

# 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**