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 29 January 2020 from 1:31pm to 3:49pm

Membership

Voting Members

Present	**Absent**
Councillor Eunice Campbell-Clark (Chair, items 60-67, 69-72)	Samantha Travis
Dr Hugh Porter (Chair, item 68)	Catherine Underwood
Councillor Cheryl Barnard	
Dr Marcus Bicknell	
Alison Challenger	
Sarah Collis	
Michelle Tilling	
Councillor Adele Williams	

Non-Voting Members

Present	**Absent**
Viki Dyer	Lyn Bacon
Superintendent Matthew Healey	Ian Curryer
Leslie McDonald	Julie Hankin
Tim Guyler (Substitute for Alison Wynne)	Richard Holland
Jules Sebelin (Substitute for Jane Todd)	Craig Parkin
	Jane Todd
	Andy Winter
	Alison Wynne

Colleagues, partners and others in attendance:

Paul Crookendale	-	Community Partnerships and Projects Manager, NCC
Grant Everitt	-	Opportunity Nottingham
Sharan Jones	-	Health and Wellbeing Partnership Manager, NCC
Adrian Mann	-	Governance Officer, NCC

60 Changes to Membership

The Board noted that Michelle Tilling has replaced Sarah Fleming as a representative of the Greater Nottingham Clinical Commissioning Partnership.

61 Apologies for Absence

Lyn Bacon
Ian Curryer
Jane Todd
Catherine Underwood
Andy Winter
Alison Wynne

62 Declarations of Interests

None.

63 Minutes

The Board confirmed the minutes of the meeting held on 27 November 2019 as a correct record and they were signed by the Chair.

64 Minutes of the Commissioning Sub-Committee

The Board noted the minutes of the meeting held on 27 November 2019.

65 Inclusive Employment and Health

Viki Dyer, District Operations Leader at the Department for Work and Pensions (DWP), and Sharan Jones, Health and Wellbeing Partnership Manager at Nottingham City Council, presented a report on how improved cross-sector partnership action can help individuals with health and complex social issues gain and maintain employment, improving their health and wellbeing. The following points were discussed:

(a) many citizens in Nottingham are struggling to maintain employment while living with disability, managing long-term conditions (especially relating to mental health), or claiming health-related benefits. The further development of cross-sector partnerships has the potential to improve the lives of these individuals through helping them to gain and maintain employment. This should result in better outcomes for Nottingham citizens and communities, and greater productivity for employers;

(b) there are approximately 55,400 people in Nottingham of working age who have a long-term disability that limits substantially their day-to-day activities or affects the kind or amount of work they might do. Employment for those with a disability in Nottingham is estimated at 47%. It is a primary aim to develop ambitious and inclusive initiatives to help these people move into work and support them going forward, to improve their health and wellbeing;

(c) currently, only 70 employers in the city are signed up to the inclusivity model, which is a relatively small number. Many employers are not confident in being able to support the specific needs of workers with disabilities and long-term health conditions, so more work needs to be done to change the culture, perceptions and practices of employers and help them to be more disability-confident. To increase engagement, a stakeholder event is being planned for the Spring on how to grow inclusion in the workforce;

(d) Nottingham Community Voluntary Services has run jobs events where the DWP and proactive employers have spoken to explain what disability confidence means for employers. Employers need to have the skills and be able to hold the conversations to support the requirements of disabled employees at work. Mentoring, internships, apprenticeships, role-models and community champions

can all be used to help people gain experience and link them to others who have been through the same process, before;

(e) small businesses can feel that it is difficult for them to engage with mainstream inclusion programmes, which may seem prescriptive in their requirements and ask for a high level of administration that only large organisations have the capacity to process. It is important to assess what the particular barriers to a person working are – such as difficulty with writing – and enable all employers to find effective means to solve these issues as easily as possible with the resources that they have available;

(f) the last of the funding available from the European Social Fund for the D2N2 Local Enterprise Partnership will be released shortly. This could be used to improve employment support in health and care settings, such as through the provision of employment support advisers in specific areas, who would work alongside healthcare providers in helping people with disabilities into employment. There is now a short window to allocate and spend the funding. D2N2 has a strong record to securing grants to deliver projects, but 50% match-funding is needed for every bid. The Council often provides this through staff time to projects, but strong partnerships are required with other organisations in the health and employment sector to achieve success;

(g) a new Health and Wellbeing Strategy is being produced, which will have a focus on taking a consistent and evidence-based approach to exploring the benefit and the return on investment of projects. The new Strategy will also seek to achieve joined-up working with the Nottingham City Integrated Care Partnership (ICP) on the delivery of shared objectives, and it will be helpful for the DWP to work with the Primary Care Networks and the new Social Prescribing Link Workers at the community level. An evidence-based project has taken place in Lincolnshire and its outcomes may help in informing the development of the Strategy;

(h) the membership of the Board represents a number of large employers. Currently, the NHS is carrying out a great deal of recruitment at entry level to ensure an effective workforce and mentoring is in place to upskill employees. It is important for large employers to identify what they can do to increase inclusion and target the people that need to be connected with most. The Council is continuing to develop jobs for local people and is reviewing how various demographics (including both young and older people seeking training and jobs) can be recruited and included, and how and where their skills can be best used. It is also important to engage effectively with the voluntary sector (such as through integrated partnership working), the Council's Portfolio Holder for Early Years, Education and Employment and the Economic Development Team, the DWP and the ICP.

Resolved to hold a meeting of the Health and Employment Steering Group to discuss potential projects for submission to the D2N2 Local Enterprise Partnership, for an application to the European Social Fund Reserve Fund.

66 Health and Wellbeing Board: New Ways of Working

Alison Challenger, Director of Public Health at Nottingham City Council, presented a report on proposed amendments to the Nottingham City Joint Health and Wellbeing Board's ways of working in collaboration to deliver its statutory functions in improving the health and wellbeing of citizens, and how it can engage closely with the Nottingham City Integrated Care Partnership (ICP) to deliver against the shared priorities. The following points were discussed:

(a) the Board has been operating as a statutory body since April 2013 with an inclusive membership of statutory officers and key partners from a wide range of sectors and organisations across Nottingham. During this period, both the health and care systems and the Board's membership have changed significantly. As such, it is important to reflect on and review the work undertaken to date, and to consider how the Board can contribute to the health and wellbeing agenda going forwards;

(b) the Board's core, statutory functions are to work collaboratively across the membership to determine the public health needs of the local population and produce a Joint Strategic Needs Assessment (JSNA); produce a Joint Health and Wellbeing Strategy (JHWS) that will advance the health and wellbeing of people in the area; encourage the integrated commissioning and delivery of health and social care; reduce health inequalities; have oversight of the local Clinical Commissioning Group's commissioning plans; and to oversee planning against the Better Care Fund;

(c) the current JHWS ('Happier, Healthier Lives') is due to conclude later this year and an evaluation of its impact is underway to inform the refresh of the Strategy, along with work to determine the key priorities of the newly-established Nottingham City Integrated Care Partnership (ICP). Both the Board and the ICP have the same ambitions and serve the same population, so it is important to ensure that plans are developed together and linked to the overarching Integrated Care System's (ICS) response to the NHS Long-Term Plan;

(d) the JSNA is a detailed and extensive assessment of local need and is under review continuously, with a rolling programme to update information. In addition, the ICS has a Population Health Management (PHM) programme that provides detailed insight into the needs of the population and uses data to identify the impact of health and care requirements, as well as the wider determinants that impact on the health and wellbeing of the population. It is important that the information available through the JSNA and PHM is used to inform both the work of the Board and the ICP to better address integration and health inequalities across the city;

(e) ultimately, the Board needs to ensure that its time is spent effectively with a focus on achieving the strategic outcomes, and that it adds value to the overall health agenda and the delivery of proactive prevention measures for ill health. The Board needs to use its strong membership to ensure that its discussions lead to the influencing of commissioning, the improvement of delivery and the driving of change, while avoiding duplication of work – so it will be helpful to engage with the upcoming ICP Partnership Forum;

(f) as the discharge of the Board's functions fall within the remit of the Council's Health Scrutiny Committee, it should also review how it interfaces with this body and discuss future ways of working with its Chair. There may also be an opportunity to meet with the Chair of Nottinghamshire's Health and Wellbeing Board, to consider the potential for any crossover work and discuss how the healthcare needs of citizens from the County are addressed within the City, under the ICS. Once a new roadmap has been produced, an internal review of the Board's ways of working will be carried out as a follow-on to the review conducted a few years ago;

(g) care should be taken to ensure that working links are maintained with other stakeholders in the voluntary sector who are not part of the ICP, with consideration given to what the Board is seeking to achieve through engaging with the voluntary sector, what the sector can bring to strategic discussions at this level, how this engagement can be developed and improved, and how the sector can be best represented on the Board;

(h) the Board's statutory members need to be clear on their required role, who Board members represent in organisational terms and what their mandate is. The Board needs to have a broad platform to engage successfully with the ICP, though it also needs to be clear on what role its individual members have in making decisions within the forum and then disseminating those actions within their own organisations, to meet the objectives of the Board, the ICP and the ICS. In terms of strong decision-making, the Board should always seek to achieve consensus rather than through voting, which has only been used once in the Board's lifetime;

(i) currently, the Board has no dedicated administrative support and relies on staff time being resourced from the Public Health team. It is unlikely that the Council will be able to supply a dedicated support officer to the Board in the near future, so members should consider what administrative resourcing they may be able to put into the Board on a collective basis, and whether some resources can be shared with the ICP;

(j) the ongoing JHWS refresh will come back to the March meeting of the Board and the new ways of working proposals will be updated in light of the Board's discussions. There will be further information on the new JHWS and ICP priorities, with consideration of governance and inter-relationship arrangements, the JSNA and creative resource-sharing.

The Board noted the report.

67 Integrated Care Partnership Update

Dr Hugh Porter, member of the Nottingham City Integrated Care Partnership (ICP) Board, presented an update on the ICP activities and initiatives between November 2019 and January 2020. The following points were discussed:

(a) the ICP is developing its high-level programme plan, with a focus on five priorities: establishing a financial and performance view of Nottingham as a whole, creating leadership for the city's health and care development activities, setting up robust

governance at the city and local Primary Care Network (PCN) level, focusing on change management very clearly, and identifying a roadmap for full population management;

(b) the ICP is also establishing sensible and achievable priorities for 2021 and beyond, which will link closely with the Integrated Care System's (ICS) response to the current NHS Long-Term Plan so that work is not duplicated and any gaps in service provision are filled. In terms of governance, the upcoming Partnership Forum meeting will be reviewing the executive management of the ICP, and how the ICP's development can be nest supported;

(c) recently, the ICP has been working to provide targeted support GP practices that have struggled to deliver the needed flu jabs, and this has had positive results. Further work will be carried out to review how the flu inoculation programme can be delivered differently and more effectively. The ICP is also starting to develop and improve the end-of-life planning arrangements in place for people suffering from terminal diseases other than cancer. The ICP has commissioning elements that will review the resources available to providers and how they can be used most effectively;

(d) it is vital that different ways of operating to work in partnership and to achieve wider health benefits for everyone is embraced at all levels. Means of ensuring that people requiring services have access to the most direct point of contact should be put in place, and effective information sharing between services is vital for ensuring good population health management. There is a great deal of learning to be carried out at PCN, ICP and ICS level, and this all needs to be brought together in the same space to take population health and wellbeing forward effectively.

The Board noted the update.

- **Chair**

As Councillor Eunice Campbell-Clark (Chair of the Board) was absent, Dr Hugh Porter (the Vice Chair) chaired the meeting.

68 Joint Strategic Needs Assessment: Severe Multiple Disadvantage

Alison Challenger, Director of Public Health at Nottingham City Council, presented the latest chapter of the Joint Strategic Needs Assessment (JSNA), on Severe Multiple Disadvantage (SMD). The following points were discussed:

(a) the new JSNA chapter considers people who experience two or more of the following issues simultaneously: mental health issues, homelessness, offending and substance misuse. Other disadvantage may include poor physical health, community isolation and domestic or sexual abuse. Nottingham has the eighth highest incidence of SMD in England, with over 5,000 people experiencing it in the city – which is twice the national average. The average life expectancy of a person suffering from SMD is 45 years, though their period of healthy life is much shorter. There has only been one major study into SMD, so the in-depth data

informing the JSNA chapter has been gathered and collated from a very wide range of sources, including the Police and healthcare services;

(b) SMD often originates from adverse childhood experiences, but services are usually set up to deal with a single issue only, meaning that they can struggle to meet the needs of people experiencing SMD. The consequences of this can include excess demand on emergency and mental health inpatient services, costing on average of £25,000 for public services per person per year, at an overall cost of £136million per year. A more joined-up approach is required, to include more effective data sharing, and people experiencing SMD need to be involved in developing their own solutions;

(c) further training is required to ensure that the workforce is equipped with the skills and empathy to identify and support individuals with SMD, and a new staff development unit has been established. Staff need to be supported in how they can help people with SMD and to what services they should be directed. Joining-up data-sharing across the services and the Integrated Care System (ICS) is needed to offer seamless support and avoid individuals being directed from service to service, with assistance at the community level provided by the new Social Prescribing Link Workers;

(d) in terms of prevention, SMDs needs a lifetime approach that addresses the root causes of the various complex issues, and dedicated work needs to be carried out to ensure early intervention reduces the occurrence of childhood trauma. Population health management plans are being developed to identify where childhood risks can arise and how they can be addressed as early as possible through early intervention family work and multi-systemic therapy, and locality profiles are being drawn up for the deployment of violence reduction units;

(e) significant partnership work is needed to ensure that each individual community is engaged with in the right way, particularly in the context of Black, Asian and Minority Ethnic communities, to ensure that everybody has fair and equal access to the services that they need. A wide range of organisations are working to address various elements of SMD, including the community and voluntary sector, so it is vital that all of this information and learning is brought together to ensure that the required services are being provided. These services must be visible and accessible to the people that need them, who may never visit a GP, and commissioning decisions must take any gaps in service provision into account;

(f) SMD affects the work areas of all Board member organisations in some way, so the JSNA chapters must be helpful in informing this work, and they should be disseminated by members within their organisations to ensure that the wide range of evidence gathered is deployed to improve services and reduce health inequalities. Strategic planning at the Integrated Care Partnership (ICP) and ICS level should take the JSNA chapters into account when looking at scaling and complex persons plans. The clinical system for the ICP and ICS should be designed within the context of embracing population health management, with focused attention on systems response;

(g) funding for services is often on a fixed-term basis, so effective continuity planning is vital. The JSNA is intended to assist the understanding of core issues, to inform

the provision that needs to be commissioned in the long-term. This process must keep ahead of the funding position to ensure that important programmes do not stop at the end of one commissioning period, to then be re-established (with the associated costs of re-starting a project) at another point in the future.

Resolved to explore the systems response to Severe Multiple Disadvantage further with the Integrated Care Partnership and other key partners in the context of population health management, partnership and prevention.

- **Chair**

Councillor Eunice Campbell-Clark (Chair of the Board) returned to the meeting prior to the discussion of this item and chaired the rest of the meeting.

69 The Safeguarding Adults Board

The Board noted the Annual Report of the Safeguarding Adults Board (SAB). Any members who have specific queries on the report can contact the SAB directly at safeguarding.partnerships@nottinghamcity.gov.uk.

70 Board Member Updates

The Board noted the written update of Nottingham City Council's Director of Public Health.

71 Forward Planner

The Board noted that a set of standard items will now arise on each agenda. The wider work programme is under review so, if members have any comments or suggestions regarding future business items to be considered by the Board, these should be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

72 Future Meeting Dates

- **Wednesday 25 March 2020 at 1:30pm**