

Nottingham City Council Health and Wellbeing Board

Minutes of the meeting held remotely via Zoom and live-streamed on YouTube on Wednesday 27 January 2021 from 1:32pm to 3:49pm

Voting Membership

Present

Councillor Eunice Campbell-Clark (Chair)
Dr Hugh Porter (Vice Chair)
Councillor Cheryl Barnard
Alison Challenger
Sarah Collis
Diane Gamble
Councillor Angela Kandola
Michelle Tilling
Catherine Underwood
Councillor Adele Williams

Absent

Dr Manik Arora

Non-Voting Membership

Present

Lyn Bacon
Mel Barrett
Tim Guylar
Craig Parkin
Jules Sebelin

Absent

Viki Dyer
Julie Hankin
Superintendent Mathew Healey
Richard Holland
Leslie McDonald
Andy Winter

Tracey Macdonald (substitute for Viki Dyer)

Colleagues, partners and others in attendance:

Wayne Bexton - Head of Energy Services, Nottingham City Council
Kathryn Bouchlaghem - Early Years Manager, Nottingham City Council
Katherine Crossley - Project Officer - School Access and Inclusion (Early Years), Nottingham City Council
Ross Leather - Safeguarding Adults Board Manager, Nottingham City Council
Adrian Mann - Governance Officer, Nottingham City Council

27 Changes to Membership

The Board noted that Diane Gamble has replaced Samantha Travis as the representative of NHS England, and that Councillor Angela Kandola has filled a vacancy on the Board for a Nottingham City Councillor.

28 Apologies for Absence

Dr Manik Arora
Viki Dyer

Superintendent Mathew Healey
Andy Winter

29 Declarations of Interests

None.

30 Minutes

The minutes of the meeting held on 25 November 2020 were confirmed as a true record and signed by the Chair.

31 Coronavirus Update

Alison Challenger, Director of Public Health at Nottingham City Council, provided an update on the local impacts of and response to the Coronavirus pandemic. The following points were discussed:

- (a) there have been 1,342 Coronavirus cases in Nottingham in the last seven days. This reflects a seven-day incidence rate of 403.1 per 100,000 population, which is very similar to the average for England of 403.9. Infection rates have decreased by 6% from the previous seven-day rate of 429.6. However, although cases are now declining from the peak, local infection rates are not decreasing as quickly as seen elsewhere, so there is a need to remain cautious. Infection trends are similar across all age-groups, with rates remaining highest amongst 23 to 59-year-olds;
- (b) continual work is underway to manage outbreaks within the city, with a number of cases arising in care homes and hotels. Management and support structures are in place, including the regular testing and priority vaccination of all care home residents and staff, in line with Government targets. The situation is challenging for local healthcare services, but every effort is being made to ensure a full system approach by all partners to respond to any outbreaks. A robust, whole-system communications plan is in place, with specific engagement with the most vulnerable communities;
- (c) the national scheme has established a priority order of cohorts for vaccination, with the top four priorities being residents and staff off care homes for older adults, all those of 80 years of age and over and frontline health and social care workers, all those 75 years of age and over, and all those of 70 years of age and over and clinically extremely vulnerable individuals. The vaccines in use have been produced relatively quickly, but have gone through all of the proper approval steps for usage;
- (d) currently, there is enough vaccine in supply for the four top priority groups, and a large number of vaccinations have been carried out for people in these groups. It is vital that all frontline healthcare staff are vaccinated, particularly in care homes, and it is aimed to have achieved this by the Government deadline of 15 February – though this is a challenging target. As such, focused work is required to ensure that everyone who is now eligible does come forward for a vaccination, and to ensure that they keep their appointments, so that the vaccination programme is carried out as rapidly as possible. The amount of vaccines in the supply is on the

basis of the calculated number of people in the priority groups, so there is unlikely to be a surplus. Live data will be collected on who has been given the vaccine to establish which people are eligible but have not received it, so that support and engagement can be provided;

- (e) a community testing centre has been opened in the Djanogly Leisure Centre, meaning that there are now three testing and vaccination centres operating on Gregory Boulevard and the Forrest Recreation Ground. The centre's purpose is to identify asymptomatic Coronavirus cases so that individuals can isolate and avoid spreading the virus inadvertently. The centre uses lateral flow testing, providing results returned within one hour. To be able to test as many people as possible, the centre will be open six days each week to anybody who does not have Coronavirus symptoms already, and operates a full drop-in service, without the need for an appointment. It has a particular focus on people who cannot work from home, and weekly testing is encouraged;
- (f) this pilot testing scheme will operate until the end of February, so partners' support with communications and increasing the use of the centre is welcomed. Once the centre has been operating for long enough to collect viable data on the percentage number of infections identified by the testing scheme, the information will be published and the model will be reviewed, to inform next steps. There is a high level of the original virus in Nottingham, plus cases of the newly emerging variations. However, a number of people who are infected do not show symptoms themselves, so regular testing is vital to prevent the spread of the virus;
- (g) communications processes are in place, but help from partners is needed to ensure that the messaging reaches everyone that it needs to. A great deal of engagement is required with Black, Asian and minority ethnic (BAME) communities to promote testing and dispel myths surrounding vaccines, in order to reduce health inequalities in the city. This includes engagement with places of worship and community leaders to improve positive local communications, and spreading messaging through social media, local radio and websites. BAME citizens have been approached directly to participate in video messaging on social media, and translations are being provided in a number of languages. This is an ongoing area of work to address a wider anti-vaccination position and reassure people who are hesitant to accept the vaccine, and support from partners is vital.

The Board noted the update and requested that short, written briefings are provided on the progress of the testing and vaccination programmes where appropriate, to provide a general overview of the developing situation.

32 Health and Wellbeing Strategy Update

Alison Challenger, Director of Public Health at Nottingham City Council, and Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented a report on proposals to align formally the work, strategies and priorities of the Board and the ICP. The following points were discussed:

- (a) the Board and the ICP both operate using the Local Authority area boundary, and so serve the same population. Both share a focus on improving the health and

wellbeing outcomes for Nottingham's citizens, and reducing health inequalities. However, to date, the Board and the ICP have operated independently from one another. As there are overlaps in the representation and membership of the two bodies, there is a potential for significant, unnecessary duplication. As such, it would be beneficial to bring the Board and the ICP into closer alignment in the delivery of a refreshed Health and Wellbeing Strategy, to work together more efficiently to achieve better outcomes for Nottingham citizens;

- (b) currently, in this period of financial and capacity pressures, NHS England and Improvement is seeking to improve how healthcare provision is focused on delivering to place-related objectives, using a full partnership approach. This means that local providers need to ensure that they have a detailed understanding of Nottingham and its particular challenges and requirements, to achieve a healthier city. Work is underway to reduce unnecessary duplication as much as possible by aligning the different healthcare bodies and encouraging much closer joint working under more joined-up governance structures. The further development of joint commissioning is also an important area for improving efficiency and achieving better health outcomes;
- (c) the Board considered that closer working with the ICP to a refreshed Health and Wellbeing Strategy would be extremely welcome, with the strategy aligned to ICP Programme Priorities and the Integrated Care System's Health Inequalities Strategy, and to align the governance of the ICP and its programmes of work with the formal statutory governance of the Board. It felt that some joint workshops would be helpful in developing strong partnership working, going forward. It noted that any external examples of this kind of partnership should be reviewed, to take advantage of existing learning.

Resolved to participate in a joint session between the members of the Health and Wellbeing Board and the Integrated Care Partnership Forum to discuss overlaps, functions and the benefits and dis-benefits of the formal alignment of the two bodies.

33 Nottingham City Integrated Care Partnership Update

Dr Hugh Porter, Clinical Director of the Nottingham City Integrated Care Partnership (ICP), presented a report on the current position of the ICP and its main priorities. The following points were discussed:

- (a) following its first year, the ICP is reviewing the delivery of its projects (particularly on supporting people with severe multiple disadvantages and on encouraging the greater uptake of vaccinations), to inform what healthcare requirements need addressing, going forward. Work will be carried out to identify the upcoming health priorities, which will be informed through close consultation with citizens, in the context of addressing the recent paper from the NHS on place-based healthcare approaches. The ICP is always seeking to learn and break down barriers, and holds weekly share and learn sessions with partners. These have been well-attended and represent a good forum for city healthcare providers to share knowledge. A co-mentoring scheme is also in place;

- (b) a funding bid for a project on green social prescribing has been successful, which will focus on supporting mental health issues in a collaborative way, and on the wider determinants of health. Assistance is also being provided to third-sector partners in making funding bids for projects to support vulnerable communities.

The Board noted the update.

34 Carbon Neutral Nottingham 2028

Wayne Bexton, Head of Energy Services at Nottingham City Council, presented a report on the response of the Council to climate change and its impact on public health and wellbeing. The following points were discussed:

- (a) Nottingham is experiencing the local effects of a changing global climate, as the levels of carbon dioxide in the atmosphere continue to increase. Due to changes in approach and the development of agendas for carbon reduction and air quality improvement, Nottingham has reduced citywide carbon emissions by over 43% since 2005. Nevertheless, the city still emitted 1.17 million tonnes of carbon in 2017. However, although Nottingham's emissions levels have remained relatively static, this is in the context of a national trend of increased emissions. In January 2020, the Council declared a Climate and Ecological Emergency, followed by publishing a Carbon Neutral Charter, which is a partnership agreement to achieve net zero carbon emissions by 2028 and tackle climate change jointly, across the city;
- (b) in March 2020, the Council published a Carbon Neutral Nottingham 2028 Action Plan, which contains three cross-cutting themes and seven carbon reduction work-streams, all of which are led by a Council director or head of service. These streams are managed by an Implementation Group, Board and Executive Panel, with ultimate oversight provided by the Council's Executive Board. The plan contributes to improving public health in a number of ways, through actions to improve air quality, reduce fuel poverty, create warmer and better housing, focus on healthier dietary choices, and improve access to open spaces and nature;
- (c) currently, a number of Nottingham citizens remain in fuel poverty, which has been a particular problem when many people are working from home in the winter, during the Coronavirus pandemic. Homes that are cold can lead to health problems, including respiratory illnesses. As such, support programmes are in place (including through the Warm Homes Hub) to improve heating efficiency in homes as a means of addressing fuel poverty and decreasing domestic carbon emissions;
- (d) there is an important need to support marginalised, deprived and vulnerable groups and communities, who often face the worst consequences of climate change. However, addressing these issues is a substantial objective that can only be achieved through a broad range of partners working together to deliver it, both across the city and the wider region. A strong working relationship is in place with Nottingham City Homes (NCH), which is retrofitting its social housing stock for improved energy efficiency, and the businesses that are working with NCH to carry out these retrofits are also seeking to improve their own energy efficiency. Work is also underway in relation to delivering needed improvements following

legislative changes in the criteria used to assess a property's energy efficiency. Grant support for these projects is sought wherever possible;

- (e) successful partnership work has been carried in relation to improving general air quality. There needs to be a major focus on green recovery and better air quality for a healthier Nottingham following the Coronavirus pandemic. Close consultation with residents and businesses is a key priority of this, to achieve a sustainable city with a strong active travel network that attracts and develops green jobs, ensuring economic wellbeing – and its associated positive impact on health. Behaviour changes are being studied carefully to see where carbon emissions have increased or decreased, but it is important to reassure citizens on the safety of returning to public transport;
- (f) there is a good level of external funding for carbon reduction available currently, and there are opportunities to link this with funding to support health and wellbeing. Initiatives are underway to broaden access to open spaces, improve diet and address food poverty, working with local GPs on referrals. Health services are working to reduce their carbon footprint by using technology to ensure that health workers travel to visit patients as efficiently as possible, and by increasing the number of digital appointments that are available to patients, so that they do not need to travel – though measures are in place to ensure that this does not contribute to digital exclusion. Data is being collected on the carbon footprint created by travel related to medical appointments, and this can be shared to develop further strategies for digital care – which has achieved greater acceptance by patients during the Coronavirus pandemic;
- (g) the Board felt that the Carbon Neutral Nottingham 2028 Action Plan represented a welcome commitment to the improvement of healthy lifestyles and mental wellbeing across the city, through an intention to bring about wide cultural change through partnership working. As such, the Board agreed that it would be beneficial for it to participate in the meetings of the Carbon Neutral Nottingham 2028 Board.

Resolved that a representative of the Health and Wellbeing Board should attend the meetings of the Carbon Neutral Nottingham 2028 Board.

35 Speech, Language and Communication Needs: Strategy Development

Kathryn Bouchlaghem, Early Years Manager at Nottingham City Council, and Katherine Crossley, Project Officer – School Access and Inclusion (Early Years) at Nottingham City Council, presented a report on the work around the development of a strategy and supporting pathway in relation to speech, language and communication. The following points were discussed:

- (a) a local needs analysis has shown that children and young people in Nottingham are not always developing speech, language and communication (SLC) to the best of their potential, which impacts on their attachment, attainment, leisure, mental health, well-being, later employment and life chances. Through Department for Education funding under the Early Outcomes Fund, the Council's Children's Services team has been working in partnership with Leicester and Derby City Councils, and the Better Communication Community Interest

Company, to deliver real and proactive solutions in the area of SLC to make a significant difference to children and families;

- (b) effective SLC intervention at an early stage in a child's life is a significant means of mitigating against greater issues in the future, bringing important health and wellbeing benefits. A great deal of work has been carried out to predict and identify need, but much of these was done before the Coronavirus pandemic, so the need will be reviewed in the light of this changed context. The SLC work has been carried out in partnership with 'Small Steps, Big Changes' to ensure a fully integrated approach with national strategies, and seeks to act as a 'golden thread' to bring interventions together;
- (c) in order to support this work and improve children's life chance, it is intended to produce a full written strategy by March, to link together all of the interventions required to bring improvement to these children's lives. A 'task and finish' group is required for joint commissioning, and to have oversight of development, delivery and overall ownership of the strategy. Consideration is also being given to expanding the age range of this work, to develop a 0 to 25 years joint strategy for SLC across all agencies;
- (d) the Board welcomed the proposed SLC strategy and recognised the need for a integrated SLC approach as part of the wider work of the Board and the Integrated Care Partnership, due to the significant impact that SLC can have as a determinant of life chances from an early stage and throughout a child's life – particularly in the context of helping to address poverty, deprivation and health inequality. It agreed that, in moving forward, the SLC strategy should be expanded to develop a 0 to 25 years joint strategy for SLC across all agencies;
- (e) the Board noted that, currently, there are large number of 'strategies' in circulation, which can create confusion for frontline healthcare staff. It suggested that the SLC approach is integrated as a work-stream as part of the delivery of an existing element within the overall Health and Wellbeing Strategy.

Resolved to oversee the development and delivery of a speech, language and communication work-stream (to be integrated into the delivery of an existing element within the overall Health and Wellbeing Strategy), take on its overall ownership and provide necessary engagement, governance and accountability, including supporting the development of a task and finish group for joint commissioning.

36 Safeguarding Adults Board - Annual Report 2019/20

Ross Leather, Safeguarding Adults Board (SAB) Manager at Nottingham City Council, presented the 2019/20 annual report of the SAB, to outline how it met the objectives of the previous year's strategic plan. The following points were discussed:

- (a) the annual report is produced to provide assurance on the robustness of adult safeguarding in a given year. The current report cover activity during 2019/20, so precedes the changed situation arising from the Coronavirus pandemic. The level of referrals continued to rise, with a growing demand and increase in case complexity. Most incidents take place in a domestic setting, with increases of

cases of modern slavery and financial abuse. However, the risks of abuse are successfully reduced in most referred cases. Important work also continues to be carried out with the survivors of child sexual abuse;

- (b) the Coronavirus pandemic, however, has changed the context of adult safeguarding to a high degree. Since April 2020, referral rates decreased by 20% or more, though referrals have increased again as lockdown period ease. It is anticipated that referral levels will return to normal when safeguarding staff are able to visit the homes of people at risk on a more normal basis. Careful monitoring of care homes is in place, and partners have been challenged to speak out to highlight issues and ensure that proper planning and safeguarding measures are used;
- (c) the Board thanked the outgoing Chair of the SAB and officers for the report, and recognised the development of a real culture of challenge, to drive better practice. It noted, however, that the effective continuation of safeguarding throughout the unpredictable and challenging period of the Coronavirus pandemic is a very significant issue. A robust partner approach is in place, but detailed work will be required to ensure full assurance, particularly as a new Chair comes into post;
- (d) the Board felt that it is vital for there to be full collaboration and engagement between Board and SAB members and partners (including with the Crime and Drugs Partnership) to support the work underway to identify the scale of hidden harm arising from the Coronavirus pandemic, and address it effectively.

The Board noted the report, and requested an update on the progress of the review into hidden harm arising from the Coronavirus pandemic within 6 months.

37 Board Member Updates

Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current position and activities of Children's and Adults' Services.

The Board noted the report.

38 Work Plan

The Chair presented the Board's proposed work plan for the 2020/21 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 24 March 2021 at 1:30pm**