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Nottingham City Council

Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 March 2022 from 1.32 pm - 3.31 pm

✓ indicates attendance.

Voting members		
✓	Sarah Collis Chair	Representative of the Healthwatch Nottingham and Nottinghamshire Board
✓	Councillor Cheryl Barnard Portfolio Holder for Children and Young People	Nottingham City Council's Portfolio Holder with a remit covering Children's Services
✓	Councillor Eunice Campbell-Clark Portfolio Holder for Leisure, Culture and Schools	Two further Nottingham City Councillors
	Councillor Jay Hayes Executive Assistant for Health and Culture	
	Dr Hugh Porter (Vice Chair) Clinical Director, Nottingham City Integrated Care Partnership	Four representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group
✓	Dr Manik Arora GP Representative	
	Michelle Tilling City Locality Director	
	<i>Vacant</i>	
	Catherine Underwood	Corporate Director for People, Nottingham City Council
	Sara Storey	Director of Adult Social Care, Nottingham City Council
✓	Lucy Hubber	Director of Public Health, Nottingham City Council
	Diane Gamble Deputy Director of Strategic Transformation – North Midlands	Representative of NHS England

Non-Voting Members

	Tim Guyler Assistant Chief Executive	Representative of the Nottingham University Hospitals NHS Trust
	Dr Sue Elcock Medical Director and Executive Director of Forensic Services	Representative of the Nottinghamshire Healthcare NHS Foundation Trust
✓	Lou Bainbridge Chief Executive	Representative of the Nottingham CityCare Partnership
✓	Stephen Feast Director of Housing	Representative of Nottingham City Homes
	Superintendent Kathryn Craner Area Command for the City	Representative of Nottinghamshire Police
✓	(Elaine Mulligan substituting) Jean Sharpe District Senior Employer and Partnerships Leader	Representative of the Department for Work and Pensions
	Emma Rowsell Director of Student and Campus Life, University of Nottingham	Representative of Nottingham Universities
	Craig Parkin Deputy Chief Fire Officer	Representative of Nottinghamshire Fire and Rescue Service
	Leslie McDonald Executive Director, Nottingham Counselling Centre	Up to two individuals representing the interests of the Third Sector

✓	Jules Sebelin Chief Executive, Nottingham Community and Voluntary Service	
✓	Mel Barrett	Chief Executive, Nottingham City Council

Partners, Officers and others in attendance

Matt Juran

Mark Andrews

Amanda Chambers - GreenSpace Social Prescribing Programme Manager

Catherine Ziane-Pryor – Governance Officer

60 Changes to Membership

Emma Rowsell has replaced Andy Winter as the Representative of Nottingham Universities

61 Apologies for Absence

Catherine Underwood

Craig Parkin

Richard Brady

Jean Sharp

Hugh Porter

David Murray

Tim Guylar

Kathy McLean

Kate McCavendish

Sarah Storey

Dr Susan Elcock

Ciara Stuart

Michelle Tilling

Kathy Mclean

62 Declarations of Interests

None.

63 Minutes

The minutes of the meeting held on 26 January 2022 were confirmed as a true record and signed by the Chair.

Action: With regard to the recommendation of minute 52, Suicide Prevention, the City Council is yet to formally identify a named Mental Health Champion to assist with co-ordinating engagement with the Suicide Prevention Stakeholder Network, facilitating participation in the mental health and suicide prevention training needs assessment, and supporting the embedding of suicide prevention activities across the system. **This is to be co-ordinated by the next meeting.**

64 Update on Greenspace Green Social Prescribing Programme in Nottingham

Amanda Chambers, GreenSpace Programme Manager of Nottingham Community and Voluntary Services (NCVS), introduced the report and highlighted the following points:

- a) in partnership with City and County stakeholders, Nottingham Integrated Care Service (ICS) were successful in bidding to run one of the seven ‘test and learn green social prescribing’ pilots across the country as part of a cross-government project, for which £5.77 million has been allocated;
- b) in recognition of the fundamental role which the voluntary and community sector play in the supply of green social prescribing and social prescribing in general, NCVS has been contracted to manage and deliver the programme across the City and County;
- c) phase one of the programme, starting in April 2020, was focused within city, whilst phase two will move into the county, concluding in 2023;

- d) the Green Social Prescribing Pilot (GSPP) was initially proposed for two years to look at how to increase the use and connection to the natural environments via referral to green and/or blue social prescribing services to help support and improve mental and physical health and well-being in preference to clinical interventions such as medication;
- e) for patients judged to be appropriate, the programme is accessed via GP or mental health services referral and provides different levels of support and engagement dependent on the individual's needs. For patients with more complex needs, support workers will provide additional support, whilst the majority of those accessing the programme will be guided by a care worker or social prescriber;
- f) as illustrated in the presentation attached to the report, there are four mental health levels which have been developed with the Mental Health Trust to help Social Prescribers and Green Providers make appropriate referrals. NVCS works with providers to ensure they have the level of skills required for this work;
- g) there are currently between 30 and 35 trusted Green Space Providers within the Nottingham and Nottinghamshire pilot framework which includes stand-up paddle boarding and kayaking;
- h) more than 168 individuals with serious and complex mental health needs have been engaged to date;
- i) the aim is that green social prescribing will become a mainstream feature in the range of activities and that engagement offered will expand to provide a menu of activity and experience options to meet the needs of all social prescribers;
- j) co-production workshops have been held with partners to ensure referral and engagement processes are as easy and effective as possible;
- k) the range of providers is expanding from water-based activities in the city on the canal with Canal & River Trust, Walking for Health/Wellbeing walks collaboration across city and county, engagement with the Community Gardens Trust and some allotment associations including St Anne's, and conservation work;
- l) work to identify barriers for people engaging has resulted in Prescription Pathway Enablers which include : Shareware/Rohan clothing schemes (for items such as wellington boots and work wear), community transport, addressing access issues to parks and open spaces, making access easy and equitable, along with a green buddy scheme for those who lack confidence to enter new environments on their own;
- m) health professionals came together on January's 'Blue Monday' made it green by promoting all aspects of green prescribing and raising mental health awareness;
- n) there are currently 80 link workers established across the city and county who support patients to take part. The value of the programme is recognised by so many health professionals, that demand for the service is high and this number needs to increase;
- o) the value of green assets has been further evidenced but strategic investment is vital to ensure sustainability and ease of access for citizens to access green space benefits;
- p) the voluntary and community sector are key providers and NCVS continues to work hard to further improve relationships and links with the voluntary sector.

Questions from Board Members were responded to as follows:

- q) community providers for both mental and physical health are fully connected to the programme;
- r) activities such as walking, need not be organised or structured events as benefit can be had from a 10 minute walk around your local neighbourhood. All aspects of walking should be considered as of some benefit;
- s) data capture from the scheme is ongoing and results not yet available but these will be shared with the board and partners once correlated;
- t) Green space social prescribing is open to everyone of all ages but the current focus is on adults. Investigations have started regarding how young people and children may be supported and NVCS is working with Base 51 mental health workers to identify a model which would be considered attractive to young people.

Comments from Board Members included:

- u) the phrase 'prescribing' is very formal and medical which may intimidate green providers and leave them feeling that their risk is greater than it actually is. It may also be off-putting to some patients and citizens who may enter the programme through non-medical referrals;
- v) the value of green space prescribing is clear. The scheme is very welcome and inspiring;
- w) whilst green space prescribing helps patients and citizens connect with nature, it doesn't solve the issue of loneliness, so group activities, the green buddy element, and initial support with engagement are very much welcomed;
- x) helping citizens connect with the full age range of citizens in their communities is valuable;
- y) although acknowledging that GPs are in a position to engage with those who may benefit from social prescribing, ideally citizens should be able to access services independently themselves without professional signposting;
- z) providing appropriate clothing, even on loan, is important to ensuring engagement;
- aa) in the longer term participants may benefit from further enjoyment of green spaces if they feel they can help maintain that space, such as in the role of a 'green champion', or a member of a 'friends of group';
- bb) the universal self-referral offer is valuable and needs to be made sustainable;
- cc) careful use of language is required, such as mental well-being, which is more positive than mental health, and an alternative phrase to prescribing would be beneficial;
- dd) not all green spaces are recognised as accessible or appropriate by citizens, this could be addressed in promotional material;
- ee) with regard to the value of citizens taking ownership of green space, there may be potential for Nottingham City Homes resources to join with city resources to encourage citizen ownership of spaces which will benefit the whole community;
- ff) the evidence of the success of green social prescribing is immensely strong but support for self-direction is also important. Local green and open spaces were well used during the period when we couldn't go elsewhere, but since coronavirus movement restrictions have been lifted, use has dropped off;

- gg) having worked with communities in Bulwell and Top Valley and the Primary Parliament, issues raised show a common understanding of how exercise is linked to health and wellbeing even from primary school aged children. Further linking green space social prescribing with the 'Child Friendly City' agenda would add a sense of security for young people;
- hh) it's important to normalise outdoor socialising and activity around green spaces and make exercise a normal part of everyday life, not just a specific slot in the day or week.

Action

- i. further conversations are required, including asking link members to think about volunteering;**
- ii. the Board needs to look at how services are brought together, share information and effectively establish links across all areas. From the case study, it is evident that there is a disconnect between resources which needs to be addressed as the value of Green Social Prescribing is huge;**
- iii. whilst its success results in increasing demand there are not necessarily the resources to ensure sustainability so this needs to be addressed, possibly by feeding into the Health and Wellbeing Strategy but the data from the programme will help support this once it is available.**

65 Joint Health and Wellbeing Strategy for Nottingham City

Lucy Hubber, Director of Public Health, Nottingham City Council, presented the report which provides the final draft of the Nottingham City Joint Health and Wellbeing Strategy for member's approval.

The following points were highlighted in summary;

- a) the document attached to the report is based on discussions to date and very relevant;
- b) in time progress updates will be available online;
- c) once further developed an implement plan will be brought back to the Board;
- d) the next stage of work in the first year quarter will be work with communities and look at delivering '1 statements' outcomes;
- e) a programme lead will be appointed for each of the four work streams of Smoking and Tobacco Control, Eating and Moving for Good Health, Severe Multiple Disadvantage, and Financial Wellbeing;
- f) Public Health is finally in a position to help make changes but partners also need to be on-board;
- g) the NHS is now promoting 'Core20Plus5' to accelerate changing long-term inequalities in five clinical areas, so development in the next three months will be very important.

Comments from Board members included:

- h) the development of the placed based partnership is welcomed and will strengthen the ability to meet the key duties of well-being;
- i) further promotion could be done within the industry on how working partnership can positively impact finance and efficiency;

- j) it's a natural flaw that organisations have very singular views, but it's important they work together with communities to formulate coherent strategies for delivering effective services;
- k) it is a good opportunity to illustrate how we can influence good health outcomes alone and together;
- l) many SMEs will be struggling across the city and need support before they can meaningfully engage;
- m) health literacy needs to be supported as it's vital that we are receptive to meaningful information and do not just deliver it;
- n) the financial implications of the health and well-being strategy are welcomed as fundamental to help citizens positively change life choices;
- o) our duty is to do whatever we can to support the city and its citizens to achieve the best health and well-being outcomes.

Resolved

- 1) to approve the proposed Joint Health and Wellbeing Strategy for Nottingham (April 2022-March 2025) as the Strategy which will shape and influence the Board's shared priorities and activities for the next three years, in order to improve health and wellbeing and reduce health inequalities in Nottingham City;**
- 2) to seek endorsement of the Strategy and commitment to supporting its delivery within members respective organisations / sectors.**
- 3) request that Programme Leads present their Delivery Plans for the Boards consideration and endorsement in July 2022.**

66 Integrated Care System Update

In the absence of Katie McLean, independent Chair of Nottingham and Nottinghamshire Integrated Care System, Lead Officer Hazel Buchanan, delivered a presentation on the Integrated Care System Health Inequalities Plan, a copy of which is circulated with the initial publication of the minutes.

The following points were highlighted:

- a) the presentation sets out how the plan provides an approach to addressing health inequalities and highlights the overarching importance of place, community and connections and the roles in addressing access to ICS as a whole;
- b) the ICS sits within a larger multi-partner plan and strategy system and includes plans for short, medium and long term timescales for addressing elements such as COVID-19 protection, accelerating preventative programs, and mental health – short term, addressing, smoking, alcohol, diet and physical activity -medium-term, addressing housing, employment, environment and education in the longer term;
- c) the NHS's 'core20plus5' describes the target population, who are experiencing poorer than average outcomes. 20% of the most deprived health groups are defined by place. It is noted that between 57% and 67% of the city's population sit within the 20% of the nationally most deprived. Five priority clinical areas have been identified due to their impact on premature mortality and were recognised as priorities in the long term plan;
- d) work is progressing and receiving funding. Next stage will look at how to integrate the newly adopted Health and Well-Being Strategy;

- e) the 'Children and Young People Transformation Plan' ensures that consideration of children and young people takes place throughout development and implementation;
- f) the transformation plan looks at how the inequalities plan will be taken forward;
- g) there is still a lot of work to be done, but to date there has been good progress and a welcome steer from the local authority;
- h) the 'enablers' of the plan include data profiling, modelling and evaluation, training, connected communities, personalisation, partnership & leadership, and research;
- i) consideration has been given to how to create the most effective learning environment which concluded that a workshop approach would bring partners together and encourage discussion;
- j) the health inequality principles are very NHS focused and work is ongoing to reflect partnership working to enable plan to move forward as effectively as possible;
- k) targeting resources to the population in most need is central to the purpose of the plan;
- l) providers need to understand and respond to the populations they serve and not just receive referrals;
- m) the draft plan will be submitted by 31 March 22, and will be further developed alongside City Council plans, such as the Health And Well-Being Strategy, in consultation with health partners;
- n) The Integrated Care System (ICS) is ambitious and is set to develop into the Integrated Care Partnership (ICP);
- o) the final ICS plan will be issued by the end of June 22, and will reflect the health and well-being strategy

Comments from Board Members included:

- p) this is a good start, but there is still much more to cover. One of the short term goals of digitally delivering care is currently mainly in English, but we need to ensure that non-English speaking citizens also have appropriate access;
- q) the 5 programs of engagement with schools is to be built on, along with engagement with anchor institutions. Workplace planning needs to start without delay;
- r) this is a brilliant draft which incorporates the themes of the Health And Well-Being Strategy, but we are still at an early stage of development and need to ensure equality is included for consideration as soon as possible;
- s) the partnership approach is welcome and necessary to ensure that the ICS plan is strong;
- t) care needs to be taken that too fast a pace of development doesn't de-rail public engagement.

Resolved to receive an update on progress to ensure the Health and Well-Being Strategy is locked into the ICS and will be an ongoing consideration.

67 Nottingham City Place-Based Partnership Update

Lucy Hubber, Director of Public Health, Nottingham City Council, presented the report which provides an update on the leadership arrangements of the Nottingham city place-based partnership, an overview

of the government's recent White Paper 'Health and Social Care Integration: Joining Up Care For People, Places And Populations', and an update on the role of the PBP in overseeing the delivery the new Joint Health and Well Well-Being Strategy (JHWS).

It is noted that Mel Barrett is taking over from Hugh Porter and that the board's thanks are presented to Hugh Porter for providing a strong foundation from which to progress.

The Board noted the update on the work being undertaken by the Nottingham City Place-based Partnership.

68 Health Protection Board Update, including Coronavirus

Lucy Hubber, Director of Public Health, Nottingham City Council, provided a brief verbal update on health protection and the duty to protect citizens, focusing on the current Covid 19 situation and impact.

The following points were included and responses provided to members questions:

- a) the Health Protection Board reports quarterly to this meeting and will provide future updates regarding COVID-19;
- b) Nationally, the rate of COVID-19 infection is easing off. However, there has been an increase in cases in the city, which have been predicted to rise further but at a slower rate;
- c) whilst there is less testing there was an increase in reported cases with surveillance data confirming the increasing cases at every level of patients, but also staff;
- d) whilst the availability of free testing, including for the majority of asymptomatic testing is redrawn at the end of the month, the plan for testing going forward will be reviewed and possibly limited to symptomatic testing only;
- e) the importance of vaccination is key to protect the population, as is an awareness of being symptomatic and good hygiene practices;
- f) citizens still need to be mindful of infection and maintain social distancing;
- g) the initial definition of 'vulnerable' as changed and the numbers considered as such, are now very small. The majority of initially classed vulnerable citizens were, at the start of the pandemic, told to be extremely careful, but this is now not the case as a result of a greater understanding of how and who virus impacts. This includes withdrawing of free testing, but tests may be purchased from pharmacies;
- h) citizens who are immunosuppressed remain in the category eligible for symptomatic testing but this does not follow through for their wider family members;
- i) it may have been helpful if clear guidance had been issued sooner. Further clarity of current guidance is required from Central Government. Although the Chair has written to the Minister requesting such, a response is yet to be received.

The Partnership Update is noted.

69 Board Member Updates

The Board Member Update report submitted by Catherine Underwood, Corporate Director for People, provided updates on the following:

- i. Holiday Activity Fund;
- ii. Children's Transformation;

- iii. Go Live of New Schools Build;
- iv. Adult Social Care;
- v. Adults Transformation Programme.

The update is noted.

70 Work Plan

The Chair presented the Board's proposed work plan for the 2022/23 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.

71 Future Meeting Dates

Agreed to note that the next meeting is scheduled for Wednesday 25 May 2022 at 1:30 pm.

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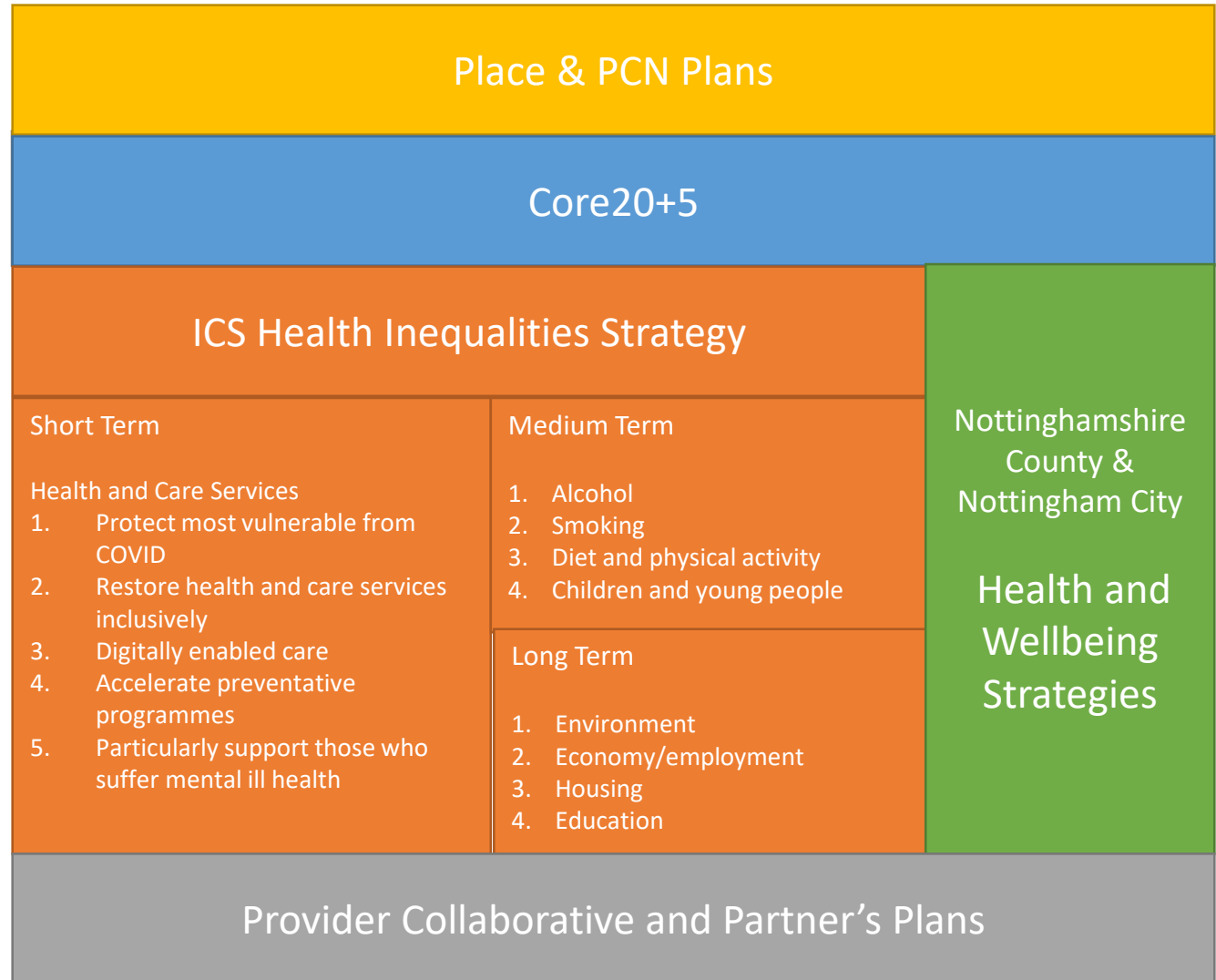
ICS Health Inequalities Plan



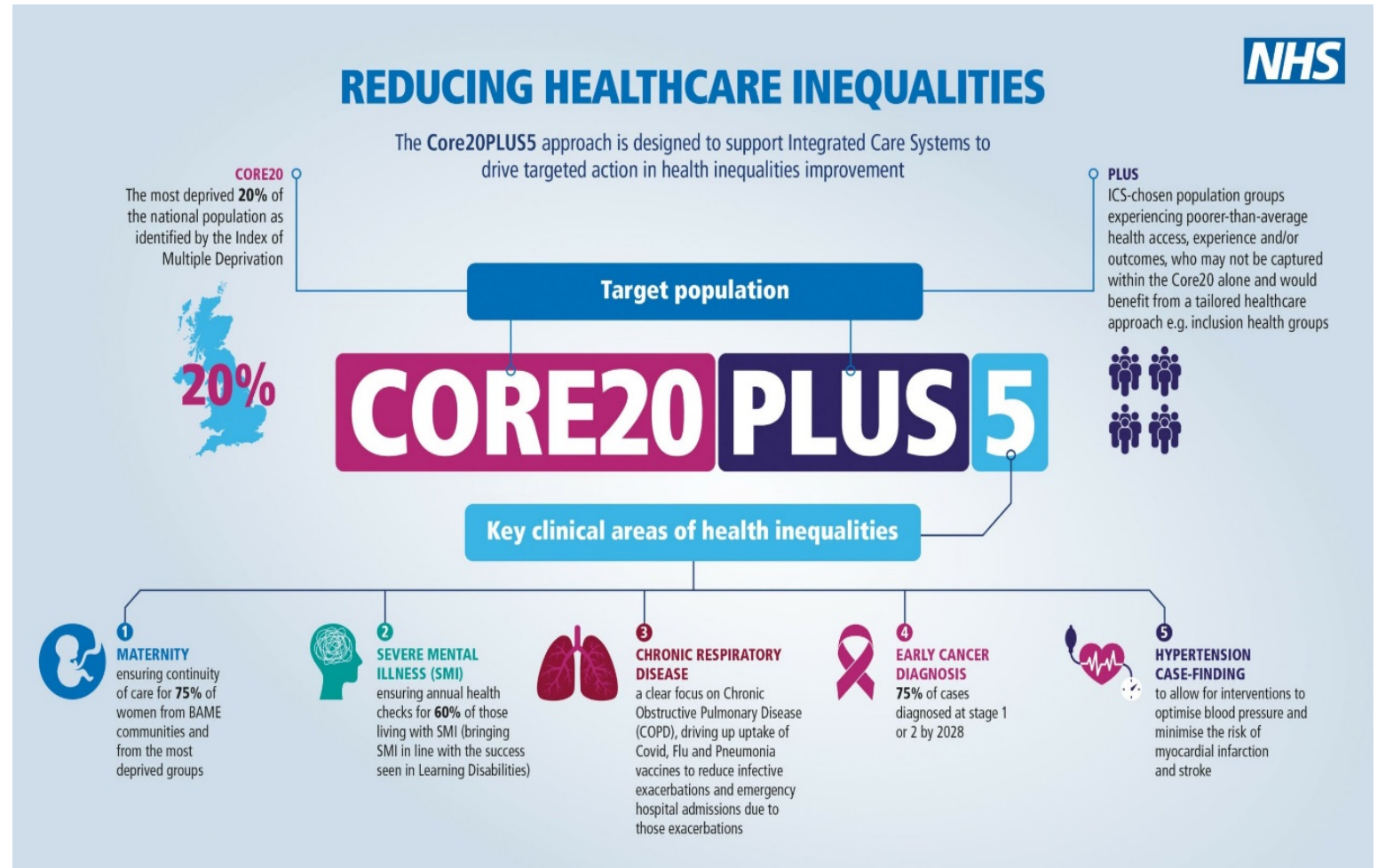
Place Based Approach to Health Inequalities



Strategies and Plans



Core20+5 Approach



Place Plans Nottingham City

Core 20 - More than half of Nottingham LSOAs fall within 20% most deprived

+ - JWHS priorities including SMD, smoking and tobacco control, health eating and physical activity, financial wellbeing

Plus place priorities including mental health, inequalities experienced in BAME communities, care leavers , community support

Initiatives

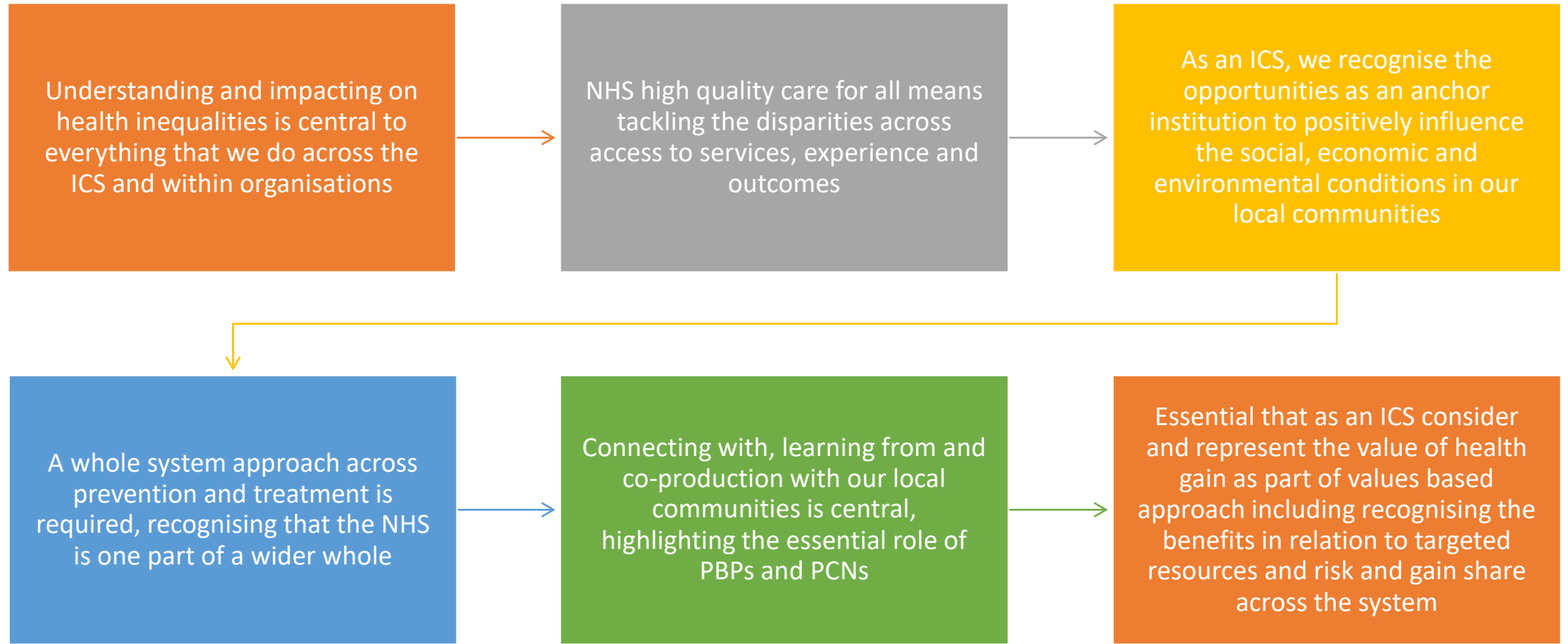
- Dementia
- Review SMI Register
- Diabetes and Pre-Diabetes
- Community Days of Action
- Childhood Imms
- Engagement with Schools
- Community Days of Action
- Green Social Prescribing
- Healthy Lifestyle and Long Term Conditions
- Barriers to Access – Non English Speaking Families



Enablers

1. Data, Profiling, Modelling and Evaluation
2. Training
3. Connected Communities
4. Personalisation
5. Partnership & Leadership
6. Research

ICS Health Inequality Principles



Next Steps

- NHSE submission of plan in draft 31 March with sign off from the ICS Board by end of 1st quarter
- Development of ICS ambitions in line with outcomes framework and direction of Integrated Care Partnership (ICP)
- Further development of ICS principles
- Opportunities and progression to ICP