

# **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 24 November 2021 from 1:35pm to 3:34pm**

### **Voting Membership**

#### **Present**

Dr Hugh Porter (Chair)  
Councillor Eunice Campbell-Clark  
Sarah Collis  
Lucy Hubber  
Michelle Tilling

#### **Absent**

Dr Manik Arora  
Councillor Cheryl Barnard  
Diane Gamble  
Sara Storey  
Catherine Underwood  
Councillor Adele Williams

### **Non-Voting Membership**

#### **Present**

Superintendent Kathryn Craner  
Stephen Feast  
Tim Guyler  
Jules Sebelin

#### **Absent**

Louise Bainbridge  
Mel Barrett  
Dr Sue Elcock  
Stephen McAuliffe  
Leslie McDonald  
Craig Parkin  
Jean Sharpe

Elaine Mulligan (substitute for Jean Sharpe)

### **Colleagues, partners and others in attendance:**

- |              |   |  |
|--------------|---|--|
| Rich Brady   | - | Programme Director, Nottingham City Integrated Care Partnership  |
| Amy Callaway | - | Assistant Director of Quality, Transformation and Oversight, NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| Adrian Mann  | - | Governance Officer, Nottingham City Council  |

### **37 Apologies for Absence**

- |                           |   |   |
|---------------------------|---|---|
| Dr Manik Arora            | - | GP Representative, NHS Nottingham and Nottinghamshire Clinical Commissioning Group                            |
| Louise Bainbridge         | - | Chief Executive, Nottingham CityCare Partnership  |
| Councillor Cheryl Barnard | - | Portfolio Holder for Children and Young People, Nottingham City Council                                       |
| Mel Barratt               | - | Chief Executive, Nottingham City Council  |
| Dr Sue Elcock             | - | Medical Director and Executive Director of Forensic Services, Nottinghamshire Healthcare NHS Foundation Trust |
| 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
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Sara Storey	-	Director of Adult Social Care, Nottingham City Council
Catherine Underwood	-	Corporate Director for People, Nottingham City Council
Councillor Adele Williams	-	Portfolio Holder for Adults and Health, Nottingham City Council

### **38 Declarations of Interests**

None.

### **39 Minutes**

The minutes of the meeting held on 29 September 2021 were confirmed as a true record and signed by the Chair.

### **40 Co-Production in the Nottingham and Nottinghamshire Integrated Care System**

Amy Callaway, Assistant Director of Quality, Transformation and Oversight at the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), presented a report on the Integrated Care System's (ICS) approach to working with people and communities in relation to co-production. The following points were discussed:

- (a) the ICS has a commitment to working with people and communities to shape healthcare services that are suitable for and accessible to all people and all partners in all areas. The ICS aims to ensure meaningful involvement in co-commissioning and co-development, in a context of substantive culture change. Strategic co-production represents working with people and communities to ensure that a collective voice is heard as part of a real focus on equal and reciprocal relationships, and it is intended to improve outcomes for individuals by achieving a greater confidence and ownership of services that have been co-designed;
- (b) the ICS' three key aims are to embed co-production in all work across the Nottingham and Nottinghamshire area as the default position; to embed genuine co-production within all elements of system design and delivery; and to involve people in the co-design and co-commissioning of systems and services in a meaningful way, as a powerful voice alongside those of the professional organisations. The key principle is to build upon the co-production best practice, expertise and learning that has taken place already across the health, social care and voluntary sector organisations, both locally and nationally;
- (c) delivery will be carried out under an umbrella, ICS-wide co-production strategy. A toolkit will be provided to ensure that everyone has the equipment and skills needed to co-produce effectively, and the resources and training will be made

available through an accessible platform. A strategic co-production group will be established to work across the ICS, including people with lived experience to advise on system design, delivery and commissioning, along with key champions to support the co-production approach;

- (d) system-wide co-production steering and working groups have been established, including executive director-level partner representation, to provide strategic direction on the development of the co-production approach and to scope and develop detailed proposals using local and national best practice. It is the intention that 50% of the people on the steering and working groups will have lived experience. The working group has a focus on developing as diverse a representation in the co-production process as possible by actively seeking to engage with and include people who have not typically been involved before;
- (e) the CCG and the Nottingham Community Voluntary Service are also engaging with communities on how they can work with them as part of the recovery from the Coronavirus pandemic, and are providing training and support to communities that are not currently equipped to engage effectively on how services are delivered, to help them to achieve a stronger voice;
- (f) work will be carried out to maximise access to peer networks and learning from other regional and national best practice. Steps are also underway to align development work with regional and national strategies, including the development of the new Nottingham City Joint Health and Wellbeing Strategy. As part of embedding co-production across the system to achieve improved services with lived experience at the heart, a robust review and evaluation process will be put in place, to ensure a clear system direction for the future. It is proposed to have an overall strategy in place for April 2022;
- (g) the Board acknowledged that the ICS co-production proposals represent a high-level, system-wide strategy to set aspirations. Ultimately, clarity will be needed on what specific areas and particular services will benefit most from co-production, to ensure that people with the right lived experience can be involved. It will also be vital to establish what the intended outcomes for the people and communities participating in the identified areas of co-production will be, and how those outcomes will be seen to be delivered;
- (h) the Board considered that as many people as possible must be involved in co-production, and that every effort should be made to reach those people with lived experience who are not normally known and involved in service development processes. The range of voices heard should be broad, rather than narrowly selected. Strong engagement is required with emerging communities, and those involved in co-production must be able to see the process resulting in tangible outcomes for them;
- (i) the Board noted that co-production involves working directly with a relatively small number of people. It is therefore important that those people are widely representative and that a full range of voices can be heard in decision-making, so that the services put in place are a meaningful response to the needs identified by communities. As such, culture change is required so that partners can adapt creatively to hearing and responding to the voice of communities in as many ways

as possible, particularly those that face challenges in communicating their needs, and to enable communities to have more control over the services put in place;

- (j) the Board felt that it is also important that an assurance process is in place to show that community voices will reach and inform the work of the Integrated Care Partnership (ICP) Board, and that the impact of community voices at this level can be demonstrated through the ICP Board's decision-making on issues such as commissioning. Careful consideration is required on how to best support communities achieve what they want to see in their healthcare services, and on how to show clearly that co-production is present, meaningful and taken seriously by partners at all levels of the system.

The Board thanked the Assistant Director of Quality, Transformation and Oversight for her presentation on co-production, and noted the report.

#### **41 Development of the Joint Health and Wellbeing Strategy for Nottingham City**

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 development of the new Joint Health and Wellbeing Strategy (JHWBS) for Nottingham City. The following points were discussed:

- (a) the Health and Wellbeing Board has a statutory duty to develop a JHWBS, which requires partners to work together to develop a collective understanding of the needs of the local community and agree joint priorities for addressing them, to improve health and wellbeing outcomes and reduce health inequalities;
- (b) the previous strategy was published in 2016 and expired in 2020. Over the last two years, the city, its residents and the health and wellbeing system have experienced the substantial impacts of the Coronavirus pandemic, which has highlighted and further exacerbated existing health inequalities. Following changes within the NHS, the revised JHWBS will form the key place-level strategic plan for the Integrated Care System's (ICS) work to address health inequalities in Nottingham. The new JHWBS must be brought into effect during March 2022, and the implementation processes for the priority areas will then begin in the first quarter of 2022/23;
- (c) it is vital that the strategy represents an active, interactive and public-facing document that is used to identify and deliver areas of system change, to make a real difference for the city population. There will be an important focus on the recovery from the Coronavirus pandemic and on reducing the drivers of health inequality. It is vital that the strategy is informed by lived experience, and all partners need to take ownership for its delivery;
- (d) the previous strategy took a broad approach in identifying priorities, which made effective delivery in a given area a significant challenge. Ultimately, it is not possible to address all the identified issues together and at once. As such, the new JHWBS will be very focussed and specific, highlighting areas and setting priorities for joint action where collective efforts will have the greatest real impact;

- (e) there are six key underpinning principles for the proposed JHWBS. Its priorities will be developed on the basis of the known data and intelligence, the local strategic priorities and the national legislation and policy, together with consultation with communities and people with lived experience. An engagement session led by the Nottingham Community and Voluntary Service and Healthwatch Nottingham and Nottinghamshire is being planned for December 2021 / January 2022, with wider engagement to follow;
- (f) there are major challenges in Nottingham regarding healthy life expectancy, and there are only two other regions in the country where the healthy life expectancy for women is lower. Overall, women in Nottingham are leading shorter lives, with one third living in poor health – which is contributed to by issues such as smoking, drug use, alcohol consumption, poor diet and air pollution. Work is underway to address an increasing trend in smoking, and growing levels of obesity;
- (g) it is vital that the new JHWBS is based around a specific Nottingham public health model. The opportunity for a health life is also being approached in the context of household income, unemployment and deprivation. There has been a focus on both changing behaviour and providing the right healthcare services, but these approaches need to be brought together to address the wider determinants of health effectively within communities. It is important to wrap provision around the individual, with parity given to meeting both physical and mental health needs. Work will be carried out with communities and individuals to achieve suitably tailored healthcare approaches. In the context of addressing the wider determinants of health, it is also important to engage with employers and housing providers;
- (h) a series of workshops took place between partners earlier in the year to discuss how the JHWBS could be delivered effectively. It will be important for partners to work together to agree and develop focused programmes for delivery in partnership. It is proposed that the Health and Wellbeing Board will oversee the development of programmes by a Nottingham City Place-Based Partnership (PBP) Executive Board, which will deliver the outcomes set out in the JHWBS. A PBP Programme Board will monitor the progress and secure the successful delivery of PBP programmes. Programme Leads will be identified for each JHWB strategy priority work stream, each of which will have an executive sponsor, and will be resourced by the partners. Individual programmes will then be lead by a designated partner organisation;
- (i) the Board welcomed the proposed principals of the new JHWBS, which seek to address health inequalities through their wider determinants. All elements of a person's life have an impact on their health, so an overarching, full-system approach and engagement is needed to improve services and delivery – particularly for people with especially complex needs. All partners should be able to communicate what they are doing within the strategy, and how it is making a difference;
- (j) the Board observed that it is positive for the strategy to focus closely on a smaller number of areas, to be able to show real change. The social care system should be accounted for appropriately in the strategy, with parity given to the people working in every area of the local public health model. A particular focus should

be given to how the healthcare system works with the voluntary and community sector. There are ongoing challenges in addressing deprivation and poverty, which form the root of wider health issues, and a good economic position is needed to be able to deliver the strategy properly – particularly when there are risks around funding for services being lost;

- (k) the Board considered that the proposed strategy represents an opportunity to make a real difference by listening to and supporting communities on the delivery of their local services, and then enabling community schemes to be delivered more widely. As such, meaningful co-production should be carried out at the level where it will make a visible difference, rather than solely at the strategic level.

**Resolved to approve the direction of travel of the new Joint Health and Wellbeing Strategy for Nottingham City as set out in the report, and the timescales for its development and approval, including the plans for stakeholder and community engagement in the development of the strategy and its shared priorities, and the intention for co-produced delivery plans.**

#### **42 Nottingham Community and Voluntary Service - 'State of the Sector 2021' Interim Report**

Jules Sebelin, Chief Executive of the Nottingham Community Voluntary Service, presented a report on the findings of the recent 'State of the Sector' survey for Nottingham's voluntary and community services. The following points were discussed:

- (a) the survey was carried out in the summer, with responses returned from a wide range of charities and community groups of various sizes. Work has started on processing the results of the survey, with a final report to be completed during December;
- (b) the sector has demonstrated adaptability and resilience over the last 18 months. The statutory services responded well to supporting people during the Coronavirus pandemic, though a great deal of delivery relied on a large number of volunteers working at the community level. However, although organisations were able to pivot quickly to respond to the crisis, there has been very little opportunity for them to plan for the future. More organisations are now working together in a collaborative way to provide services, rather than competing against each other for scarce funding. There is also very close working in place with the public sector;
- (c) the sector has a number of sources of income, with some funding increased for Coronavirus response and recovery, though the availability of this emergency funding is now declining. However, 47% of the organisations surveyed reported that the funding they receive does not cover all of their costs, and only 48% considered their funding situation to be stable. Funding challenges appear to be particularly pronounced amongst the medium-sized organisations. Work is underway to analyse whether the rise in grants during the pandemic represented enough funding to cover the necessary costs of delivery, or whether organisations were still working with a funding deficit;

- (d) core costs are a significant problem for the sector as they are often not covered by the external funding available, so organisations have to use reserves to support their service delivery, rather than for investment in development. Reserves are difficult to generate, and reserves levels are declining. Increasing inflation is causing issues and, as the sector is a major employer, it is important that organisations are able to pay a living wage. However, the requirement for organisations to close budget gaps can have significant knock-on effects, both for staff and service users;
- (e) securing a sustainable funding base is a significant challenge for most organisations. Successful funding bids are difficult to produce and need to be done by skilled people, but it is difficult to recruit experienced bid-writing staff, and there are also technical skills shortages in other areas. Sustainability problems can also be caused where a significant level of funding is granted to enable an organisation to grow, then leading to that organisation becoming funding-dependent in order to maintain its expanded service provision, particularly in the current context of rising levels of referrals. As such, a sustainable model of strategic investment in the sector by both national and local government is vital;
- (f) volunteers are essential and a huge number came forward during the pandemic, though volunteers were not used to replace paid staff. Volunteering levels still remaining high, with volunteers now also returning to certain sectors that had to close during the pandemic. Volunteers carry out critical delivery work, but it is also vital that organisations have the capacity to manage and support them fully and effectively. There are significant challenges in volunteer leadership roles, which themselves may be filled by a volunteer, and the proper support structures must be in place. It is also important that the right infrastructure is present to ensure that volunteers recruited through national and regional campaigns can then be deployed effectively at the local level;
- (g) the Board noted the challenges of grant dependency in the sector, particularly in the context of declining funding levels, while the levels of referrals are growing as a result of the Coronavirus pandemic – often due to backlogs in GP and hospital appointments. The current situation is very changeable and measures must be taken to ensure that community assets are preserved. The sector enables provision that cannot always be delivered directly through the statutory services, and it is not possible for these services to be delivered in the context of a commercial business model. There is scope for reconsidering how the voluntary and community sector is defined in terms of providing ‘value’, which could be better expressed as how it can improve ‘quality of life’;
- (h) the Board considered that there is a real need for strategic investment in the sector, with support for capacity building present in the system to help organisations develop financial sustainability and continue effective service provision. It recommended that serious consideration is given to strategic investment at both the Place-Based Partnership and Integrated Care System level.

The Board thanked the Chief Executive of the Nottingham Community Voluntary Service for her presentation on the results of the ‘State of the Sector’ survey, and noted the report.

#### **43 Nottingham City Place-Based Partnership Update**

Rich Brady, Programme 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) good progress is being made within the Black, Asian and Minority Ethnic health inequalities programme, with positive work taking place between partners and communities to address structural and racial inequalities, including senior participation from the regional Integrated Care System. A maturity matrix is being co-designed to assess how responsive service provision and commissioning is to specific community and cultural needs. The final matrix is expected to be ready for use in early 2022, but it is vital that all partners take real action to support the elimination of structural and racial inequalities following the assessment process;
- (b) the current flu vaccination programme is not progressing as quickly as last year, and there have been some problems around vaccine supply. However, a great deal of strong partnership working is underway to ensure that everyone can access a vaccine, with better data sharing now in place between acute, community and primary care services;
- (c) a successful bid has been made to the national 'Changing Futures' programme, securing over £3.5 million to support people experiencing severe multiple disadvantage in Nottingham. Recruitment is underway for programme delivery roles;
- (d) positive activity is underway between care providers on how partners can support each other effectively, with a particular focus on how the significant demand on the healthcare services can be managed successfully by working together differently. Work is taking place to investigate how a Place-Based Partnership structure can be developed to become as an effective service delivery vehicle as possible.

The Board noted the report.

#### **44 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 levels have been stable over the last few months and, although numbers are now starting to rise in line with the general national trends, the rate of increase is lower than the national average. There have been no specific outbreak cases, but the virus is being transmitted generally through communities, often due to increased levels of social contact;
- (b) the current increase in cases is being seen across most age groups, with higher levels occurring amongst school-age children – particularly those in primary school. As such, schools are being monitored very closely. The over 60 age group



saw a growth in cases towards the end of September and start of October, but there is a high level of vaccination in this demographic and the case levels are now declining again;

- (c) the Board considered that it is important that people should continue to wear effective face coverings wherever possible, as Coronavirus is clearly still present within communities. It hoped that partners will continue to carry out strong messaging both locally and nationally, in order to do everything possible to stop the virus spreading further.

The Board noted the update.

#### **45 Board Member Updates**

Board Members provided the following updates:

- (a) Catherine Underwood, Corporate Director for People at Nottingham City Council, submitted a report on the current work being carried out by the Council's Children's and Adults' Services;
- (b) Sarah Collis, Chair of Healthwatch Nottingham and Nottinghamshire, reported that Healthwatch's annual general meeting will take place on Thursday 2 December. Healthwatch is aiming to recruit members to its Board of Trustees, and is also seeking other volunteers, who can provide support at a strategic level, and will be circulating further information on the opportunities available.

The Board noted the updates from members.

#### **46 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.

#### **47 Future Meeting Dates**

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