



## Nottingham City Health and Wellbeing Board

**Date:** Wednesday, 30 March 2022

**Time:** 1.30 pm

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

Please see information at the bottom of this agenda front sheet about arrangements for ensuring Covid-safety.

**Governance Officer:** Jane Garrard      **Direct Dial:** 0115 8654315

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.

Agenda	Pages
<b>1 Changes to Membership</b> Emma Rowsell has replaced Andy Winter as the Representative of Nottingham Universities	
<b>2 Apologies for Absence</b>	
<b>3 Declarations of Interests</b>	
<b>4 Minutes</b> Minutes of the meeting held on 26 January 2022, for confirmation	3 - 10
<b>5 Update on Greenspace green social prescribing programme in Nottingham</b> Update on Greenspace programme	11 - 26
<b>6 Joint Health and Wellbeing Strategy for Nottingham City</b>	To follow
<b>7 Integrated Care System Update</b> a) Update from Kathy Mclean, Independent Chair of Nottingham and Nottinghamshire Integrated Care System b) Update on the draft Health Inequalities Plan	Verbal
<b>8 Nottingham City Place-Based Partnership Update</b> Update by the Nottingham City Place-Based Partnership	27 - 42
<b>9 Health Protection Board update, including coronavirus</b> Update by the Director of Public Health, Nottingham City Council	To follow

<b>10</b>	<b>Board Member Updates</b> Updates by Board Members	43 - 46
<b>11</b>	<b>Work Plan</b>	47 - 48
<b>12</b>	<b>Future Meeting Dates</b> Wednesday 25 May 2022 at 1:30pm	

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**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 Wednesday 26 January 2022 from 1:32pm to 3:03pm**

**Voting Membership**

**Present**

Councillor Adele Williams (Chair)  
Dr Hugh Porter (Vice Chair)  
Manik Arora  
Lucy Hubber  
Sara Storey  
Michelle Tilling

**Absent**

Councillor Cheryl Barnard  
Councillor Eunice Campbell-Clark  
Sarah Collis  
Diane Gamble  
Catherine Underwood

**Non-Voting Membership**

**Present**

Louise Bainbridge  
Superintendent Kathryn Craner  
Stephen Feast  
Tim Guylar

**Absent**

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

Celina Adams (substitute for Jules Sebelin)  
Elaine Mulligan (substitute for Jean Sharpe)

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

Rich Brady - Programme Director, Nottingham City Integrated Care Partnership  
Helen Johnston - Consultant in Public Health, Nottingham City Council  
Ross Leather - Board Manager, Nottingham City Safeguarding Adults Board  
Adrian Mann - Governance Officer, Nottingham City Council

**48 Apologies for Absence**

Councillor Cheryl Barnard - Portfolio Holder for Children and Young People, Nottingham City Council  
Mel Barratt - Chief Executive, Nottingham City Council  
Councillor Eunice Campbell-Clark- Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire  
Stephen McAuliffe - Deputy Registrar, University of Nottingham  
Leslie McDonald - Executive Director, Nottingham Counselling Centre

Craig Parkin	-	Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Jules Sebelin	-	Chief Executive, Nottingham Community and Voluntary Service
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Catherine Underwood	-	Corporate Director for People, Nottingham City Council

#### **49 Declarations of Interests**

None.

#### **50 Minutes**

The minutes of the meeting held on 24 November 2021 were confirmed as a true record and signed by the Chair.

#### **51 Minutes of the Commissioning Sub-Committee**

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 24 November 2021.

#### **52 Suicide Prevention in Nottingham City**

Helen Johnston, Consultant in Public Health at Nottingham City Council, presented a report on the approach to suicide prevention in Nottingham. The following points were discussed:

- (a) suicides have a devastating effect in many different ways, and the impacts of the Coronavirus pandemic have created further concerns for suicide prevention. Particular high-risk groups are people in the care of mental health services, people with a history of self-harm, people in the criminal justice system, people who have experienced social pressures, people who use drugs and/or alcohol, and people who have experienced abuse and/or discrimination. The risk of suicide is greatest for those who live with the highest levels of deprivation. However, suicides can still occur amongst people who do not have the usual high risk factors, so suicide prevention is an issue that involves everyone. This is recognised in the current work being carried out, where a well-developed partnership approach is in place to seek to prevent suicides;
- (b) for 2018-20, 91 suicides were recorded in the three-year period, which is slightly higher than both the regional and national averages. There is an increasing use of real-time surveillance to ensure the availability of up-to-date data and to monitor patterns and trends, enabling more effective prevention response. Information collected locally is then fed into a national system for the purposes of planning effective prevention activity;

- (c) although suicide rates do not appear to have increased from the levels preceding the Coronavirus pandemic, work is underway to understand its wider impacts. The number of people presenting to healthcare and social services with issues that could increase their risk of suicide has fallen during the periods of lockdown, so it is possible that vulnerable people may not have been in a position to seek the help that they need easily, during the pandemic. There are clear ongoing and upcoming pressures, and there is a context of rising anxiety about the future, particularly amongst vulnerable groups. As such, it is vital to plan proactively for managing any increase of trauma post-Covid, where latent issues may start to become more prominent;
- (d) the Suicide Prevention Strategic Steering Group has been established by the Nottingham City and Nottinghamshire County Integrated Care System Mental Health Board, and the Health and Wellbeing Boards of both the City and County Councils. The Steering Group leads the joint City and County suicide prevention strategy and monitors the delivery of system-wide suicide prevention activity. A number of networks, groups and forums are involved in delivery, and there is a significant focus on improving access to mental health support. Prevention funding is available from NHS England and a joint prevention programme is in place, with a dedicated post at the County Council to coordinate the work to raise public awareness and engagement;
- (e) the Suicide Prevention Action Plan has been refreshed in terms of the priority groups for targeted work in the year ahead. It is important that the appropriate training is in place to improve and develop the right skills and competencies in the workforce, to address suicide prevention effectively. It is proposed to establish named Mental Health Champions across all partner organisations to support the embedding of the suicide prevention activities across the whole system. It is vital to promote positive conversations about addressing thoughts of suicide, and planning is underway for the development of additional approaches and to increase awareness of the existing resources and professional support available;
- (f) the Board commented that it is important that consideration is given to addressing suicide prevention issues for students who are studying in the Nottingham area but whose home is outside the area, through the existing networks in place for Further and Higher Education. It also considered that the mental health impact of Coronavirus on the social and healthcare service workforce should be monitored carefully and that the right support is in place for staff and their wider family circles, and for the population at large.

**Resolved to endorse the refreshed Suicide Prevention Action Plan, and encouraged each partner organisation to 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.**

### **53 Nottingham City Safeguarding Adults Board - Annual Report 2020/21**

Ross Leather, Board Manager of the Nottingham City Safeguarding Adults Board (SAB), presented the SAB's annual report for 2020/21. The following points were discussed:

- (a) the main objective of the SAB is to assure itself that local safeguarding services and partners act to help and protect adults who meet the Care Act eligibility criteria. The SAB has a strategic role in overseeing and leading adult safeguarding across the locality, and it engages with a range of activity that contributes to the prevention of abuse and neglect. Its core duties are to publish a strategic plan and an annual report on what the SAB and its members have done during the year to achieve its main objectives and implement the strategic plan, and to conduct any statutory Safeguarding Adults Reviews (SARs);
- (b) the 2020/21 annual report is the first to capture the impacts of the Coronavirus pandemic on adult safeguarding. Fewer referrals were received than in 2019/20, though this could be reflective of fewer people being in a position to come forward, rather than an actual reduction in potential cases. The relative levels of the various types of abuse remain largely consistent, with most abuse still taking place in people's homes or in care homes. A great deal of work has been carried out in response to the pandemic, including a wide range of communications designed to promote awareness of abuse and the support services available;
- (c) assurance processes were put in place around the commitment to safeguarding during the pandemic, including a focus on the provision for adult survivors of non-recent abuse and cross-cutting issues such as housing and homelessness, financial scams, Prevent, modern slavery, female genital mutilation, and domestic and sexual violence. It is vital that people are engaged directly on their safeguarding needs, and partners must be able to provide assurance on how they achieve this. Work is being carried out to improve reporting, and learning has been identified from the SARs to increase awareness in certain areas;
- (d) a great deal of work has been carried out by partners during a period of very high pressures. Challenges arose during the pandemic due to the need to reduce face-to-face meetings, budgetary implications, and impacts on staff numbers, capacity and training. There was increased concern about the potential for 'hidden harm'. However, it was possible to ring-fence resources for most dedicated safeguarding teams, and 'business as usual' activities and training have now resumed, with improvements made to current practice;
- (e) the SAB is seeking a new independent Chair, who will steer and shape the ongoing work on the SAB's priorities, going forward. The new national census data will be reviewed to identify the areas of need for future safeguarding engagement, and to develop cross-system approaches and training. Every opportunity should be taken to work jointly with partners (such as the Crime and Drugs Partnership) on cross-cutting issues, and priorities should be shared across all organisations as part of a live discussion;
- (f) work is being carried out to review how the SAB's activities are communicated to the public, to show how safeguarding operates and to provide assurance that it is

working effectively. It is particularly important that operational teams in the social and healthcare services are familiar with what the SAB does. It is vital that an appropriate focus is brought to specific local and national issues, such as the use of 'do not resuscitate' orders, to give reassurance that the right safeguarding processes are in place and are operating properly;

- (g) the Board considered that the prevention of violence against women is an important cross-cutting issue, as people who suffer from domestic abuse can also be particularly vulnerable to other problems such as homelessness and substance misuse. As such, multi-agency approaches and engagement are required to achieve effective safety management plans in this area.

The Board noted the report.

#### **54 Nottingham City Joint Health and Wellbeing Strategy - Development Update**

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

- (a) the core purpose of the new JHWBS is to drive system change to reduce health inequalities. The JHWBS will have a tight focus on four priorities (smoking and tobacco control, eating and moving for good health, severe multiple disadvantage, and individual financial resilience), so that the available resources can be concentrated to create the greatest impact possible. The Nottingham Community and Voluntary Service and Healthwatch facilitated a productive consultative discussion with a wide range of groups in the community and voluntary sector, to help place the JHWBS in the context of direct community need. There was strong support for the priorities proposed, and for the delivery approach;
- (b) there are a number of identified themes that apply to each priority, and each of these must be addressed as part of implementation. Mental health must have parity with physical health, with a strong focus in the JHWBS on mental health and wellbeing. The wellbeing of children and families is also a significant area, as part of the Council's wider work to create a child-friendly city. The particular inequalities in Black, Asian and Minority Ethnic communities must be reduced, with a greater cultural understanding required to better inform service provision. Development of the JHWBS must focus on inclusion, representation and hearing the voice of lived experience. Defined outcomes must then be delivered through effective co-production, with a clear demonstration of how what is being delivered improves people's lives;
- (c) it is proposed that the Nottingham City Placed-Based Partnership (PBP) will drive the delivery of the JHWBS' priorities. A PBP Programme Board will be established to manage delivery, reporting to a PBP Executive Board – which, in turn, will provide regular updates to the Health and Wellbeing Board on the delivery progress against the JHWBS. The partnership approach to delivery will include an executive sponsor for each programme, with roles for a programme lead, manager and delivery team. It will be vital to ensure that that the required

resourcing is put in place so that the target programmes can be delivered effectively by partners;

- (d) the key principles are that delivery should be data and intelligence-led, with communities placed at the heart, and a strong focus on local intelligence. People with lived experience should be involved in the decision-making process for how services are awarded to providers. A strong focus on outcomes that can be clearly measured is needed, and individual implementation plans are being co-produced for the four priorities. It is vital that organisations at the local level are empowered to work together more easily, and that there is equal decision-making within the partnership. Different ways of working are being tested, and consideration is being given to how the best use can be made of the available resources. Every effort should be made to ensure that people can enter the system at any point to access the services that they need, and that services are brought together around the individual to address multiple needs;
- (e) the JHWBS is being drafted as a web-based document, so that it can be accessed and interacted with easily. Work is being carried out with both of the local universities to develop a detailed academic evaluation of the JHWBS priorities, to inform the creation of a properly-resourced delivery model to ensure real change in the priority areas. Each of the four priorities must be approached individually to ensure that the right form of co-production is used for the local context and needs of each work stream, and clear outcomes statements are being produced;
- (f) however, issues not included within the JHWBS' four current priorities are still very important. Although the JHWBS is aiming to drive significant change in a focused number of areas, other work will still be carried out across the system, and it is important to seek to tie in all of the cross-cutting issues with the overall JHWBS. The current priority focus is intended to be relatively short-term in nature, and work will be carried out within the JHWBS to identify the next priorities for structural change. There will also be flexibility to enable partners to respond to issues that rise to greater prominence during the lifetime of the JHWBS. As such, it is important that partners work hard to achieve a substantial impact on the four priorities through the PBP, while also ensuring that the PBP maintains a broad focus on the wider health and wellbeing issues;
- (g) the Board considered that the developing JHWBS represents a strong opportunity to drive significant culture change in how services are delivered. It hoped that, ultimately, all partners would produce a statement on how their organisations will commit to the delivery of the JHWBS, once it is finalised.

**Resolved:**

- (1) to note the progress made in developing a new Joint Health and Wellbeing Strategy for Nottingham City, and the feedback received through the consultation workshop with the local community and voluntary sector and community representatives;**



- (2) to agree that the four priorities to be taken forward in the new Strategy will be: i) tobacco control and smoking; ii) eating and moving for good health; iii) severe multiple disadvantage; and iv) individual financial resilience;**
- (3) to agree that responsibility for driving the delivery of the Strategy will be discharged by the Nottingham City Place-Based Partnership, with strategic oversight maintained by the Nottingham City Health and Wellbeing Board;**
- (4) to endorse the programme delivery approach established by the Place-Based Partnership to deliver the four priorities of the Strategy, including the delivery principles and the establishment of Executive Sponsors, Programme Leads and Programme Managers for each priority;**
- (5) to agree that individual implementation plans will be co-produced during Quarter 1 of 2022/23, for presentation to the Board for approval in July 2022.**

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

Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), provided an update on the ICP's current programme priorities. The following points were discussed:

- (a) currently, there is a substantial focus on measures to address the spread of the 'Omicron' Coronavirus variant, and the roll-out of booster vaccinations. However, 'business as usual' activity is starting to resume, with a particular focus on addressing issues of severe multiple disadvantage. Work is also being carried out to develop active travel, as a part of social prescribing;
- (b) as further statutory elements of the Integrate Care System will be coming online later in the year, scoping work is being carried out to develop the role of a Nottingham City Place-Based Partnership within the new strategic system, as the continuation of the current Nottingham City ICP.

The Board noted the update.

## **56 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) the cases of the 'Omicron' variant escalated very quickly, putting the testing and vaccination infrastructure under significant pressure. This was followed by a rapid decline in cases from a very high peak – but the rate of decline is now slowing, with a slight increase in the national case rate. Case rates have flattened in all adult age groups, but are increasing in primary schools and Early Years settings, and this does have a knock-on impact on clinically vulnerable people;
- (b) although case rates have declined sharply, they remain high and are increasing in some age groups. As such, the message remains that people should still take all reasonable steps to protect themselves and their communities through wearing

masks, maintaining social distancing, participating in regular testing and self-isolating where appropriate. It is also vital that everything possible is done to encourage vaccination and booster uptake.

The Board noted the update.

## **57 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.

The Board noted the updates from members.

## **58 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.

## **59 Future Meeting Dates**

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

**Health and Wellbeing Board  
Wednesday 30 March**

	<b>Report for Information</b>
<b>Title:</b>	Update on GreenSpace Green Social Prescribing Programme in Nottingham
<b>Lead Board Member(s):</b>	
<b>Author and contact details for further information:</b>	Amanda Chambers GreenSpace Programme Manager amandac@nottinghamcvs.co.uk
<b>Brief summary:</b>	<p>GreenSpace is one of seven Test &amp; Learn green social prescribing pilots in the country, part of a £5.77m cross-governmental project (including NHSE&amp;I, DEFRA, DHSC, PHE and Natural England). This two-year programme in the city and county, running April 2020 to April 2023 will look at how to increase use and connection to the natural environment through referral to green and/or blue social prescribing services to tackle and prevent mental ill health.</p> <p>The successful bid was led by the Nottingham &amp; Nottinghamshire ICS in partnership with city and county stakeholders. NCVS have been contracted to manage and deliver the programme across the city and county, in recognition of the fundamental role the voluntary and community sector play in the supply side of green social prescribing and social prescribing generally.</p>

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to recognise the value of green social prescribing as a social intervention that can significantly contribute to addressing health priorities in the city and consider how green social prescribing can be embedded into local strategy, processes and working practice for the benefit of the mental health of city residents.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The project builds on the government's commitment to transform mental health services and increase social prescribing,

<p>Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.</p>	<p>set out in the NHS Long Term Plan. It will also help deliver on the ambition set out in the government's 25 Year Environment Plan to help more people, from all backgrounds, to engage with and spend time in green and blue spaces in their everyday lives.</p> <p>The project is particularly important in the context of COVID-19, which has had an unprecedented impact on the nation's mental health.</p> <p>The project aims to scale up green social prescribing in the city and county, embedding it into the wider social prescribing strategy, processes and working practice in place, making it an intervention of choice for health professionals to tackle health priorities in place.</p> <p>By effectively implementing green social prescribing, the project aims to improve mental health outcomes, reduce health inequalities, reduce demand on the health and social care system, and develop best practice at a local level.</p>
<p>Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.</p>	
<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.</p>	
<p>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.</p>	
<p>Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</p>	

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

Greenspace looks to improve the mental health and wellbeing of communities for people living in Nottingham, to improve the engagement of people from areas of deprivation, those with disadvantaged backgrounds and with limited or no access to green spaces. The programme will contribute to the transformation of community mental health services in the city and aims to ensure access to green spaces and assets is easy and equitable.

**Background papers:**

1. Powerpoint presentation including brief overview of the GreenSpace programme, key learning to date and next steps
2. Case study of patient referred into green social prescribing

# GreenSpace

A partnership approach to Green Social Prescribing

in Nottingham and Nottinghamshire



Integrated  
Care System

Nottingham & Nottinghamshire



Nottingham  
Community  
and Voluntary  
Service



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## GreenSpace, a two-year test and learn programme, aims to:

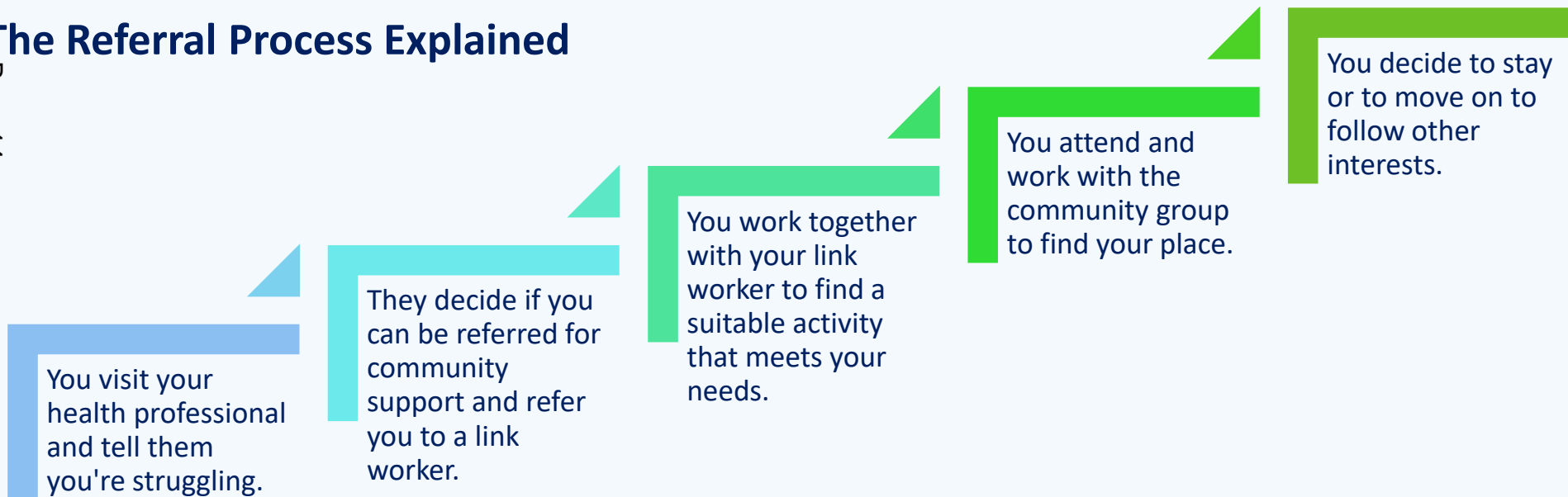
- improve the mental health and wellbeing of communities, in particular those hardest hit by the Covid-19 pandemic and those experiencing the greatest health inequalities,
- by
- connecting local people with nature-based activities and green community projects and initiatives in Nottingham and Nottinghamshire.
- and
- embedding green social prescribing into local health systems as an intervention of choice

# What is Social Prescribing?

Social Prescribing connects a person with a Link Worker who works across a Primary Care Network (PCN) who can spend time with them discussing their needs, focusing on what matters to them, and then helping them to create a personalised care and support plan, which may include connecting the person to community groups and agencies for practical and emotional support.

## The Referral Process Explained

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# What is Green Social Prescribing?

Green social prescribing refers people to local, non-clinical, nature-based activities to help improve their physical and mental health.



## SPECIALIST

For people with multiple + complex mental health needs  
Framework's Nature in Mind

*Sporty stuff like football or paddleboarding*

*Nature appreciation*



## TARGETED

Referrals through Social Prescribing Link Workers, Community Connectors, Health Professionals and Mental Health services

Activities provided by network of Trusted Green Providers

*Conservation work*

*Horticulture*

*Community gardening*

*Arts, photography, woodworking*



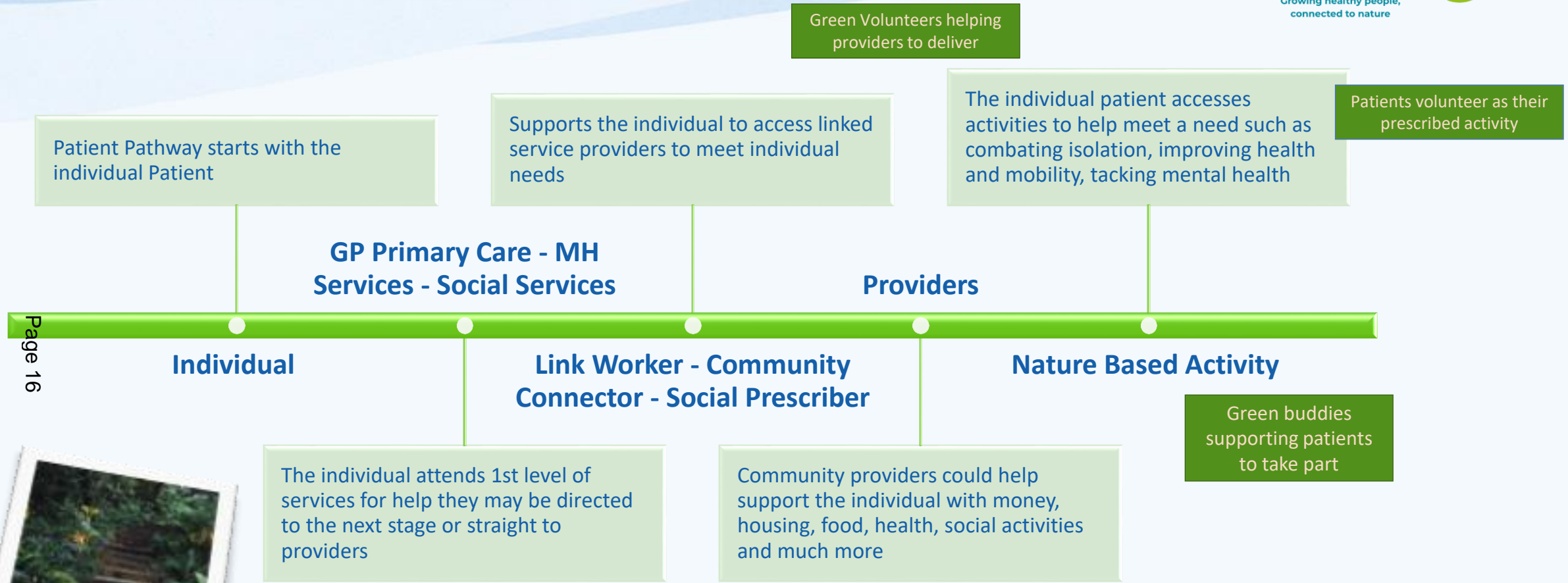
## UNIVERSAL

Self-referral  
Raising awareness of nature connectedness and its benefits, local green assets and activities  
Signposting, marketing, encouraging pro-environmental behaviours such as Active Travel

*Farming and environment activities*

*Walking + cycling*

# Green Social Prescribing Pathway





# Why Nature Connectedness Matters - People

- Systematic review of 50 studies (n = 16,396) shows nature connection related to **feeling good & functioning well.**

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Pro-social  
Behaviour

Body  
Image

Vitality

Meaning &  
Purpose

Life  
Satisfaction

Happiness

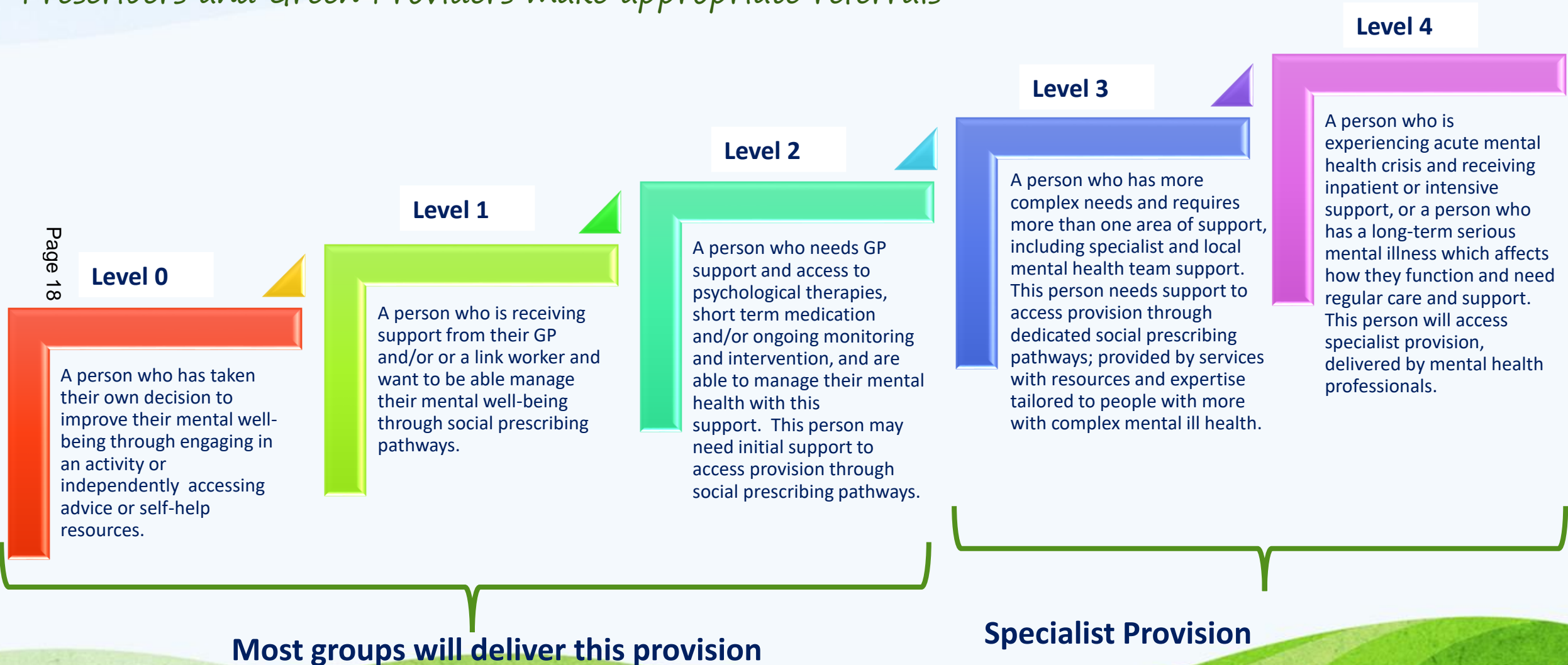
Personal  
Growth

Lower  
Anxiety



# Green Social Prescribing linking into Mental Health Pathways

*Mental health levels – developed with Mental Health Trust – help Social Prescribers and Green Providers make appropriate referrals*



# What has been achieved so far...

- Delivery of Framework's specialist Nature in Mind programme up to December 2021 reaching over 168 unique participants with serious and complex mental health needs
- Delivery of water-based activities in city on canal with Canal & River Trust (288 participants to date)
- Co-production workshops with Link Workers and other social prescribers to help design effective and appropriate referral pathways
- Relationship building between Link Workers and Green Providers – development of community gardens, co-location of SPLWs, trust building
- Network of around 30 Trusted Green Providers in city that provides a 'menu of choice' for referrals and meets needs of Social Prescribers
- GreenSpace support for NCC Active Travel successful bid to DfT GP Prescribing Pilot for walking and cycling – feasibility stage
- Hosted GSP National Advisory and Project Board visit to St Ann's Allotments



# What has been achieved so far...

- *Green buddy scheme set up in partnership with National Association of Social Prescribing (NASP) and Natural England - developed as a toolkit to be shared nationally*
- *Prescription pathway enablers: Shareware/Rohan clothing schemes, community transport, access issues to parks and open spaces, making it easy and equitable*
- *Digital hubs to support Green Providers, SPLWs and other referral partners*
- *Engagement across Mental Health services to understand how and when GSP can be part of the patient pathway*
- *Walking for health/wellbeing walks collaboration across city and county*
- *Turning Blue Monday Green in January – MH awareness and confidence sessions – launched a community of practice across the system*
- *Green conference in partnership with Notts Healthcare Trust planned for 29 March 2022*
- *Plans being developed for expansion of GreenSpace into the county*

# Key learning to date...

- *Mental health driving significant number of referrals to Social Prescribing Link Workers*
- *Value of nature connectedness recognised by many health professionals*
- *A referral is not enough – the system needs to support the patient to take part is required – specifically the journey from prescription to participation*
- *Relationship building and understanding needs to be continually built between health and VCSE sector to ensure safe and successful referrals especially for those with mental health issues*
- *Wealth of green and nature-based assets in the city available to support people*
- *Link Workers and other Social Prescribers need resources in their hands that they can share with patients to help explore what is right for them: where, what, who, how*
- *Hyper-local provision essential – on my doorstep – but safety, equitable access, anti-social behaviour and lack of toilets barriers to entry for green spaces*
- *Strategic investment into the VCSE required – and involvement of this sector fully in discussions around sustainability, investment and outcomes*

# How to link into GreenSpace



- Visit: <https://www.nottinghamcvs.co.uk/greenspace>
- Follow us on Facebook: GreenSpace Nottingham – NCVS  
<https://www.facebook.com/GreenSpace-Nottingham-NCVS-110566331566865/>
- Sign up to our GreenSpace e-bulletin - email: [greenspace@nottinghamcvs.co.uk](mailto:greenspace@nottinghamcvs.co.uk)
- Watch our video here about our partnership work with Nottinghamshire Healthcare Trust: <https://www.youtube.com/watch?v=cYpc-XJZiC4>

## The Health and Wellbeing Board is asked to:

- recognise the value of green social prescribing as a social intervention that can significantly contribute to addressing health priorities in the city
- and
- consider how green social prescribing can be sustainably embedded into local strategy, processes and working practice for the benefit of the mental health of city residents.

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### Social Prescribing Link Worker Case Study Template

Social Prescribing Link Worker Provider	Date
PCN Unity	January 2022
<b>1. The person</b> – include age and reason for referral	
<p>Alex* aged 21, was referred to me because he was stuck in a vicious cycle where anxiety was preventing him from addressing his financial situation, and his financial situation was provoking anxiety.</p> <p>*not his real name</p>	
<b>2. Brief summary of situation</b>	
<p>Alex is a university student. The pandemic and subsequent lockdowns had a negative impact on Alex’s mental health which let him to resit a year. He felt an immense amount of shame about this and blamed himself for struggling. Alex was unable to cope with the administrative tasks required to organise resitting the year. Term was due to start and he could not bring himself to open the faculty emails and respond to them. Alex was also struggling socially, spending most of his time in his room.</p> <p>At our first appointment, we explored what Alex wanted to change: he wanted to be able to reply to the emails so that he could sit the year again, he wanted to feel less anxious and improve his social life.</p> <p>Over 3 subsequent meetings, I sat with Alex and helped him open his emails and respond to them. In conjunction with the Occupational Therapist, we explored getting him help for his anxiety. We also looked at how to get him out and about meeting people; our on-site allotment group was the perfect fit.</p>	
<b>3. Impact</b> that the social prescribing intervention had on the person (consider benefits to physical/mental health and social connections)	
<p>By meeting with me at a dedicated time to work on his administrative tasks and respond to emails, Alex was able to sort out his financial situation and resit the year on time. This eased a lot of his situational anxiety. As time went on, Alex grew in confidence to be able to do manage his admin himself.</p> <p>Through meeting with the Occupational Therapist, Alex was able to learn and practice breathing techniques to manage his anxiety. They also suspected ADHD/ASD, and so a referral was made with Alex’s consent to assess this further. This intervention helped Alex to let go of the shame and self-blame he carried for his situation; he came to understand that it was not his fault he had become unwell.</p> <p>In conjunction with this, Alex became a regular member of the community allotment group. At the beginning, Alex was shy and unsure of himself. As time passed, he got to know other group members who welcomed him and accepted him as he was. This</p>	



### Social Prescribing Link Worker Case Study Template

boosted his confidence and he was soon hanging out with these new friends outside of the group. A highlight was Alex surprising the group with homemade brownies!

**4. Impact on community** – were introductions and community connections made? Brief example of which organisation/services involved/joint working or MDT approach.

Alex was connected to the community allotment group which is organised by myself in the primary care setting.

Alex was already connected to our Occupational Therapist in the GP surgery, who then referred him for ADHD/ASD assessment. The Occupational Therapist and I liaised with each other as we worked with Alex, helping us offer a joined up care approach.

**5. Example of ONS4 or EQ5D** baseline scores and discharge/sign off closure scores *(NB: localised outcomes measure or evaluation examples can also be used.)*

No ONS4 was completed for Alex on the basis that he had already met with the Occupational Therapist and so had a clear understanding of areas he wanted to work on.

**6. Length of intervention** – time spent receiving support from link worker

We had 3 one-to-one contacts over 6 weeks, equating to 2.5 hours together; Alex continues to attend the allotment group.

**7. Voice of the person** – quote or feedback from person receiving support – *NB: Provider consent procedures must be used – the case studies could be shared, locally within the system and with NHS England in line with the Long term plan commitments.*

n/a

**Health and Wellbeing Board  
30 March 2022**

	<b>Report for Information</b>
<b>Title:</b>	Update on the Nottingham City Place-Based Partnership (PBP)
<b>Lead Board Member(s):</b>	Dr Hugh Porter, Vice Chair, Nottingham City Health and Wellbeing Board and Interim Lead / Clinical Director, Nottingham City Place-Based Partnership
<b>Author and contact details for further information:</b>	Rich Brady, Programme Director, Nottingham City Place-Based Partnership
<b>Brief summary:</b>	This paper 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 of the new Joint Health and Wellbeing Strategy.

**Recommendation to the Health and Wellbeing Board:**

To note the update on the work being undertaken by the Nottingham City Place-Based Partnership.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	Subject to approval of the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025, the Nottingham City Place-Based Partnership (PBP) will be discharged responsibility for the oversight of the delivery of the JHWS.
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>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.</p>	
<p>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.</p>	
<p>Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</p>	

**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 Place-Based Partnership has a programme focussed on supporting Nottingham citizens to better access preventative support to improve mental health and wellbeing. It is proposed that this programme aligns with the proposed programmes in the Joint Health and Wellbeing Strategy 2022 – 2025.

<p><b>Background papers:</b></p>	<p>Appendix 1: PBP leadership appointment stakeholder briefing 11 March 2022</p> <p>Appendix 2: PBP Executive Team – Integration White Paper and City place progress</p>
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## **Nottingham City Place-Based Partnership Update**

### **Important nomenclature**

**In the Health and Care Bill it is proposed that the previously termed, 'ICS Health and Care Partnership' is to be named the 'Integrated Care Partnership'. At present, the term Integrated Care Partnership is used to describe the place-based partnership in Nottingham City. For the purpose of this paper, the Nottingham City Integrated Care Partnership will be referred to as the 'Nottingham City Place-Based Partnership' (NCPBP).**

### **Background**

1. This paper 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 of the new Joint Health and Wellbeing Strategy.

### **Leadership**

2. Mel Barrett, Chief Executive of Nottingham City Council, has been appointed as Lead for Nottingham City Place-Based Partnership (PBP). Mel will take over from Dr Hugh Porter as Interim Lead on 1 April 2022. Dr Hugh Porter has held the role of Interim Lead since Ian Curryer, former Chief Executive of Nottingham City Council and PBP Lead, stood down in April 2020. Dr Hugh Porter will continue in his role as Clinical Director of the Place-Based Partnership. Full details can be found in the stakeholder briefing (Appendix 1).

### **The Government's Integration White Paper and the role of 'place'**

3. Subject to parliamentary approval of the Health and Care Bill, from July 2022 Integrated Care Systems (ICS) are set to become statutory NHS Bodies. These will consist of a new NHS Body, the Integrated Care Board (ICB) and an Integrated Care Partnership (ICP), which will be a committee jointly convened by local authorities and the NHS.
4. Place-based partnerships are to be a key delivery component of Integrated Care Systems. PBPs are expected to take on a broad range of responsibilities, including delegated functions from ICBs for NHS resources.
5. On 9 February, the government published the Integration white paper: Joining up care for people, places and populations. The white paper sets out proposals that aim to provide better, more joined-up health and care services at 'place' level.

The government has set out a consultation period for the proposals, therefore the proposals are subject to change following public consultation.

6. In line with the Health and Care Bill and the previously published guidance from NHS England / Improvement and the Local Government Association, 'Thriving Places', the white paper is not prescriptive in how places should operate, be managed, or governed, allowing for local determined arrangements. The white paper does however set out policy proposals regarding a shared outcomes framework, leadership, governance, pooled budgets, digital transformation and workforce.
7. The Nottingham City PBP was formed in June 2019 as part of the Nottingham and Nottinghamshire Integrated Care System. Until the publication of 'Thriving Places' in September 2021 and the subsequent white paper, there had not been any nationally produced guidance on the development of place-based partnership. Despite this, the Nottingham City PBP has made progress in each of the key policy areas highlighted in the white paper.
8. The proposals set out in the white paper were discussed at the March PBP Executive Team meeting – the paper from this meeting, which includes a summary of the policy proposals can be found in Appendix 2.
9. The PBP Executive Team discussed the policy proposals in the white paper in relation to the Nottingham City place-based partnership progress to date. The Executive Team discussed the proposals set out in the white paper and agreed a series of next steps, including the development of a shared plan to be published in April 2023. The plan will be built on a shared outcomes framework focused on population health and wellbeing.

### **Place-based partnership delivery of the Joint Health and Wellbeing Strategy**

10. Subject to approval of the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025, the Nottingham City Place-Based Partnership (PBP) will be discharged responsibility for the oversight of the delivery of the JHWS.
11. Since the Health and Wellbeing Board in January 2022, where endorsement was given to the four recommended priority programmes, programme leads have been identified for each priority. In preparation for the development of implementation plans, programme leads have been scoping their programmes, including the identification of partners to make up the delivery teams
12. Over the next quarter, programme leads will work with delivery team to co-produce implementation plans to be submitted at the Health and Wellbeing Board meeting in July 2022.

13. Each programme will have a clear set of objectives and be led by designated programme leads from City PBP partners organisations, supported by delivery teams made up of members from PBP partner organisations to ensure delivery through an inclusive partnership approach.
14. To oversee the delivery of the JHWS programmes, the PBP Programme Steering group will be transitioned into a formal Programme Board to enable it to have oversight of the delivery of the JHWS programmes in addition to the other PBP programmes. The Programme Board will be established in quarter 1 of 2022/23.
15. Each programme will have an executive sponsor from the current Executive Team which is expected to transition into an Executive Board. As members of the Executive Board, executive sponsors will provide assurance to the Health and Wellbeing Board of the delivery of the PBP programmes established via the JHWP Strategy.

**Recommendations:**

The Health and Wellbeing Board is asked to:

16. **Note** the update on the work being undertaken by the Nottingham City Place-based Partnership.



## **Appendix 1: PBP leadership appointment stakeholder briefing 11 March 2022**

### **Mel Barrett appointed as Lead for Nottingham City Place Based Partnership**

Mel Barrett, Chief Executive of Nottingham City Council, has been appointed as Lead for Nottingham City Place Based Partnership (PBP). He will take over from Dr Hugh Porter as Interim Lead on 1 April 2022.

The Nottingham City PBP, formerly known as the Integrated Care Partnership, was established in 2019 to bring together health and care services including GPs, local authority services, community services and hospitals, as well as wider services provided by the community, voluntary and social enterprise sector.

All partners of the Nottingham City PBP have a key role to play in supporting the health and wellbeing of citizens, working together to provide care and support to people, regardless of background, circumstances or where people live in the city.

Mel Barrett's role leading both the City Council and the PBP will strengthen his ambition to improve health and wellbeing and reduce health inequalities in Nottingham.

He said: "The response to the Covid-19 pandemic in Nottingham has proven what is possible when a group of organisations corral together around a shared purpose and set of objectives and I am keen that we continue to build on this. However, what the pandemic has also done is bring into sharp focus the acute inequalities that exist in Nottingham.

"The fact that a woman in Hyson Green can have the second-lowest healthy life expectancy in the country is something we must address, and we will only improve this by addressing it together in genuine co-production with our citizens.

"I believe that by working together at pace with our citizens, we are stronger than any individual partner acting alone. By continuing this journey together, we have not just the opportunity but the responsibility to deliver on our shared ambition to give every person living in Nottingham equal access to care and support that meets their needs, regardless of their background, circumstances or where they live in the city. I am confident that we have what it takes."

The Nottingham City PBP is one of four 'place-based' partnerships in the Nottingham and Nottinghamshire Integrated Care System. Subject to parliamentary process for the Health and Care Bill on 1 July, the Nottingham and Nottinghamshire ICS will establish an Integrated Care Board (ICB) that will be responsible for NHS services.



The Nottingham City PBP will be responsible for the delivery of the Joint Health and Wellbeing Strategy for 2022-2025.

**Dr Kathy McLean, Chair of the Integrated Care System, said:**

“This is an exciting time to be leading and working in health and care and we welcome Mel into his new role as lead for Nottingham City Place Based Partnership. We are in a position of real opportunity to truly make positive change through the integration of people, teams, organisations, professions and citizens with one key aim for the benefit of our public and patients.

“Mel’s skills and leadership will be a huge asset to the city Place Based Partnership as it moves into this next phase of development, driving the work on reducing health inequalities and improving care. I know Mel will focus on real change that will address the needs and views of local citizens.”

**Dr Hugh Porter, Interim Lead for the Nottingham City PBP, said:**

“It’s been an honour to act as Interim Lead in addition to my role as Clinical Director for the PBP over the last two years. With the support from many colleagues, the partnership with its new ways of working has gone from strength to strength.

“The partnership has played an important role during the pandemic and the challenges we have all faced have provided learning opportunities. We know as we come out of the pandemic other challenges remain, especially addressing the health inequalities across our city and its communities.

“The new City Health and Wellbeing Strategy and the partnership’s agreed role in delivering this, together with the advent of the new Health and Care Bill that will see the formation of Integrated Care Systems as statutory bodies, means the partnership now needs to progress into its next phase of development.

“I’m therefore delighted to welcome Mel as the new Lead, who will bring the skills and expertise to really help make this next phase of the partnership flourish and start to broaden its role across the city. I’m looking forward to continuing in my role as Clinical Director, working closely with Mel and colleagues to make the next phase as successful as the first.”

**Cllr Adele Williams, Portfolio Holder for Adults and Health in Nottingham and Chair of the Nottingham City Health and Wellbeing Board, said:**

“Reducing health inequality is a top priority for Nottingham. We are determined that the gap in healthy life expectancy between the different neighbourhoods of our city and with Nottingham as a whole compared to other similar cities must close.

“We want Nottingham to be a healthy and inclusive city, where people are able to live well and keep active throughout their lives. We will do this by working together with our partners and with Nottingham to ensure people are supported at the right

time and in the right place to live their lives as they would want to, but also by working to ensure that together we use our resources to support good local employment and procurement, and that we use our leadership to build on the progress Nottingham has made to improve air quality and other determinants of good health such as education.”

The partners of the Nottingham City PBP are Nottingham City Council, CityCare, Nottingham City General Practice Alliance, NHS Nottingham and Nottinghamshire Clinical Commissioning Group, Nottingham Community and Voluntary Service, Framework, Nottingham City Homes, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, and Healthwatch Nottingham and Nottinghamshire.

More information about the Nottingham City PBP can be found here:  
[www.healthandcarenotts.co.uk/care-in-my-area/nottingham-city-icp](http://www.healthandcarenotts.co.uk/care-in-my-area/nottingham-city-icp)

## Appendix 2: PBP Executive Team – Integration White Paper and City place progress

<b>Meeting:</b>	Nottingham City PBP Executive Team
<b>Date of meeting:</b>	15 March 2022
<b>Report Title:</b>	Integration White Paper and City place progress
<b>Sponsor:</b>	Hugh Porter, Interim Lead and Clinical Director, City PBP
<b>Report Author:</b>	Rich Brady, Programme Director, City PBP
<b>Enclosure / Appendices:</b>	<i>Appendix A – Integration White Paper</i> <i>Appendix B – Thriving Places</i>
<b>Summary:</b>	
<p>On 9 February, the government published the Integration white paper: Joining up care for people, places and populations. The white paper sets out proposals that aim to provide better, more joined-up health and care services at ‘place’ level. The government has set out a consultation period for the proposals, therefore the proposals are subject to change following public consultation.</p> <p>In line with previously published guidance from NHS England / Improvement and the Local Government Association, ‘Thriving Places’, the white paper is not prescriptive in how places should operate, be managed, or governed, allowing for local determined arrangements. The paper does however set out policy proposals regarding a shared outcomes framework (and plan), leadership, governance, pooled budgets, digital transformation and workforce.</p> <p>This paper summarises the policy proposals in the white paper, an initial assessment of place-based partnership progress to date with proposed next steps.</p>	
<b>Actions requested of the ICP Executive Team</b>	
<input checked="" type="checkbox"/> To <i>note</i> <input type="checkbox"/> To <i>discuss</i> <input checked="" type="checkbox"/> To <i>approve</i>	
<b>Recommendations:</b>	
1.	<b>Note</b> the policy proposals set out in the Integration white paper: Joining up care for people, places and populations.
2.	<b>Approve</b> the proposed next steps set out in the Nottingham City place-based partnership progress section of the report.
<b>Conflicts of Interest</b>	
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion and decision <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion, but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain, but not participate in discussion or decision <input type="checkbox"/> Conflict noted, conflicted party to be excluded from meeting	
<b>Risks identified in the paper</b>	
None	
<b>Is the paper confidential?</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## **Integration White Paper and City place progress**

**15 March 2022**

### **Background**

1. On 9 February, the government published the Integration white paper: Joining up care for people, places and populations (**appendix A**). The paper sets out proposals that aim to provide better, more joined-up health and care services at 'place' level. The government has set out a consultation period for the proposals, therefore the proposals are subject to change following public consultation.
2. In line with previously published guidance from NHS England / Improvement and the Local Government Association, 'Thriving Places' (**appendix B**), the white paper is not prescriptive in how places should operate, be managed, or governed, allowing for local determined arrangements. The paper does however set out policy proposals in the following areas:
  - a. Shared outcomes framework (and plan)
  - b. Leadership
  - c. Governance
  - d. Pooled budgets
  - e. Digital
  - f. Workforce
3. This paper summarises the policy proposals in the white paper and an initial assessment of the Nottingham City place-based partnership progress to date with proposed next steps.

### **Shared Outcomes framework (and plan)**

4. The white paper sets out a proposal that places put in place a shared outcomes framework by April 2023, which instils national priorities and also allows for local priorities to be set, focused on population health and wellbeing. There is an expectation on places to publish a shared plan for how the outcomes will be achieved alongside the publication of the shared outcomes framework.
5. It is not clear the extent to which places will be held to account for nationally set outcomes or the balance needed between national and local outcome measures. It is also not yet clear the risk or reward associated with places meeting the delivery of these outcomes.

### **Leadership**

6. The white paper includes a proposal that there should be a single person accountable for the delivery of the shared plan and outcomes in each place. It does not specify who the single accountable person should be but indicates that this individual would typically be someone with a dual role across health and care or an individual who leads a place-based governance arrangement.
7. There is an expectation that places adopt a model of accountability with an identified a single accountable individual for delivering the shared plan and

outcomes by Spring 2023. The appointment of the individual should be agreed by the relevant local authority or authorities and Integrated Care Board (ICB)

8. While there is strong emphasis on accountability in the paper and the need to have a single individual accountable for delivering the shared plan and shared outcomes, it is not clear who this individual would be accountable to and what the consequences for delivering (or not) the shared plan and outcomes.
9. It is anticipated that accountability arrangements will be with the Integrated Care Board and Local Authority, although the extent to which this individual can be accountable may depend on the level of delegated functions held at place in relation to the agreed outcomes. Further clarity is expected following the consultation period.

## Governance

10. There is an expectation that places establish a governance model that will provide accountability for the delivery of the shared plan and outcomes. Place-based arrangements should bring together NHS and local authority leadership, including responsibilities for effective commissioning and delivery of health and care services.
11. Places are free to establish locally determined governance arrangements but any model should ensure clarity of decision-making, covering contentious issues, practical arrangements for managing risk and resolving disagreements between partners, and agreeing shared outcomes.
12. The white paper recommends a 'place board' model (**figure 1**) which brings together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans. In this arrangement the council and ICB would delegate their functions and budgets (as appropriate) to the board.

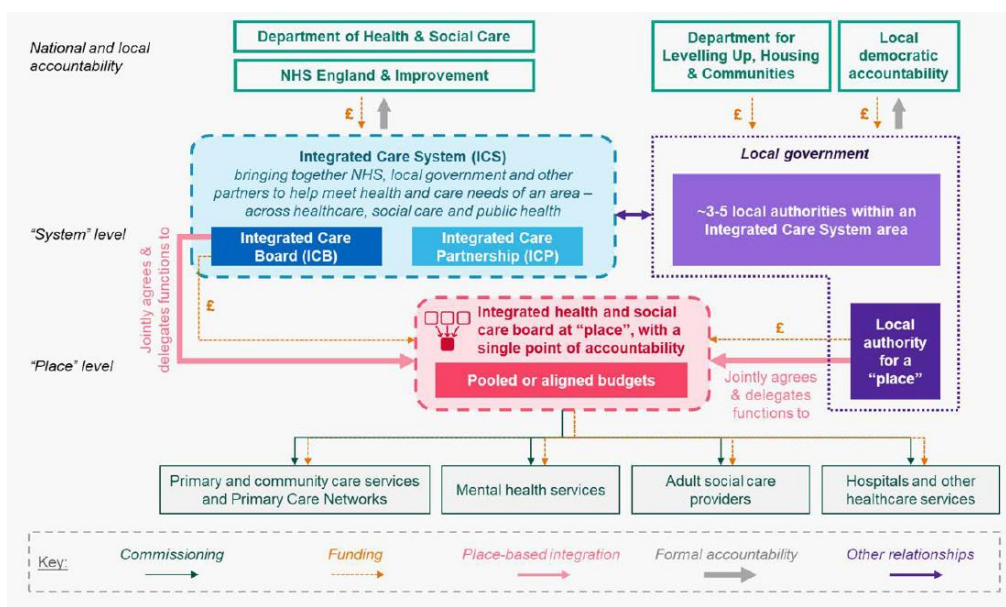


Figure 1 – White paper 'place board' example

## **Pooled budgets**

13. NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. To support this the government will review existing pooling arrangements (such as Section 75, NHS Act 2006) with a view to simplifying the regulations for commissioners and providers across the NHS and local government to pool their budgets. Guidance on the scope of pooled budgets is expected to be published in Spring 2023.
14. The paper does not set out mandatory proposals for pooling budgets, however it does state that the shared place plan should be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the place-based arrangement by 2026. Pooling of budgets will therefore be down to local determination in line with the agreed shared outcomes and plan.

## **Digital**

15. The white paper sets out a series of digital and data aspirations including a national ambition to have shared care records for all citizens that provide a single, functional health and care record which citizens, caregivers and care teams can all safely access by 2024. While organisations operating at place are critical in achieving these aspirations, the white paper recognises the importance of ICS' in supporting organisations at place.
16. The Department of Health and Social Care will take an 'ICS first' approach to supporting integration, encouraging organisations within an ICS to use the same digital systems. It will therefore be the role of ICS' to support place-based organisations in digital transformation – to support this ICS' will be required to develop digital investment plans for bringing all organisations to a minimum level of digital maturity by March 2025. These plans will outline how ICSs will ensure data flows seamlessly across all care settings and use tech to transform care so that it is person-centred and proactive at place level.

## **Workforce**

17. The white paper recognises the importance of effective joint workforce planning but notes that are currently limited fora to develop shared approaches to workforce planning, and a lack of clarity about which national and local bodies are responsible for what.
18. The paper sets out an intention to introduce integrated skills passports that will enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care. There is also a commitment to review regulatory and statutory requirements that prevent flexible deployment of health and care staff across sectors.
19. As with digital transformation, the white paper notes the important role of ICS' as well as national and regional bodies in supporting effective workforce planning

and delivery at place. The paper notes the role of Integrated Care Partnerships (ICPs) in supporting integrated workforce planning and commits to strengthening guidance for ICPs, so that all components of an ICS are clear on the role they can play in integrated workforce planning across the whole health and care system

### Nottingham City place-based partnership progress

20. The Nottingham City place-based partnership formed in June 2019 as part of the Nottingham and Nottinghamshire Integrated Care System. The ICS has taken a permissive approach and in the absence of national guidance, has given the place-based partnership freedom to develop at a locally determination pace.

21. Until the publication of ‘Thriving Places’ in September 2021, there had not been any nationally produced guidance on the development of place-based partnership. Despite this, the Nottingham City place-based partnership has made progress in each of the key policy areas highlighted in the white paper.

<p><b>Shared outcomes (and plan)</b></p>	<p>Work has already begun to develop the basis of a shared outcomes framework in the city, aligned to the ICS outcomes framework. To support the delivery of the Health and Wellbeing Strategy and other PBP programmes, programme leads are establishing outcome indicators that programmes will be measured against. These will be built upon outcomes measures in the NHS and public health outcomes frameworks, as well as engagement with citizens with lived experience of the issues the programmes are seeking to address.</p> <p>To support this, work is also underway with the System Analytical Intelligence Unit (SAIU), CCG and public health analysts to understand what outcomes are currently collected / measured in relation to the Health and Wellbeing Strategy and other place-based partnership programmes and where there is a need to establish further outcome measures. This will form the basis of a wider shared outcomes framework which will incorporate the breadth of place-based partnership activity that is to be agreed as part of the shared plan to be published in April 2023.</p> <p><b>Proposed next steps</b></p> <p>Over the next 12 months it is proposed that partners work together to agree a shared plan that will detail activity to support the achievement of agreed outcomes, incorporating delegated functions from the ICB and/or local authority.</p>
<p><b>Leadership</b></p>	<p>Nottingham City Council and Nottingham and Nottinghamshire Integrated Care System have recently approved the appointment of Mel Barrett, Chief</p>

Executive of Nottingham City Council, as the place-based partnership ‘Lead’ – Mel will take up the position from 1 April 2022.

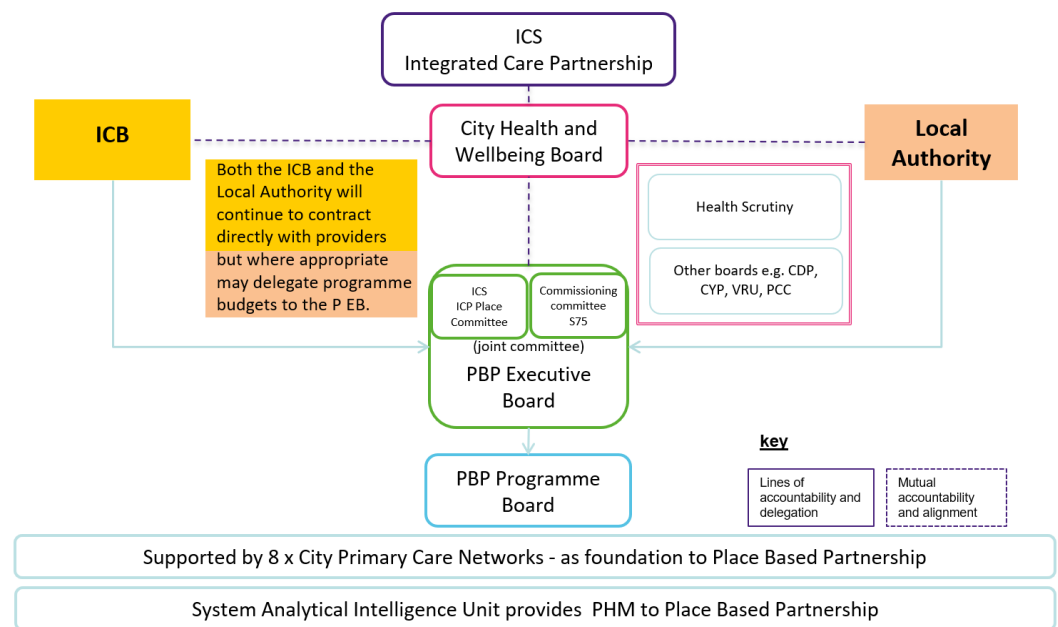
**Proposed next steps**

While Mel Barrett will hold the position of Lead of the place-based partnership from 1 April, at present the primary function of this role is to convene the partnership – the role does not hold any formal accountability. Over the next 12 months it is proposed that partners establish a shared understanding of accountability arrangements associated with the delivery of the shared plan and outcomes framework, including any functions delegated to the place-based partnership from the Integrated Care Board and/or local authority.

**Governance**

In 2021, city partners participated in a series of workshops facilitated by the Local Government Association and Hill Dickinson to discuss, (considering the legislative proposals) how partners would work together, maturing the partnership to take on increasing level of responsibility. An outcome of these workshop was an agreed governance proposal that would see the place-based partnership formally aligned to the Integrated Care Board, Integrated Care Partnership and the City Health and Wellbeing Board, with the place-based partnership discharged responsibility for the delivery of the Joint Health and Wellbeing Strategy as well as any delegated functions from the ICB and/or local authority.

Partners developed a governance model, closely resembling the example provided in the white paper:



*Figure 2 – Proposed Nottingham City place governance arrangements*



	<p><b>Proposed next steps</b></p> <p>The city place-based partnership and members of the Health and Wellbeing Board have already agreed that the oversight for the delivery of the Joint Health and Wellbeing Strategy 2022-2025 is to be discharged to the place-based partnership. To support the development of the shared plan to be published in April 2023 and any associated delegation of ICB and/or local authority functions, it is proposed that ICB and local authority governance leads work together to establish a joint committee which will form part of the PBP Executive Board.</p>
<b>Pooled budgets</b>	<p>There are limited pooled budget arrangements in Nottingham City aside from the Better Care Fund and the improved Better Care Fund which are currently approved at the Section 75 sub-committee of the Nottingham City Health and Wellbeing Board.</p> <p><b>Proposed next steps</b></p> <p>Over the next 12 months, as part of the development of the shared plan, outcomes framework and governance model, it is proposed that partners work together with the ICB and local authority to establish resources that can be pooled or aligned.</p>
<b>Digital</b>	<p>Digital transformation has been predominantly led by the ICS but some work has taken place at place level, particularly within primary care.</p> <p><b>Proposed next steps</b></p> <p>It is proposed that partners continue to support work being led by the ICS, but ensure that any place-based opportunities are used to progress developments at pace.</p>
<b>Workforce</b>	<p>While strategic workforce planning has been led by the ICS, opportunities for alignment of workforce have been progressed through the development of Primary Care Networks.</p> <p><b>Proposed next steps</b></p> <p>It is proposed that partners continue to support ICS strategic workforce planning but that place partners take opportunities to align workforce on city footprint, particularly with regard to primary, community and social care.</p>

22. While the City placed-based partnership has made good progress since 2019, and has put in place important and strong foundations which align to the key proposals noted in the Integration white paper, the advent of the Health and Care Bill provides significant opportunity to progress maturity of the partnership at pace from April 2023 and beyond.

## **Recommendations:**

The Executive Team is asked to:

23. **Note** the policy proposals set out in the Integration white paper: Joining up care for people, places and populations.
24. **Approve** the proposed next steps set out in the Nottingham City place-based partnership progress section of the report

**Appendix A** – [Joining up care for people, places and populations: The government's proposals for health and care integration](#)

**Appendix B** – [Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems](#)

## Statutory Officers Report for Health and Wellbeing Board

### Corporate Director of People

March 2022

#### **Holiday Activity Fund**

Nottingham has secured another £1.8m to help struggling families in the school holidays with food vouchers and holiday clubs.

The City Council has consistently made £15-per-week supermarket vouchers available to all children who receive free school meals (FSM) over holiday periods, as well as overseeing a number of community activity clubs across Nottingham. At these sessions, pupils who are entitled to free school meals receive a free lunch, plus a programme of activities focused on healthy eating, fitness and mental health.

More than 15,000 children attended these clubs and were fed over the summer holiday in Nottingham last year, and this latest money will be used to deliver clubs and activities throughout 2022 and beyond.

Sessions will run for one week at Easter, three weeks in the summer, one week in October and one week at Christmas. The Council has appointed Nottingham Forest Community Trust as its lead project partner this year.

The funding has been allocated from the Department for Education with specific criteria attached. This stipulates that the support for tackling holiday hunger should be through pupils who are entitled to free school meals attending holiday clubs. There are also a limited number of places available for children who aren't eligible for free school meals and these will be allocated on a first-come-first-served basis.

Nottingham City Council has previously endorsed Manchester United footballer Marcus Rashford's campaign to tackle holiday hunger.

#### **Children's Transformation**

On Tuesday 22<sup>nd</sup> February our Executive Board approved major investment in supporting transformation in our Children's Services.

Following Ofsted Focused Visits and inspections, our services have been on an improvement journey - however there is still work to do and our Social Care spend has grown significantly over the past 5 years.

A recent assessment of Children's Social Care, which compared NCC service activities to similar councils elsewhere, identified:

- a number Children in Need (CIN) and Child Protection (CP) plans could have been prevented through an earlier intervention.
- a number of CIN and CP plans ran on for longer than necessary.
- a revised focus on early intervention would avoid children being taken into care.
- there is scope to increase the number of children in foster care with a corresponding reduction in residential care.

- there is potential to enable more children in care to leave care earlier than is currently enabled.

The objectives of the redesign would be to:

- Help families stay together.
- Ensure the most timely and effective support is consistently provided from early help through CIN and CP.
- Reduce bottlenecks and improve processes.
- Improve commissioning and recruitment processes.

This is a multi-year change programme and due to the size, scale and pace of the transformation programme required, the council would need to procure an external delivery partner to provide the experience, expertise and capacity. We will want to work closely with partners over the duration of this programme to secure improved outcomes for children and families in the city.

## **Go live of new schools build**

### **Bluecoat Trent Academy**

The new 8-form secondary free school – The Bluecoat Trent Academy – opened in September 2021, initially at a temporary location at the Bluecoat Aspley Lane site. The new school's permanent build is being constructed on the former site of Clarendon College, on Pelham Avenue. It will be a brand new three-storey building that will cater for 1,200 secondary school pupils aged 11-16. This site will be accessible for pupils in all areas of the city, in particular the central and north areas, where more capacity has been much needed.

The new building will provide classrooms and facilities for all subjects, including a hall, kitchen and dining area, gym, landscaped grounds and outdoor recreation space including a multi-use games area. The current planned opening date for the new build is around autumn term 2023.

Securing this new school in the city has enabled us to address the significantly increasing demand for secondary school places. Bluecoat Trent Academy is operated under the Archway Learning Trust, who have a strong track record of providing a high standard of education for pupils aged 3 to 19, and a broad and inclusive curriculum through their five other Nottingham schools, which are all Ofsted rated good or outstanding. We value the contribution they make to Nottingham's educational offer, working in collaboration with the LA and on closing the gap for disadvantaged pupils.

### **Waterside Primary School**

The new Waterside Primary School, run by the Greenwood Academies Trust, is currently due to open in September 2023, providing 210 school places for the growing number of families moving into the area. This new free school will serve families across the growing neighbourhood at Trent Basin and the wider Waterside area, which continues to undergo significant regeneration.

There was a long-held ambition to develop the Trent Basin area into a new sustainable community linked to the city centre and to Sneinton. The new Waterside Primary school is an important step in supporting its creation and delivering the Council's regeneration plans for the area. This will be further supported by the new pedestrian and cycle bridge

over the River Trent, which is also due to open in 2023. It will connect the Trent Basin waterside housing area to Lady Bay and West Bridgford in the south. This will make it easier, safer and quieter for people to travel in a more sustainable way.

Both new schools support the delivery of the Council's statutory responsibility to provide sufficient school places for Nottingham City pupils. Additionally, it supports the Council Plan objective to guarantee a choice of places at a local primary and secondary school for every Nottingham child.

## **Adult Social Care**

Health and Social Care pressures have continued through the winter, with significant challenges across all workforce capacity coupled with high seasonal and covid related demands.

The Adult Social Care workforce development strategy is being developed. A number of engagement sessions have been held with staff across the department this month outlining the proposals and gaining feedback.

There has been significant work on the recruitment campaign for homecare staff led by Commissioning and Market Development. The Council's internal communications team are leading various communications activities including promotional videos, creation of social media content, external advertising on buses and trams and liaising with local media outlets. This has been funded through the Workforce Recruitment & Retention Grant. In addition, there is a targeted campaign to increase traffic to the Nottingham Jobs Pathways route into health and social care.

## **Adults Transformation Programme**

Adult Health and Social Care is embarking on transformation to address challenges of increasing demand, workforce retention and financial pressures. To address this a programme of change has been developed to improve service quality, provide better outcomes for citizens and deliver financial savings for the Council.

The programme is designed to work towards delivering the outcomes from the Social Care Futures enquiry: "We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us".

The ambitions of the Adults Health and Social Care programme are:

- Promoting independence, preventing and delaying the need for longer term care
- Developing the service offer to provide better outcomes
- Strengthening and developing the workforce

What specifically will be different?

- Early intervention and improved offer to promote prevention and independence
- Citizens co-producing and shaping solutions
- More people with reviewed care and support packages that are outcome focused
- Increased accommodation and support options, including more people living in a family home environment
- A strengthened and developed workforce; getting it right first time

What is the direct impact of the change?

- Improved quality and better outcomes that matter to the citizens
- Increased, retained or restored independence
- Citizens have choice and control over what happens to them in the most appropriate setting
- Preventing, reducing or delaying the need for longer term care and support

Below is a selection of projects within the programme showing progress:

Strengths based reviews and Occupational Therapy prevention led project:

- The allocation of social care assessments to an external provider has resulted in reduced waiting times for citizens and is preventing care and support needs escalating and the unnecessary provision of longer term care and support.
- This has decreased the backlogs in Duty and the Integrated Enablement Team (hospital) and has had a positive impact on the Adult Social Care workforce
- Further the allocation of cases to review existing care and support packages has started, with citizens having strengths-based conversations to maximise independence and as a result deliver financial efficiencies.

Development of options for more independent living project:

- Project in delivery to further increase supported living options; promoting the shift from residential care to supported living arrangements, enabling people to live as independently as possible and in the least restrictive settings.
- Workforce capacity is increasing and recruitment has started to support delivery of this initiative.
- Of the initial 30 moves planned into high quality supported living accommodation, 3 have already taken place resulting in better value for money.

Increase independence for older people project:

- Project and plan developed to improve the offer for older people; to have strengths-based conversations and promote independence, preventing and reducing stays in residential and nursing care.
- To better understand the issues around high number of placements of citizens in residential care and prioritise activity to provide an improved offer, data analysis underway; benchmarking numbers in residential care in comparison to other local authorities, identifying trends and analysing placements in residential care by team.

Catherine Underwood  
Corporate Director for People  
(March 2022)

**Nottingham City Health and Wellbeing Board  
Work Plan 2021/22**

<b>Recurring Agenda Items</b>	<b>Lead Officer</b>
Joint Strategic Needs Assessment – New Chapters	Claire Novak (NCC)
Nottingham City Place-Based Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Health Protection Board Update, including coronavirus	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Adrian Mann (NCC)

<b>Meeting Date</b>	<b>Agenda Item</b>	<b>Lead Officer</b>
<b>Wednesday 25 May 2022 1:30pm (provisional)</b>	Public Health – Annual Report	Lucy Hubber (NCC)
	Commissioning Reviews and Commissioning Intentions – Annual Review	Katy Ball (NCC) Sarah Fleming (CCG)
	Pharmaceutical Needs Assessment – Consultation	David Johns (NCC)
	Children and Young People’s Mental Health	Helen Johnston (NCC)
<b>Wednesday 27 July 2022 1:30pm (provisional)</b>	Joint Health and Wellbeing Strategy – Implementation Plans	Lucy Hubber (NCC) Rich Brady (ICP)
	Speech, Language and Communication Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
<b>Wednesday 28 September 2022 1:30pm (provisional)</b>	Pharmaceutical Needs Assessment – Approval	David Johns (NCC)

<b>Annual Reports</b>	<b>Month of Reporting</b>
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Joint 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

Items for the Board’s work plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, [adrian.mann@nottinghamcity.gov.uk](mailto:adrian.mann@nottinghamcity.gov.uk)).

Authors **MUST** discuss their proposed reports (and any supporting presentation) with Lucy Hubber (Director of Public Health, Nottingham City Council, [lucy.hubber@nottinghamcity.gov.uk](mailto:lucy.hubber@nottinghamcity.gov.uk)), before submitting the report to a Board meeting. Reports and their recommendations must be produced in the form of a formal, written document, headed by a standard cover sheet (which is available from Governance Services). Presentations to help illustrate reports must be no more than 10 minutes in length.