

# **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 25 May 2022 from 1:33pm to 3:32pm**

### **Voting Membership**

#### **Present**

Dr Hugh Porter (Chair)  
Manik Arora  
Councillor Jay Hayes  
Lucy Hubber  
Councillor Linda Woodings  
Catherine Underwood

#### **Absent**

Councillor Cheryl Barnard  
Sarah Collis  
Diane Gamble  
Sara Storey  
Michelle Tilling  
Councillor Adele Williams

Ciara Stuart (substitute for Michelle Tilling)

### **Non-Voting Membership**

#### **Present**

Louise Bainbridge  
Superintendent Kathryn Craner  
Stephen Feast  
Emma Rowsell  
Mick Sharman

#### **Absent**

Mel Barrett  
Dr Sue Elcock  
Tim Guyler  
Leslie McDonald  
Jules Sebelin  
Jean Sharpe

Elaine Mulligan (substitute for Jean Sharpe)

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

Rachel Clark - Children and Young People's Mental Health and Wellbeing Programme Lead, NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Helen Johnston - Consultant in Public Health, Nottingham City Council  
Adrian Mann - Governance Officer, Nottingham City Council

## **1 Appointment of the Vice Chair**

**Resolved to appoint Dr Hugh Porter as Vice Chair of the Nottingham City Health and Wellbeing Board for the 2022/23 municipal year.**

### **• Chair**

As Councillor Adele Williams, Chair of the Nottingham City Health and Wellbeing Board, was absent, Dr Hugh Porter, the Vice-Chair, chaired the meeting.

## **2 Changes to Membership**

The Board noted that:

- Councillor Linda Woodings has joined the Board as Nottingham City Council's Portfolio Holder for Adult Social Care and Health;
- Councillor Jay Hayes has joined the Board as Nottingham City Council's Executive Assistant for Health and Culture;
- Emma Rowsell has replaced Stephen McAuliffe as the representative of the Nottingham Universities; and
- Mick Sharman has replaced Craig Parkin as the representative of the Nottinghamshire Fire and Rescue Service.

The Board also noted that the NHS Clinical Commissioning Groups will come to an end on 1 July 2022, and that this may result in changes to who represents the NHS on the Board.

### **3 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
Dr Sue Elcock	-	Medical Director and Executive Director of Forensic Services, Nottinghamshire Healthcare NHS Foundation Trust
Diane Gamble	-	Deputy Director of Strategic Transformation (North Midlands), NHS England
Tim Guylar	-	Assistant Chief Executive, Nottingham University Hospitals NHS Trust
Jules Sebelin	-	Chief Executive, Nottingham Community and Voluntary Service
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Sara Storey	-	Director for Adult Health and Social Care, Nottingham City Council
Michelle Tilling	-	City Locality Director, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Councillor Adele Williams	-	Portfolio Holder for Finance, Nottingham City Council

### **4 Declarations of Interests**

None.

### **5 Minutes**

The minutes of the meeting held on 30 March 2022 were confirmed as a true record and signed by the Chair.

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

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 30 March 2022.

## **7 Public Health - Annual Report**

Lucy Hubber, Director for Public Health at Nottingham City Council, presented the Public Health Annual Report for 2022. The following points were discussed:

- (a) it is a statutory duty to produce an annual report on Public Health. The current report focuses on how communities themselves supported and shaped the overall response to the Coronavirus pandemic, and there are a number of emerging themes. A great deal of work was carried out within communities to help people remain connected and engaged during periods of lockdown, and to ensure reliable access to both food and medicine. How the existing services were able to respond to the pandemic is being reviewed, in addition to now the vaccination programme was rolled out, and the learning generated through the pandemic will be used to inform how future programmes can be delivered more effectively;
- (b) it is vital that the care work arising from and being carried out by communities directly is supported effectively. The extent of health inequalities, often exacerbated by the pandemic, must be explored fully. Work is required to further develop trust relationships with communities and build upon the links that have grown up across the last few years – particularly in the context of encouraging uptake for vaccination and immunisation programmes, which is lower locally than the national average. Consideration is needed on how to communicate most effectively and enhance digital literacy – including how to actively engage with and respond to anti-vaccination positions expressed through social media, so that Coronavirus anti-vaccination sentiment does not begin to impact negatively on other beneficial vaccination and immunisation programmes;
- (c) it is important to have a strong understanding of each community, and of their community groups, that services deliver to. Often, community groups can adapt more quickly to meet the needs of local people than the statutory services. As such, it is important to ensure that the governance structures of the statutory services are an effective enabler of action, as the swift release of even small amounts of money to community groups can have a rapid and significant impact. A strong community asset approach is required to support this, and engagement is underway with communities to understand the local issues and to discover who people want to work with for the delivering of health programmes locally, such as faith groups. It is vital to identify what the main barriers are for given communities in accessing healthcare, and to create tailored means of overcoming them;
- (d) during lockdown, Nottingham City Homes was able to engage proactively with its tenants who lived alone to seek to build contacts for them, as people left isolated were at risk of a rapid decline in health. Local volunteers were effective in combatting isolation, and there is a need to ensure that the voluntary support structures established during the pandemic are embedded and resourced sufficiently to be sustainable in the long-term. Improvements were also made in engaging with rough sleepers, and how services are brought out to vulnerable people (including those with severe multiple disadvantage) must be considered very carefully;

- (e) work is now underway to establish the plans as set out in the annual report within the regular custom and practice for healthcare services, to achieve a stronger place-based and community asset-driven system of delivery, going forward.

The Board noted the report.

## **8 Pharmaceutical Needs Assessment - Consultation**

Lucy Hubber, Director for Public Health at Nottingham City Council, provided an update on the development of the new Pharmaceutical Needs Assessment (PNA). The following points were discussed:

- (a) it is a statutory duty to produce a report on the population's pharmaceutical needs. The formal consultation process on the new PNA is underway, ahead of a final version being brought to the Board in September. It is vital to know the views of both city residents and the wider users on the delivery of pharmaceutical services, and it is important to encourage a good partnership approach to delivery;
- (b) pending the results of the consultation, no significant gaps in service provision or ease of access have been identified, currently. The national standards for measuring ease of access to a local pharmacy are being used to identify areas with poor access. Overall, however, 80% of prescriptions issued are then dispensed within the city, which shows that the current level of accessibility is generally good. Uptake for the community Hepatitis C testing service has been low – but a new service to help address hypertension is now starting;
- (c) given that the NHS is reorienting towards a more place-based commissioning model, the PNA will also address the wider pharmacy access element, such as through a community pharmacy offer. As such, there does need to be a focus on the affordability and sustainability of self-care at the community level.

The Board noted the update.

## **9 Children and Young People's Mental Health**

Helen Johnston, Consultant in Public Health at Nottingham City Council, and Rachel Clark, Children and Young People's Mental Health and Wellbeing Programme Lead at NHS Nottingham and Nottinghamshire Clinical Commissioning Group, presented a report on children and young people's mental health in Nottingham. The following points were discussed:

- (a) the Joint Strategic Needs Assessment (JSNA) chapter on the Emotional and Mental Health of Children and Young People has been refreshed and published, setting out the overview of need and service requirements. The NHS Long-Term Plan has set out a clear set of required deliverables in this area in relation to ease of access, crisis support provision and service improvements. There is a focus on both the diagnosed need and wider support requirements;
- (b) the drafting process of the JSNA chapter was delayed due to the Coronavirus pandemic, so a great deal of work has been carried out to ensure that it is as up-

to-date as possible. However, much of the data relates to service demand pre-Covid, and further work is underway to fully understand the impact of the pandemic on children and young people's mental health;

- (c) a number of services still commission in isolation, leading to some gaps in provision and certain needs going unmet. However, a good central hub system is in place for the Nottingham City and Nottinghamshire County areas, and it is vital that services and commissioning are integrated across the boundaries;
- (d) neurodiversity has become a significant pressure point in the system and new work is underway to address this. There is also a review taking place on how to bring in psychological support more effectively. However, continual work is required on how services develop the data and insight available in order to identify demand most effectively, address waiting times and ensure that the right level of workforce is in place;
- (e) there is local commitment to using the THRIVE model as part of a whole-system approach to mental health services for children and young people and their families, as part of a culture change from a referral-based system to a stronger focus on individual need, and prevention. It is important to engage with individual communities to understand their particular needs and what they consider good mental health support to be;
- (f) to ensure that timely prevention services are in place, mental health support teams have been established in schools, and training is being developed for school senior mental health leads. The NottAlone website was launched during the pandemic as a means for children and young people to access mental health support, advice and services. However, additional investment is required for targeted and specialist services, particularly those needed by people who are socio-economically disadvantaged or disproportionately impacted by health inequality;
- (g) a system-wide Local Transformation Plan (LTP) on achieving long-term service deliverability for children and young people's emotional and mental health is in place and is refreshed annually. Objectives of the LTP are to increase access to services and support teams, while also ensuring that people know where they can go to seek help. There was a significant roll-out of remote provision during the Coronavirus pandemic, so the digitisation of services is increasing. However, virtual access to services does not meet all needs, so a blended model of delivery is required for the future;
- (h) there is investment in the targeted Child and Adolescent Mental Health Services, in addition to services to support people in crisis within the community at a point before they would need to be referred to hospital. A multi-service Suicide Prevention Strategy is in place, and there is a particular need for rapid support to vulnerable young people at universities and colleges, in addition to school-age children suffering from issues such as bullying and exclusion. The mapping of provision to address self-harm is underway, and bereavement services are being developed for those impacted by suicide;

- (i) there is a strong need to focus on the effective transition of individuals from children's to adults' mental health services, and co-production work is underway to identify the greatest challenges for service users. The transition period between services can be difficult and give rise to negative experiences. A 0-25 approach is being adopted to ensure that transition points can be flexible and appropriate to the needs of the individual;
- (j) early intervention provision is being strengthened, with the development of a whole-system approach to problem-solving around young people in crisis, ensuring that plans are properly aligned to achieve the delivery of the right specialist services. There is increasing demand for support in relation to eating disorders, so work is being carried out to meet this need. Further mental health support is being developed for children and young people with special educational needs and disabilities, and those within the Youth Justice System. All development work is underpinned by engagement and co-production with service users;
- (k) the Coronavirus pandemic has resulted in national funding of mental health provision being brought forward, and there is now good investment in crisis provision. However, the right workforce needs to be built up to ensure sustainable provision in the long term, and embed the new ways of working. New teams have been established in schools to focus on mild to medium need, and on early support. A whole-school approach to mental health should be embedded, and training is being provided;
- (l) demand for services has risen from the 2021 levels, and more of the people presenting now have higher levels of need. This has had an impact on waiting times, so further funding to help address this is being sought. There is a strong role for self-help to play in prevention, supported by NottAlone, and it is important that these resources enable people to be confident in coming forward with mental health needs at an early stage, free of social stigma;
- (m) a primary aim of prevention activity in schools is to ensure that it is much easier for children to present with mental health needs. Close work with local delivery partners is underway, and young people have been engaged directly in developing the support being made available to them. There is now also a focus on developing the right resources for parents and carers in supporting children and young people with mental health needs;
- (n) the Board noted that there has been an increase of funding coming into the system and, as such, it is vital that there is full transparency to show that these resources are being used in the areas of greatest need. Commissioners and providers must be clear on where resources should be deployed to best address health inequality, and ensure that existing inequalities are not exacerbated. Processes of effective information transfer and sharing must also be in place, along with measures to track activity and outcomes accurately, to inform where investment can be targeted for the greatest benefit.

**Resolved to endorse the refreshed Joint Strategic Needs Assessment chapter on the Emotional and Mental Health of Children and Young People, and to**

**support the implementation of the recommendations identified in the new chapter.**

## **10 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) following Royal Assent being granted to the latest Healthcare Bill, the NHS Clinical Commissioning Groups will come to an end on 1 July. A paper will be brought to the Board's July meeting to explore how the Placed-Based Partnership (PBP) will work to deliver the new Joint Health and Wellbeing Strategy, and the PBP will be holding a number of development events for growing its ambitions, going forward;
- (b) the University of Nottingham has published research on the historical trajectories of the wider determinants of health inequalities in Nottingham, including on how changes to the balance of the local economy have impacted the lives of people in the city. The findings and themes are very helpful in the context of identifying and addressing the causes of health inequality. A strong focus is required on how trust is built with the communities experiencing the greatest health inequalities, going forward – particularly as some of the data used in the report arises from the 2011 National Census, and the nature and size of the communities experiencing inequality will have changed significantly since;
- (c) once the most recent census results are published in August, the commissioning of a refresh of the research in the light of the new data could be considered. A project to consider the lessons learned from the Coronavirus pandemic is also underway, with the aim of establishing a clear pattern of its impact on health inequality in the city.

The Board noted the update.

## **11 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) a Joint Health Protection Board (JHPB) has been established with Nottinghamshire County Council in the wake of the Coronavirus pandemic. The JHPB will seek accountability from healthcare partners in their response to health protection and, as the Board has oversight of this area, a regular written update of the JHPB's activity will be provided at future meetings;
- (b) a more 'business as usual approach' is now being taken in relation to Coronavirus. Although local infection rates are lower than the national average, there is still a high number of new cases, and the health impacts remain significant. Careful consideration should be given to the service response to the effects of 'long Covid', as they become better understood;

- (c) a communications strategy is in place to inform people about where new testing and vaccinations sites will be established, following the winding-down of the large facility at the Forest Recreation Ground. The new locations have been selected on the basis of highest need, with a focus on areas of higher health inequality and lower vaccination uptake. Support with transportation to the new sites is in place. The Board noted that it is vital that very clear advertising is in place for when and where pop-up provision will be available;
- (d) currently, there have been no cases of monkey pox in the Midlands region. The current protection approach relies on people being symptom-aware and self-presenting if they believe themselves to be infected, and the level of self-presentation so far has been good. Supplies of the smallpox vaccine are being held locally for administration to anyone who is discovered to have been in close contact with somebody infected by monkey pox.

The Board noted the update.

## **12 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.

## **13 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.

## **14 Future Meeting Dates**

**Resolved to meet on the following dates:**

- **Wednesday 27 July 2022 at 1:30pm**
- **Wednesday 28 September 2022 at 1:30pm**
- **Wednesday 30 November 2022 at 1:30pm**
- **Wednesday 25 January 2023 at 1:30pm**
- **Wednesday 29 March 2023 at 1:30pm**