

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 28 September 2022 from 1:35pm to 3:00pm

Voting Membership

Present

Councillor Adele Williams (Chair, items 28-32)
Dr Hugh Porter (Chair, items 33-39)
Lucy Dadge
Councillor Jay Hayes
Lucy Hubber
Sara Storey
Michelle Tilling
Councillor Linda Woodings
Catherine Underwood

Absent

Councillor Cheryl Barnard
Dr Dave Briggs
Sarah Collis

Non-Voting Membership

Present

Louise Bainbridge
Tim Guylar
Jules Sebelin

Absent

Mel Barrett
Superintendent Kathryn Craner
Dr Sue Elcock
Stephen Feast
Leslie McDonald
Mick Sharman
Emma Rowsell
Jean Sharpe

Bryn Coleman (substitute for Mick Sharman)

Colleagues, partners and others in attendance:

David Johns - Deputy Director for Public Health, Nottingham City Council
Adrian Mann - Governance Officer, Nottingham City Council

28 Changes to Membership

The Board noted that Diane Gamble has stood down from the Board as the representative of NHS England.

29 Apologies for Absence

Councillor Cheryl Barnard - Portfolio Holder for Children, Young People and Schools, Nottingham City Council
Mel Barratt - Chief Executive, Nottingham City Council
Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

Superintendent Kathryn Craner	-	Area Command, Nottinghamshire Police
Stephen Feast	-	Director for Transition, Nottingham City Homes
Leslie McDonald	-	Executive Director, Nottingham Counselling Centre
Emma Rowsell	-	Director for Student and Campus Life, University of Nottingham
Mick Sharman	-	Assistant Chief Fire Officer, Nottinghamshire Fire and Rescue Service

30 Declarations of Interests

None.

31 Minutes

The minutes of the meeting held on 27 July 2022 were confirmed as a true record and signed by the Chair.

32 Minutes of the Commissioning Sub-Committee

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 27 July 2022.

• Chair

As Councillor Adele Williams, Chair of the Nottingham City Health and Wellbeing Board, had to leave the meeting unexpectedly, Dr Hugh Porter, the Vice-Chair, chaired the rest of the meeting.

33 Joint Strategic Needs Assessment - Annual Report

Lucy Hubber, Director for Public Health at Nottingham City Council, presented the annual report for the Joint Strategic Needs Assessment (JSNA). The following points were discussed:

- (a) the JSNA provides an overview of the current and future health and social care needs of the local population. The Nottingham and Nottinghamshire Joint Health and Wellbeing Strategy will help to inform the Integrated Care System's wider Integrated Care Strategy, and the development of its core principles will rely on intelligence taken from the JSNA. Work is also underway with the Integrated Care Board on how the JSNA can inform the joint planning and commissioning of health, wellbeing and social care services across the whole system, and provide detailed information on Public Health issues;
- (b) the current JSNA has over 50 chapters, and a great deal of work is required to keep them up to date. However, it is important that the JSNA is a live document and, as part of developing new ways of working, collaboration is underway with the Integrated Care Partnership's System Analytics and Intelligence Unit to develop interactive JSNA dashboards, which will be supplemented by 'deep-dive'

chapters. Making the JSNA information more accessible through the dashboards should be particularly helpful to the Primary Care Networks in establishing their specific community needs, and it is hoped that the detailed data from the recent national census can be fed in when it becomes available, next year. The NHS has given a substantial level of welcome support in delivering the JSNA dashboards, which should be launched around December.

The Board noted the report.

34 Pharmaceutical Needs Assessment 2022-25

David Johns, Deputy Director for Public Health at Nottingham City Council, presented a report on the Pharmaceutical Needs Assessment (PNA) for Nottingham City for 2022-25. The following points were discussed:

- (a) the Board has a statutory duty to assess the needs for pharmaceutical services in its area and publish a formal PNA. The latest PNA was for 2018-21, so an updated assessment of need for 2022-25 has now been produced, following a slight delay as a consequence of the Coronavirus pandemic. The PNA considers how the population is likely to change during the period that it covers, and seeks to identify development possibilities and any potential gaps in service provision;
- (b) the PNA is a significant document and its production has involved a range of steering groups partners, with close participation from NHS and Public Health colleagues. A 60-day public consultation was undertaken on the draft PNA, which received a positive response, resulting in no major changes to the document;
- (c) the main conclusion of the new PNA is that there are no gaps in the current provision of pharmaceutical services, which are provided by 64 community pharmacies, including 9 100-hour pharmacies and 4 distance-selling pharmacies. All city residents should be able to access a pharmacy either by car or via the good public transport service within 20 minutes, and around 98% of residents are within a 20-minute walk of a pharmacy. However, it was outside the scope of the PNA to assess the level of need amongst residents for specific support in accessing pharmacy services (such as free community transport and medication delivery), or the impact that the rising costs of living might have on access, so this should be considered more widely;
- (d) there is a system of night-time pharmacy provision, but no individual pharmacy provides a 24/7 service. There is an increasing demand for primary care services, so the NHS is seeking to encourage people to go to the pharmacy in the first instance for appropriate health issues, rather than the GP. As such, it is vital for strong community engagement to be carried out to reassure residents that pharmacies are the right place to go for certain issues. It is also important that work is carried out to establish the best means of engaging with a given community effectively, which might include the use of a range of languages in addition to English;
- (e) together, the PNA and the Health Needs Assessment represent an overview and a starting point in seeking to identify where more specialist services could be targeted. The current position regarding pharmacy provision is positive, and this

base position should be used to grow a partner-based strategic approach to assist the Primary Care Networks in exploring what further provision can be deployed to communities via pharmacies and GPs in order to meet specific needs, and how culture change can be brought about to achieve the maximum benefit from a broader healthcare workforce;

- (f) the Board thanked everyone involved in the production of the very positive PNA for their hard work. It considered that detailed thought must be given to how specific health and care needs are addressed within individual communities, particularly for the most vulnerable, and how the available pharmacy and GP resources can be used most creatively and effectively meet these needs at the place level. The Board noted that the PNA establishes that the current service model is met by the current provision, but that consideration should be given to what model is required for the future, and what role pharmacies have to play in this as important vehicles for place-based delivery, as part of a whole-system approach;
- (g) the Board recommended that the future aims for service provision are reflected in the wider Integrated Care System's Integrated Care Strategy, and be supported through the development of place-based commissioning, driven by the Integrated Care Board (ICB) as the primary commissioner. It noted that it is vital for the strategic documents at all levels to be shaped strongly by place;
- (h) the Board noted that the consideration of workforce matters was not within the scope of the PNA, so the PNA reviews the structural estate available for the delivery of pharmaceutical services, but not the likely trends in the capacity of the associated workforce. It felt that it is important that oversight of workforce trends is carried out at the ICB level, to ensure that the required staffing capacity is in place to support effective delivery.

Resolved to approve the Pharmaceutical Needs Assessment 2022-25 for Nottingham City and authorise its publication by 1 October 2022.

35 Nottingham City Place-Based Partnership Update

Dr Hugh Porter, Clinical Director of the Nottingham City Place-Based Partnership (PBP), presented a report on the PBP's current activity. The following points were discussed:

- (a) the PBP has been in place since 2019 and has been developing strong partnership relationships. These are now being reviewed in the context of moving forward effectively with the Integrated Care System (ICS) and the Integrated Care Board (ICB), to grow the PBP and how it supports the whole system;
- (b) development sessions are underway and a set of programmes are being formulated as future focuses for the PBP, including community empowerment, workforce development, interfacing between primary and secondary care, an integrated neighbourhood model of support (involving establishing relationships both between General Practices across the community and local community voluntary organisations, to increase holistic care), and social value actions (such as approaches to supporting people in food and fuel poverty). It is important that

the impact of the limited amount of funding available is maximised through the collection of live, relevant data to inform the most effective deployment of services;

- (c) General Practice represents the cornerstone for much of the PBP's activity, so the PBP is working to support GPs as much as possible. Work is being carried out to broaden the services that can be based at General Practices, and how General Practices can work collectively with each other, but also with the wider neighbourhood providers. Currently, demand for GP services is substantially outstripping the available capacity. The ICS is developing a general strategy for primary care, while the ICB is exploring how GPs can be best supported over the next 5 years, and this will be fed into the ICS strategy;
- (d) there are real opportunities in the current and ongoing place-based programmes to get better outcomes for the local populations' health, access to services and access to urgent care, and the available capacity needs to be maximised across the whole care system. The main focus of service delivery will be to meet the areas of greatest need, identified on the basis of clear data. In terms of the integrated neighbourhood model of support, where targeted work is carried out with a specific community, the outcomes will be reviewed to consider how similar provision could then be deployed more broadly, across the whole system. However, given that there is a great deal of ongoing and interconnected work taking place across the system, it is vital that strategic oversight of everything that is being delivered is in place;
- (e) engagement is required with citizens on what the current primary care structures can provide, realistically. Clear and consistent local messaging is needed on what services and support are available, in the context of a health and care system that is under significant pressure, so it is important for people to know the best place to go in the first instance for their particular healthcare needs. Communications should be considered in detail at the system level, to engage effectively with communities and support GPs and other front-line staff. It is also important to explore and consider how secondary care can engage with primary care to support effective care provision at the community level, to achieve a strong and collective population approach.

The Board noted the report.

36 Joint Health Protection Board Update

Lucy Hubber, Director for Public Health at Nottingham City Council, provided an update on the current position in relation to health protection. The following points were discussed:

- (a) the Joint Health Protection Board is now established and is adapting to the new system context and a partnership working approach. There is a significant focus on post-Covid recovery, including resuming general immunisation and screening programmes – and consideration is being given to how these can be delivered differently, in order to improve uptake. It is important that accessible, live data is in place to ensure that the available provision is directed to the greatest need;

- (b) cases of Monkey Pox are relatively low in Nottingham and Nottinghamshire. There were some problems with the supply of vaccines, but this has now been resolved and vaccines are available where required. Waste water sampling will be taking place in Nottingham to test for the presence of Polio, and preparation is underway for the delivery of a targeted vaccination programme. Work is underway to ensure that GPs are provided with data for the absolute (rather than percentage of population) number of vaccinations required, to support delivery;
- (c) Coronavirus booster vaccinations are now being rolled out to people in eligible groups, and there is an upcoming communications campaign for winter Coronavirus and flu jabs. The data suggests the onset of an early flu season, and it can be difficult to tell Coronavirus and flu apart on a purely symptomatic basis. This is likely to have an impact on the workforce in general, but there are no suggestions currently that new lockdowns will be implemented. The majority of flu vaccinations will be delivered through primary care services, but there will also be provision through secondary care at appropriate points of contact, such as for in-patients and at maternity clinics. There has been good uptake of vaccinations amongst healthcare staff.

The Board noted the update.

37 Board Member Updates

Board Members provided the following updates:

- (a) Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current work being carried out by the Council's Children's and Adults' Services. An Ofsted inspection of Children's Services has been carried out, and cross-cutting work is being developed to establish Nottingham as a Child Friendly City – and there is scope for this work to be supported by Board members. The Holiday Activity Fund is in place to support families under pressure, and this has been delivered in strong partnership with community and voluntary sector partners;
- (b) the Nottingham Community and Voluntary Service has carried out a snap survey on the impact of the rising cost of energy on sector providers. Some organisations have reported substantial energy cost increases and, although many want to participate in 'warm space' initiatives across the winter, the financial cost of doing so will be very high. As such, a number of community and voluntary organisations are at risk of not being able to operate – while demand for services (particularly in the context of financial support) is increasing. Ultimately, this represents a significant, system-wide challenge, and the sector is in need of additional investment at a national level;
- (c) Nottingham City Homes has discovered cases of residents dismantling wooden fences to be used as firewood, and there is concern generally that a number of people in Nottingham do not have smoke alarms in their houses. It is also possible that, with the increased cost of living, some residents are not renewing their home insurance;

- (d) the Fire and Rescue Service carries out ‘Safe and Well’ visits on a risk-based basis, to seek to mitigate fire risks in the homes of the most vulnerable people. Firefighters carry out fire prevention and protection work when in contact with residents as part of their day-to-day activity, and the Service will do the specialist ‘Safe and Well’ visits on the basis of referrals from other services that have been in contact with vulnerable people. The Service does also carry out ‘door-knocking’ within target communities where residents have a high probability of being at risk of fire, to seek to identify vulnerable residents who may not otherwise be known to other health and care services. However, the Service’s fire protection and prevention activity is funded from its core budget, so the level of capacity that firefighters have to carry out this work can vary throughout the year;
- (e) in terms of Public Health, smoking is a significant issue in Nottingham, and represents a key theme of the Joint Health and Wellbeing Strategy. A joint ‘tobacco declaration’ has been in place with Nottinghamshire County Council since 2014, as a commitment to smoking cessation and tobacco control. It is proposed to renew this declaration, and a new vision and delivery plan is being developed. It is also intended to hold discussions on the commercial determinants of health, to explore what health impacts business has on the population – particularly in the context of marketing certain products, and engaging with the large number of businesses that prepare and sell food. It is important for there to be a collective view across the system on how business impacts on people’s ability to make healthy choices, particularly if certain regulatory measures at the national level are scaled back.

The Board noted the updates from members.

38 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.

39 Future Meeting Dates

- **Wednesday 30 November 2022 at 1:30pm**
- **Wednesday 25 January 2023 at 1:30pm**
- **Wednesday 29 March 2023 at 1:30pm**