribing.

Locally, Nottingham Community and Voluntary Service is leading the programme on a day-to-day basis, working closely with Framework and the Canal and River Trust East Midlands. A website is now live with more information and details of how to get involved:

<https://www.nottinghamcvs.co.uk/voice-and-partnerships/greenspace>.

The programme is now starting to roll out with a project manager in place and links formed with the social prescribing link workers that have been employed by the PCNs across the City. It will also include targeted initiatives to support some of the most deprived communities that have been disproportionately affected by the coronavirus crisis, namely:

- People living with long term conditions, especially older people;
- Black, Asian and Minority Ethnic (BAME) communities;

- Families living in disadvantaged communities and, in particular, those without access to gardens, balconies or green space.

Notts in City Mind

The ICP had teamed up with Trent Bridge Community Trust to launch an initiative around men's mental health. This free 12-week programme is based in BACHs PCN and aims to offer support and improve mental health and well-being through sporting activities (see appendix 4).

5. Supporting our Partners' Response, Recovery and Restoration from Covid-19


Work has continued across the ICP in increasing Covid vaccination uptake, especially across our younger citizens and diverse communities. The ICP is now working with the ICS and especially its member PCNs, who will be delivering not only the third phase of the programme which involves Covid boosters vaccinations to the most vulnerable, health and social care staff and those over 50, but will also be delivering the expanded influenza vaccination programme.

Importantly the ICP is working with general practices across the City to look at how we can support practices given the unprecedented pressures they face – managing Covid infections during this third wave, delivering the above vaccination programmes, managing general patient need and demand (including providing large numbers of face-to-face appointments) and making in-roads into the backlog of long-term condition reviews that on national recommendations were put on hold during the first waves of the pandemic.

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 – BACHS PCN newsletter



BACHS PCN Monthly Newsletter

Issue 6 – August 2021



A Message from the Clinical Director

"Teamwork divides the task but multiplies the success"

Another busy month for the PCN amidst school holidays for parents, staff and patients. Phase 3 planning has been the core work for our PCN along with further ARRS recruitments. Thank you to our network manager Ruth, Dr Churchill and other colleagues from Bilborough medical practice to collaborate and meet all the deadlines. I also sincerely thank all of our families who have coped with most of us working during the holidays! PCN3 practices have been resilient amidst covid isolations and sustained to provide quality care for our citizens even while they were red on OPEL dashboard due to staff shortage. Keep up the good work and I look forward for the covid booster and flu vaccinations in coming weeks.

- Subeer Satyam

Action Updates

Due to blood collection supply disruption, certain tubes are limited in number until Friday 17 September 2021. This means that only urgent blood testing can be permitted at this time.

The NUH and SFH Emergency Departments are currently under extreme pressure. If a patient is to be referred to the ED, referrers are asked to ensure that the specialty department and NEMS Care Navigator cannot direct the patient to a more appropriate pathway beforehand.

The process for minor surgery claims has been returned back to the previous form, reducing workload and complexity for practices.

SystemOne practices are asked to update their 'Share In' whitelist to include Beechdale to allow communication between FCPs and practices.

A Message from the Network Manager

This month has been busy with arranging for the 3rd dose of the Covid vaccine. Working closely with Dr Churchill and his team as the designated site for the BACHS PCN. Working with the SPLWs on forecasting events, coffee mornings/afternoons and how to reach as many patients as possible within our PCN area. It has also been great meeting different partners within the community and how we can work together in the forth coming months. I have been preparing for our Health & Wellbeing Coaches to join the PCN in September 2021. Exciting times ahead!

- Ruth Leachman

ARRS Updates

BACHS PCN Social Prescribing Link Workers continue to work with Practice SPLW Champions. Champions are thanked for your support. Referrals are general increasing, but it is requested that as much information is put on the forms as possible.

SPLWs continue to be out in the community to scope and validate groups and organisations including food banks, social groups and more. A new coffee morning is starting at Hyson Green Library, and the Melbourne Park Coffee Morning will move to Strelley Library. At the coffee mornings they enjoy quizzes, arts & crafts and cake making. SPLWs look forward to working with the Green Social Prescribing Team to secure tools and equipment to start a community garden in the area.

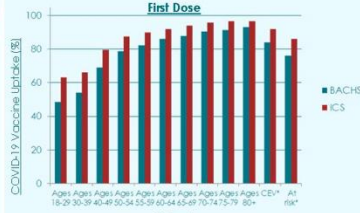
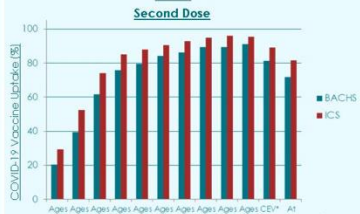
Between 1 August and 28 August, there were 39 referrals from BACHS practices to the SPLW team. The majority of these were categorised as for Health and Wellbeing support, with 18 patients giving 47% of all referrals.

BACHS PCN Clinical Pharmacists are continuing with implementing the DES by performing SMRs. The team has been having a quiet time in the holiday season but they do have new Pharmacy Technician Kejal Upadhyay working with them. Welcome, Kejal!

COVID-19 Update

One person from each PCN practice must sign the Phase 3 COVID-19 Vaccination Collaboration Agreement for boosters. All practices but Melbourne Park will be taking part, and Melbourne Park must still agree with the MOU.

Vaccination uptake information was last made available on Friday 20 August 2021.

*CEV = Clinically extremely vulnerable cohort
*At risk = COVID-19 at risk cohort

Collated and produced by Nottingham City General Practice Alliance.

Appendix 3



APPLY for the Nottingham City ICP co-mentoring scheme ...



become a part of our future

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

Appendix 4

Notts In Mind is a new 12 week programme with sessions taking place every Tuesday between 1pm and 2.30pm at Melbourne Park starting Tuesday 14th September.

We use sport and physical activity to:

- INCREASE SELF ESTEEM
- BUILD CONFIDENCE
- IMPROVE FITNESS LEVELS
- MEET NEW PEOPLE

The sessions will:

- BE FUN, FREE AND WELCOMING
- BE IN A SAFE ENVIRONMENT
- BE TAKEN BY QUALIFIED COACHES



Want to find out more? Contact Ian Richardson on
07814 112 510 or email ian.richardson@trentbridge.co.uk

OR VISIT

TRENTBRIDGE.CO.UK/TRUST



Nottingham City Health and Wellbeing Board
Wednesday 29 September 2021

	Report for Information
Title:	Police and Crime Plan 'Have Your Say' Engagement with Partners and Stakeholders
Lead Board Member(s):	
Author and contact details for further information:	Kayt Radford, Nottinghamshire Police kayt.radford@nottinghamshire.pnn.police.uk
Brief summary:	The Nottinghamshire Police and Crime Commissioner, Caroline Henry, is required to issue a Police and Crime Plan for her term in office that will set the strategic direction for policing and crime reduction in Nottinghamshire over the next four years. In doing so, the Commissioner has a statutory requirement to obtain the views of local residents and stakeholders on the objectives of the plan.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- (1) consider the areas of shared concern and priority for the Nottinghamshire Police and Crime Commissioner and Nottingham City Health and Wellbeing Board partners, and return feedback on the proposed Police and Crime Plan priorities for Nottinghamshire 2021-24.

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.	Drug and alcohol treatment services are jointly commissioned in the city. The misuse of drugs is a major driver of crime, but also of ill health, homelessness and early death. It also can have a severe impact on mental health. The Commissioner has tackling domestic and sexual violence and abuse (DSVA) as key areas of priority. Jointly commissioned
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>services in the city are a key component to addressing the often devastating impact of DSVAs on survivors' lives.</p> <p>Violence and particularly serious and weapon enabled violence represents an acute risk to health. The Violence Reduction Unit, chaired by the Commissioner, uses public health approaches to consider and respond to violence.</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.	
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

See above.

Background papers:

None.

PROPOSED POLICE AND CRIME PLAN PRIORITIES FOR NOTTINGHAMSHIRE 2021-24

As your Police and Crime Commissioner, I want to work with you to **Make Nottinghamshire Safe**. My Police and Crime Plan sets out the following objectives for 2021-25 which will help us to achieve this aim and set the scope for my commissioning activities during my term in office:-

PREVENTING crime and protecting people from harm

I will develop and invest in prevention and early intervention initiatives that deal with the causes rather than consequences of crime, anti-social behaviour and victimisation. This includes work to:-

- Better protect vulnerable people and places from crime, particularly in reducing serious violence, serious acquisitive crime and fraud
- Support further improvements in education and diversionary activities that promote positive attitudes and behaviours and steer young people away from crime
- Improve partnership approaches to reducing the risk of reoffending particularly in addressing substance misuse, unemployment and mental health-related needs

RESPONDING efficiently and effectively to the issues of greatest concern

I will work with police, partner agencies and central government to ensure that we have the resources to respond when needed and have the right people, skills and equipment to make Notts Safe. I will:-

- Continue to strengthen and make best use of our resources in Nottinghamshire, particularly in increasing officer numbers and how responsive, visible and accessible they are in communities
- Improve police and partnership understanding and responses to the issues of greatest community concern, particularly in tackling anti-social behaviour, speeding and rural crime
- Work with local, regional and national partners to tackle and reduce the harm caused by serious and organised crime and bring more offenders to justice.

SUPPORTING victims, survivors and communities to be safe and feel safe

I will continue to improve services for victims of crime and support and empower communities to help make Nottinghamshire safe. This will include work to:-

- Further improve support services for victims of crime, particularly those with experience of domestic abuse, sexual abuse or exploitation
- Improve confidence and opportunities to report crime and anti-social behaviour, particularly among vulnerable and marginalised communities and those at risk of harm
- Improve victim experience of the criminal justice system and the efficiency and effectiveness of the criminal justice system in bringing perpetrators to justice and reducing reoffending

In delivering against these objectives, the Commissioner is also committed to fulfilling her broader cross-cutting responsibilities to:-

- Have regard to national priorities for policing set by the Home Secretary, which include terrorism, serious and organised crime, cyber-crime and child sexual exploitation
- Promote equal opportunities and community cohesion between diverse communities and work to eliminate discrimination, harassment and victimisation
- Safeguard and promote the welfare of children
- Achieve value for money and keep collaboration opportunities for policing under review, including further opportunities for Blue Light Collaboration
- Ensure that our resources are distributed fairly and equitably across Nottinghamshire on the basis of where they are needed most.

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Health and Wellbeing Board

29 September 2021

	Report for Resolution
Title:	Joint Strategic Needs Assessment Annual Report
Lead Board Member(s):	Lucy Hubber, Director of Public Health
Author and contact details for further information:	Claire Novak, Insight Specialist Public Health claire.novak@nottinghamcity.gov.uk
Brief summary:	The report provides information on the progress and development of Nottingham City's Joint Strategic Needs Assessment (JSNA) for 2021/22. The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities for Nottingham's citizens.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to note and endorse the 2021/22 workplan and the progress and development of the Joint Strategic Needs Assessment.

Contribution to Joint Health and Wellbeing Strategy:

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

enabling its citizens to have good health and wellbeing	
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How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
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JSNA authors consider mental health impact alongside physical health. In addition, several chapters focus specifically on mental health topics.

Background papers:	
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Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.	
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	None
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JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT 2021

1.0 Background

- 1.1 Nottingham City's Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of its citizens. The JSNA should identify the needs of citizens as well as highlight inequalities and, in doing so inform priorities, targets and commissioning decisions.
- 1.2 The City's JSNA is produced in collaboration with public health, social care, the Clinical Commissioning Group and the Crime & Drugs Partnership. Historically there are nearly 50 individual chapters covering clinical topics such as diabetes, behavioural topics such as smoking, and vulnerable client group chapters such as adults living with severe multiple disadvantage; however ongoing reductions in capacity over several years have made this number of chapters difficult to maintain.
- 1.3 This report provides Nottingham City's Health and Wellbeing Board with an annual update on the JSNA; including key achievements since the last Annual Report in September 2020 and the 2020/22 work plan.

2.0 Key Achievements

- 2.1 Since the last update to the Health and Wellbeing Board in March 2021, which endorsed the proposed new approach, the JSNA steering group has met sporadically to provide overall guidance. However ongoing pandemic response across the health and social care system has curtailed a refresh of the JSNA process and the holding response has largely continued.
- 2.2 **Place-based JSNA pilots**
City and county public health colleagues have been meeting to align JSNAs with Nottingham & Nottinghamshire Integrated Care System (ICS) functions and geography. Work has commenced to produce two place-based JSNA pilot products in the city. Bulwell and Top Valley PCN and City East PCN, two accelerator PCNs have been chosen to test the concept. A working group has been set up to produce the products and a steering group to oversee development. Further detail on the place-based work is contained within Appendix 1.

3.0 The 2020/22 Work Plan

3.1 Chapter and Content Development

The annual chapter prioritisation process to finalise the JSNA work plan for the forthcoming year did not occur in spring 2020 or spring 2021. A pragmatic approach was endorsed by both the JSNA steering group and Health and Wellbeing Board as the pandemic was prioritised. This entailed supporting authors who had capacity to complete routine updates e.g. the Demography chapter, or are due for a mandatory update e.g. the PNA or authors have volunteered an update e.g. Children and young people special educational need and disability (SEND).

- 3.2 Three chapters have been published since the last Annual Report, and a further four are nearing completion. Three chapters continue to be 'stuck' as authors have been reassigned to Covid work. The two new place-based pilot products will also be produced. Further detail on the 2020/22 work plan is contained within Appendix 2.

DRAFT REPORT ON CONDUCTING A PILOT FOR 'PLACE BASED' JSNA METHODOLOGY IN NOTTINGHAM CITY

CONCEPT

Background

Following the ascent of the Health and Social Care Act 2012, local authorities and CCGs have an equal and explicit duty to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS), through the Health and Wellbeing Board¹. More recently, the latest amendments to the Health and Care Bill include a section which requires local authorities and their partnership committees to have regard to local needs in exercising their functions².

Historically this Joint Strategic Needs Assessment Process has consisted of chapters of detailed information each based on a specific subject. The range of subjects cover clinical conditions, social phenomena, environmental issues, population groups and other areas. Over 50 such chapters have been compiled and updated for Nottingham since 2012.

Project

This project looks at health needs from a different angle. Instead of the focus being on specific subjects this method will focus on place or locality. This will be a place based profile approach. It will take the form of an investigation into the populations of two pilot areas in the City of Nottingham.

Methods and Test of Concept

The profiles will be made up of existing and (as appropriate) new information. There are a various activities, at neighbourhood level, where local narratives are in existence and/or in development, particularly in these two target localities. These include such activities as provider surveys of families with low uptake of childhood vaccines, reports from meetings of different professional views of neighbourhood access barriers and assessments of wider determinants of health by neighbourhood teams, (such as profiling work being developed for Top Valley). When the 'current state' is gathered in and reviewed it will provide the picture as it stands. We will then be in a position to consider how best to go forward.

This should lead us on further, to a comprehensive 'drilled down picture of each of the two accelerator PCNs. It may include further enquiries, using methods mentioned above or other qualitative tools such as surveys, interviews, focus groups and more. The qualitative information will be enhanced with the quantitative population health statistics that already exist in our PCN profiles. The end products will then be mapped into, PCN specific, infographics and established on the internet as a (closed test bed) interactive web site. The results will be provided to the relevant PCN / ICP management teams to test them and to assess how they can be incorporated into future management. The conclusions of this review will deliver the finished product.

The test of the concept conclusions will inform us on how to go forward with regard to the other six PCNs.

Process to date

Meetings held with various experts and potential stakeholders have led us to believe that a PCN geography is appropriate for this exercise. Figure 1 below shows the locations of the 8 PCNs in one map and that of the 20 electoral wards in the other. While they are not exactly co-terminus, the overlay of the two PCNs in question over their constituent electoral wards allows for a quite reasonable approximation of territories. This is important, as a key part of this development will be the input of Council neighbourhood development officers. Discussion with the Head of the neighbourhood development team has identified two such officers who will be able to match the two PCNs with local knowledge and networks.

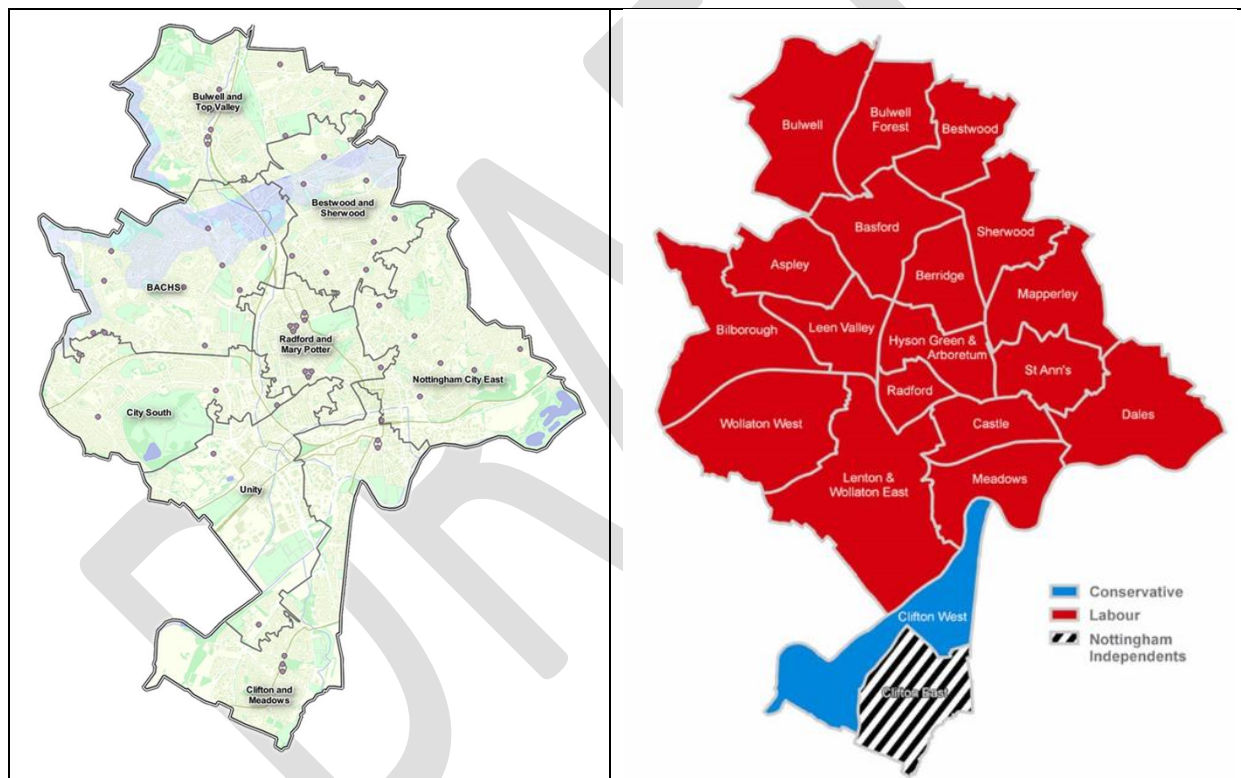


Fig 1. Comparative maps of Nottingham City showing boundaries of PCNs (L) and electoral wards.

PROJECT OUTLINE

This project will take the form of an investigation into the populations of two pilot areas in the City of Nottingham. The pilot areas proposed are the localities covered by two primary care networks. These are Nottingham City East PCN and Bulwell and Top Valley PCN. These areas have been chosen because they have significant areas of deprivation, they contrast somewhat demographically in terms of culture and ethnicity and they represent the two 'PCN Accelerator Sites' in the city. The

investigation will focus primarily on the users' view of health needs, directly and indirectly. This means enquiring about accessibility and barriers to care, as seen by individuals currently assumed to have high, unmet needs.

Approach

The 'place based approach' means that specific localities are the subject of detailed investigation. The results of the work will be a representation of the target population in a format dominated by info-graphics. Our aim is that these reports will comprise text, images, data and other attributes displaying that population's needs in a way that is easy to view and relatively simple to understand.

Direct enquiry may involve approaches using qualitative methods such as focus groups, surveys, interviews and co –design exercises, etc. Indirect enquiry will involve collating extensive material already gathered from these neighbourhoods (see sources). In addition, scientific evidence and reports from other communities will be considered. These profiles will be enhanced with the existing quantitative information from PCN population health needs profiles.

Population Health Management

There is a specific element in the Health and Care Bill² aimed at enhancing planning at the local level, through *population health management*. This project should assist the development of population health management by way of a broadened perspective on the health of the local population. It takes in the wider determinants of health and acknowledges the crucial role of communities and local people.

'Population Health Management' is an important tool for planning and designing new models of care. Planning is a continuous cycle commencing with critical health needs analysis. This is followed by evaluation of our current capability to respond to need, which identifies gaps in our existing services. New plans are designed to address the gaps. The broader our scope of needs analysis the more effective will be the new plans at improving health and wellbeing and reducing burdens of ill health. Moving our focus incrementally to incorporate more prevention will produce more effective plans and better use of resources.

Primary Care Network Planning

The top priority for PCNs in the recently published NHS Plans for Primary Care Networks⁴ is to improve prevention and tackle inequalities in the delivery of primary care. This requires an understanding of inequalities at the local level.

Specifically within the planning guidance PCNs are asked to work from October 2021 to identify and engage a population experiencing health inequalities within their area. They are then expected to co-design an intervention to address the unmet needs of this population, by March 2022. Thereafter they will be expected to deliver the intervention in 2022 -23.

This project will test the role of this type of place based JSNA within the PCN and hopefully provide initial steps in identifying local inequalities and some of the means for addressing them as required for primary care planning .

Time frame

Initial work commenced in late May 2021 and it is planned to produce a preliminary report by the end of October, on this test of concept. We are using the two accelerator PCNs. Thereafter, it is hoped that, following responses to the report, the establishment of a programme of work to continue the developing the process and broadening it to encompass the remaining six PCNs will go ahead.

Next steps

Preliminary exploration work led to identification of significant resources in the local area which when collated will provide an early outline. Local oversight and executive groups are now in place and helping to deliver initial product, after which there will be report production and feedback.

References

1. Joint Strategic Needs Assessment, Nottingham Insight 2021
<https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/>
2. Health and Care Bill Part 1 –Health Services in England: integration, collaboration and other changes, P31 Item 6; A Bill to make provision about health and social care, ordered by the House of Commons to be printed 6th July 2021.
3. NHS Integrated Care Systems, 2021
<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm/>

Declan O'Neill CPH Nottingham City Council, 26 Aug 2021.

Joint Strategic Needs Assessment Annual Report

Appendix 1: JSNA Work Plan 2020/22

Chapter	Expected	Owning Group	Progress
Adult substance misuse	TBC	CDP Executive Group	4
Children and young people special educational need and disability (SEND)	End September 2021	SEND Accountability Board	4
Demography	Published September 2021	JSNA Steering Group	7
Emotional and mental health needs of children and young people	End September 2021	Children and Young People's Mental Health Executive Group	5
Health impacts of Covid-19 on the population of Nottingham	End October 2020	JSNA Steering Group	2/3
Housing with excess winter deaths and cold-related harm	Published Jan 2020	Health and Housing Partnership Board	7
Musculoskeletal conditions	TBC	Greater Nottingham MSK Group	2
Noise pollution	TBC	Nottinghamshire Health Protection Strategy Group	2
Physical activity	Published May 2021	Local Delivery Pilot Leadership Board and Physical Activity, Obesity and Diet Strategic Group	7
Place-based JSNA pilots <ul style="list-style-type: none"> Bulwell and Top Valley PCN City East PCN 	November 2021	Place-Based JSNA Steering Group	1
Pharmaceutical Needs Assessment (PNA)	1 st October 2022	Nottingham and Nottinghamshire PNA Steering Group	2

Key for milestone codes

- | | |
|---|---|
| 0 | Not started |
| 1 | Engaging stakeholders and working towards a PID |
| 2 | PID agreed and working on a first draft |
| 3 | First draft completed and out to consultation |
| 4 | Incorporating stakeholder comments into final draft |
| 5 | Final draft completed and waiting for sign-off |
| 6 | Working on final tweaks |
| 7 | Published on Nottingham Insight |

JSNA Chapter - Demography

Topic information	
Topic title	Demography: the people of Nottingham
Topic owner	David Johns, Public Health Consultant
Topic author(s)	Niki Kirk, Information and Research Officer, Nottingham City Council
Topic endorsed by	JSNA Steering Group
Current version	September 2021
Replaces version	June 2020
Linked JSNA topics	Overarching topic which links to all JSNA chapters.

Executive summary

Part 1: Demographic Context

Introduction

This chapter considers Nottingham's population and how demographic factors impact on the health and wellbeing of its residents and influence the needs and demand for health and social care services. It also considers the impact of estimated population changes in the future. Where these factors relate to specific health and wellbeing issues, they are addressed within the relevant chapters in the body of the JSNA.

Summary

- The latest estimate of the City's resident population is 337,100, having risen by 4,200 since 2019.
- The population is projected to rise to 344,200 in 2028 and to 356,100 in 2043
- International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently.
- 30% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.
- The number of births has decreased in the past few years, but is higher than the start of the 2000's.
- The 2011 Census shows 35% of the population as being from BME groups; an increase from 19% in 2001.
- Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.
- White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.

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

Part 2: Social and Environmental Context

Introduction

This section outlines some of the factors affecting the social and environmental context within which the population of Nottingham City lives. It focuses on deprivation in the City; the MOSAIC geo-demographic classification of Nottingham; and issues around housing, employment and qualifications.

Some differences in health are unavoidable e.g. older people suffer more from ill-health than younger people, but many are reversible or preventable and the result of unfairness or inequality in circumstance, access to services including NHS provision, lifestyles and behaviours, themselves often determined by a range of social and environmental factors (wider determinants of health). These inequalities are considered in the second part of this section and individual chapters within the JSNA.

Summary

- Nottingham is ranked 11th most deprived district in England in the 2019 Index of Multiple Deprivation (IMD), a relative improvement on 8th in the 2015 IMD.
- 3 in ten super output areas in the City are in the worst 10% nationally (IMD 2019).
- 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation.
- Education, Skills & Training is the Indices of Deprivation domain on which Nottingham does worst, followed by Employment. The Health domain has seen a relative improvement since 2015.
- The employment rate is comparatively low (70.9% in 2020) – the number of university students only partially explains this.
- In November 2020, 51,005 working age people in Nottingham City, 22.0% of the working age population, were claiming one or more DWP benefits¹. This is higher than the national figure of 17.9%.
- 8% were unemployed (claiming Job Seekers Allowance, Universal Credit claimants not in employment, and additional claimants) in February 2021, compared with 6.6% nationally. Both figures are significantly higher than before the pandemic.
- More than half of jobs in the City are taken by people living elsewhere – people working in higher order occupations are more likely to live outside the City.
- The median gross annual income of full-time working City residents was £25,400 in 2020.
- There are high levels of child poverty in the City. In 2017/18, 40,700 children and young people lived in workless or low income households.
- 6.4% of people of aged 16 to 64 have no qualifications, compared with 6.2% nationally.
- Rates of car ownership are low, particularly amongst pensioners living alone and lone parents.

JSNA Chapter – Physical activity

Topic information	
Topic title	Physical activity
Topic owner	David Johns, Consultant in Public Health
Topic author(s)	Amanda Chambers, Strategic Lead, Active Together Nottingham
Topic endorsed by	Active Together Nottingham Leadership Board and Physical Activity, Obesity and Diet Strategy Group
Current version	May 2021
Replaces version	April 2016
Linked JSNA topics	Cardiovascular Disease (2016) Obesity (2016) Mental Wellbeing (2016)

Executive summary

Introduction

“Physical activity is the single most important way to improve your physical and mental health” Dr Jenny Harries, Deputy Chief Medical Officer for England, January 2021.

The wide range of physical and mental health benefits of physical activity for general and special populations are substantial. The evidence is particularly robust for the general adult population and for people with pre-existing medical conditions. The benefits of being active extend well beyond physical health and wellbeing.

- A 1% reduction in the rates of inactivity each year for 5 years would save the UK around £1.2 billion
- Estimated that physical inactivity costs the UK economy approximately £20 billion every year

The greatest health impact can be gained by concentrating on the inactive. The [WHO Global Action Plan on Physical Activity 2018-2030](#) also recognises the important co-benefits of physical activity that accrue to sectors and settings beyond health.

Sport England publish the Active Lives Adult Survey (conducted by Ipsos MORI) twice a year providing data and insight into activity levels of over 16s in England. The latest available report presents data from the Active Lives Adult Survey for the period November 2019 to November 2020. The latest activity levels for adults in England and Nottingham as measured through this survey are:

	Nottingham City	England
Active: an average of 150+ minutes a week	59.2%	61.4%
Fairly Active: an average of 30 -149 minutes a week	12.2%	11.5%
Inactive: less than an average of 30 minutes a week	28.6%	27.1%

Unmet needs and gaps

Despite evidence of activity levels in the city and country increasing prior to the coronavirus (COVID-19) pandemic, there continue to be stubborn inequalities in physical activity in specific groups in the community.

- disabled people and those with long term conditions
- people from lower socio-economic groups
- older people
- women
- people from Black, Asian and Minority Ethnic groups.

The disruption that COVID-19 pandemic has caused has reinforced and even exacerbated these inequalities in physical activity, significantly impacting on physical and mental health and wellbeing and quality life of these groups and now new groups whose physical activity behaviour has also been disproportionately affected by the pandemic.

- People living alone
- People without children in the household
- People shielding/self-isolating because they are at increased risk
- People without access to private outdoor space or access to green space

A focus is therefore required on helping to remove the barriers to activity and providing opportunities to people and communities that are experiencing these inequalities.

Recommendations for consideration by commissioners

1. Adopt a whole system approach
2. Adopt a co-production approach
3. Engage differently and more widely
4. Develop local and accessible activity opportunities and infrastructure
5. Improve access to green/blue space and nature
6. Support capacity in the community and voluntary sector
7. Invest most in those that need it most
8. Adopt an asset based, community centred approach
9. Be insight led
10. Adopt the recommendations from the NHS system leaders in whole systems approaches to physical activity research
11. Support disabled people to become more active
12. Support older people and those with long-term conditions to be more active
13. Support a more sustainable, strategic and joined up approach to funding opportunities
14. Embed physical activity into the recovery plans for the city



**Statutory Officer's Report for the Health and Wellbeing Board
Corporate Director of People
29 September 2021**

Ofsted Focused Visit

Towards the end of June, the Council had its Ofsted Focused Visit, which concluded on 1 July. This followed on from the last Focused Visit in February 2020. The scope of the visit was 'children in need and those subject to a protection plan', and as in all focused visits, Ofsted looked at the impact of leaders on practice with children and families.

Inspectors confirmed that we still have a lot of work to do, although they did see that the Council is making improvements to make a difference to children's lives. They acknowledged the challenging context of Covid-19 and bereavements experienced by colleagues over the last 16 months.

Staff who were interviewed were positive about the support they have received from their managers and were committed to improving children's lives. There was an acknowledgement of the continued challenges of home working.

There is no inspection rating from a Focused Visit. Our journey of improvement continues.

The report for this visit has now been published:
<https://reports.ofsted.gov.uk/provider/44/892>

Adult Social Care

Vaccination uptake continues to be high amongst internal social care staff, including staff working in our own residential and homecare provision. 73% of staff have now had both doses of the vaccine and we are continuing to encourage further uptake.

Work is continuing on our workforce development plan and recruitment and retention strategy, which are key enabler pieces of work for our transformation programme. A draft strategy is expected to be available in October.

As usual at this time of year, we are working closely with partners in Health to ensure that plans are in place for anticipated winter pressures on the system. All aspects of the Health and Care system are under significant pressure right now with increased demands and workforce capacity issues in almost all areas. This is reflected nationally, so not unique to Nottingham, with all systems working hard to seek to manage the demands.

Catherine Underwood, Corporate Director for People
September 2021

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Health and Wellbeing Board Work Plan 2021/22

Recurring Agenda Items	Lead Officer
Coronavirus Update	Lucy Hubber (NCC)
Nottingham City Place-Based Partnership Update	Dr Hugh Porter (PBP)
Joint Strategic Needs Assessment – New Chapters	Claire Novak (NCC)
Board Member Updates	All Board Members
Work Plan	Adrian Mann (NCC)

Meeting Date	Agenda Item	Lead Officer
Wednesday 24 November 2021 1:30pm	Speech, Language and Communication Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
	Strategic Co-Production	Amy Callaway (ICS)
Wednesday 26 January 2022 1:30pm	Joint Health and Wellbeing Strategy	Lucy Hubber (NCC)
	Systems Alignment for the Delivery of Integrated Care in Nottingham	Lucy Hubber (NCC) Rich Brady (PBP)
	Safeguarding Adults Board – Annual Report	Ross Leather (NCC)
	Safeguarding Children Partnership – Annual Report	John Matravers (NCC)
Wednesday 30 March 2022 1:30pm	TBC	TBC

Annual Reports	Month of Reporting
Health and Wellbeing Strategy – Annual Performance Review	May
Commissioning Reviews and Commissioning Intentions – Annual Review	May
Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January
Safeguarding Children Partnership – Annual Report	January

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.

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 and the Director of Public Health.

Report authors **MUST** discuss their reports and any presentations with Lucy Hubber (Director of Public Health, Nottingham City Council, lucy.hubber@nottinghamcity.gov.uk) before drafting their submission to the Board meeting.