

# Nottingham City Council

## Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 July 2022 from 1.33 pm - 3.24 pm

### Voting Membership

#### Present

Councillor Adele Williams (Chair)  
Dr Hugh Porter (Vice Chair)  
Councillor Cheryl Barnard  
Sarah Collis  
Lucy Dadge  
Councillor Jay Hayes  
Lucy Hubber  
Sara Storey  
Councillor Linda Woodings

#### Absent

Michelle Tilling (sent Substitute)  
David Briggs  
Dianne Gamble  
Ciara Stuart (Substitute for Michelle Tilling)  
Catherine Underwood

### Non-Voting Membership

#### Present

Nicki Bridge (substitute for Louise Bainbridge)  
Mel Barrett  
Superintendent Kathryn Craner  
Leslie McDonald  
Jules Sebelin  
Mick Sharman

#### Absent

Louise Bainbridge  
Dr Sue Elcock  
Stephen Feast  
Tim Guyler  
Elaine Mulligan (substitute for Jean Sharpe)  
Emma Roswell  
Jean Sharpe

### Colleagues, partners and others in attendance:

Kathryn - Early Years Manager, Nottingham City Council  
Bouchlaghem  
Katy Ball - Director of Procurement & Commissioning, Nottingham City Council  
Rich Brady - Programme Director, Nottingham City Place Based Partnership  
Sarah Fleming - Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board  
Kate Morris - Governance Officer, Nottingham City Council

## 15 Changes to Membership

The Board noted the change in membership to reflect the changes to the system.

The Board acknowledged the input of Dr Manik, and thanked him for his years of hard work with the Board.

## **16 Apologies for Absence**

Tim Guylor	- Assistant Chief Executive, Nottingham University Hospitals NHS Trust
Elaine Mulligan – substitute	- Disability Employment Advisor Leader, Department for Work and Pensions
Jean Sharpe – sent substitute	- District Senior Employer and Partnerships Leader, Department for Work and Pensions
Ciara Stuart – substitute	- Head of Mental Health Contracting and Service Redesign NHS Nottingham and Nottinghamshire Integrated Care Board
Michelle Tilling – sent substitute	- City Locality Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Catherine Underwood	- Corporate Director for People, Nottingham City Council

## **17 Declarations of Interests**

None.

## **18 Minutes**

The minutes of the meeting held on 25 May 2022 were confirmed as a true record and were signed by the Chair of that meeting.

## **19 Joint Health and Wellbeing Strategy - Delivery Update**

Rich Brady, Programme Director at Nottingham City Place Based Partnership presented an update on the delivery of the Joint Health and Wellbeing Strategy to the Board, detailing progress on the delivery plans for each of the four Joint Health and Wellbeing Strategy priorities, following its approval at the March 2020 meeting of this Board. He highlighted the following points:

- (a) Following the development of the Joint Health and Wellbeing Strategy 2022-25 the Nottingham City Place Based Partnership (PBP) are responsible for driving delivery. Programme Governance has been established, with the PBP driving delivery, with oversight from the Health and Wellbeing Board. Delivery plans are under development for the four overarching priorities of the Strategy;
- (b) The strategy is clear about the need for parity between physical and mental health issues, and how this is fed into each of the delivery plans. The same approach is being taken around health inequalities in the BAME communities, with each of the priorities required to specifically focus on the diversity of the community;
- (c) A Place Based Partnership Executive Group has been established, which consists of Chief Executive Officers from partner organisations. The Chair is Mel Barrett, Chief Executive of Nottingham City Council. The role of the PBP Executive Group will be to feed into the Health and Wellbeing Board;

- (d) Each priority programme has an Executive Sponsor from a partner organisation, a Programme Lead and a Programme Manager. Recruitment for two Programme Managers is still ongoing, otherwise resourcing is good;
- (e) Due to the extensive nature of the work each of the four programme delivery plans are currently at different stages, work around differing focuses means that the development of all four programmes is progressing, but it is important to ensure all of the right partners are engaged at the right time around the right issues;
- (f) The Programme Oversight Group (POG) has met with each of the Programme Leads and has provided feedback on the delivery programmes as they currently stand with the aim of focusing and progressing the development. Questions that have come out of these reviews include around engagement of the right partners, resources and risk;
- (g) The Smoking and Tobacco Control Programme builds on the significant partnership working already in place. It is an ambitious programme working towards a smoke free generation by 2040. Areas for the programme development to focus on are ensuring all partners understand their involvement and input, and to include timescales and measures for key outcomes;
- (a) The Eating and Moving for good health programme again builds on previous activity and as a programme with a very broad scope there is work to be done to narrow down the focus. Work is taking place to establish where an impact can be made to push towards the targets. The POG is seeking assurance that deliverable actions are being developed alongside measurable short and medium term outcomes;
- (b) The Financial Wellbeing programme is emerging work, seeking to build on the work of the Financial Resilience Partnership (FRP). The programme is yet to be fully established pending further engagement from PBP partners. Ambitions are to be agreed between the FRP and the PBP and those ambitions need to have resource committed. There is immediate risk around the cost of living crisis, the impact of which is already being felt across Nottingham City;
- (c) The Severe Multiple Disadvantage programme has lots of activity with numerous resources attached to it, alongside additional grant funding. There has been enthusiastic buy-in from partners on this programme both from an operational and strategic perspective. There is no established timescales but the multiple work streams are working towards that along with a more details plan on how activity across the city will be coordinated;
- (d) Once finalised Delivery Plans, including outcome measures and impact assessments are received, the POG will cross-reference them with the Joint Health and Wellbeing Strategy to ensure that the ambitions align. The POG will continue to monitor the delivery of the programmes and will seek regular assurance that people with lived experience are meaningfully engaged;

- (e) It is proposed that an update comes to the Health and Wellbeing Board three times a year. This will allow enough time between updates to show progress.

During questions and comments from Board Members the following additional information was highlighted:

- (f) A staggered approach to goals, with milestone or Key targets makes large pieces of work more management and allows Board members to more easily see the progress. Work towards ensuring that these tangible targets are set is ongoing across all four programmes;
- (g) There has been an increase in childhood obesity and the complex challenge is to tackle this issue as a whole life-course approach. Children from lower income groups are more likely to experience obesity and Board members were pleased to see that a whole life approach is being taken. This includes looking at resource delivery in schools;
- (h) Bringing together partners to work towards making the City more child friendly, and enable a more active lifestyle is essential to tackle this issue. Active travel should be made easier and more accessible, and there should be safe places to play out. Issues like shared road space can be controversial and support and joined up working is welcomed;
- (i) Vapping will be considered under the Smoking and Tobacco Control programme. There will be a specific focus on vapping in young people and reducing the number of young people using vapping as an entry to tobacco consumption;
- (j) Board members were pleased to see that Health inequalities has its own work stream within the Multiple Severe Disadvantages programme, and that all of the programmes have specific regard to those issues too. The aim is to reduce potential duplications and ensure a good sense of issues and where the most meaningful impact can be made. Health equality is at the core of the work being undertaken;
- (k) Board members noted that the Financial Wellbeing programme was starting from a less developed point than other programmes, but that the risks were currently highest for citizens across the City. The Programme Lead has arranged a workshop with partners across the PBP to establish they can add value, and to connect and link in. The trust is ambitious and the workshop will help partners to understand what contributions they can make. Recruitment for Financial Advisors is underway and Link Advisors are currently in place attached to Primary Care Centres, these are relatively new positions and so their impact is only just beginning to be seen;
- (l) Board members suggested more information and work be done within schools around financial planning and managing finances in a realistic way. There is an opportunity to engage financial institutions who already provide some resources for schools such as Experian who are a partner within the FRP, and the Bank of England who have school programmes;

- (t) Board members agreed that it was important to dispel the shame that many people feel around financial difficulties and the importance of every contact counting. There is lots of work that can be done to send the message that experiencing financial difficulty and needing support is not a shameful situation.

The Board thanked Rich Brady for the presentation and for the information within the report.

**Resolved to:**

- (1) Note the work being undertaken by the Nottingham City Place Based Partnership Programme leads to develop delivery plans for each of the four Joint Health and Wellbeing Strategy programmes;**
- (2) Note the programme status updates;**
- (3) Note that this report has been approved by members of the PBP Programme Oversight Group; and**
- (4) Approve the sequencing of progress reporting from the PBP Programme Oversight Group at every other board meeting (three times a year).**

## **20 Roadmap to a Place-Based Collaborative Commissioning Plan**

Katie Ball, Director of Procurement and Commissioning for Nottingham City Council presented the report introducing a Roadmap to a Place-Based Collaborative Commissioning Plan and the work that has gone on to develop collaborative commissioning to deliver integrated care within the local Integrated Care System (ICS). She highlighted the following points:

- (a) Part of the focused work taking place is driving further integration in Nottingham, to join up care and support. This Roadmap creates a plan to further this work and sets out how partners can work together in both planning and commissioning;
- (b) The work group are looking at the principles of working together, focusing on prevention and early intervention meaning care is needed earlier but that citizens return to independence sooner. This shift will allow care to move out of traditional care settings to expand on good, own home based alternatives working within communities and with local providers;
- (c) The work is taking a phased approach and the task and finish group is starting to identify test pieces that will be progressed to ensure processes are sufficiently robust and allow reflection and changes to be made during development. It will allow the group to identify if challenges arise in similar areas and work to resolve those;
- (d) A number of areas are being considered for this focused work. The first is early intervention and how it is possible to personalise interventions. The aim

is to make personalised intervention more widely available through the personal budget and encourage and enable access to services across the system;

- (e) The second area being considered at a system level is Maternity and up to age 5 services where there has recently been system change. The work here will look to support these recent changes and ensure the workforce have the tools necessary to support citizens. There will be a focus on recruitment and workforce stability;
- (f) Mental health services are another priority. There are a large number of resources available, however the system is fragmented and work needs to be done to bring them together and how the different services available can interact and complement each other;
- (g) The last test piece is the Community Care workforce. There are a lot of people waiting for care services, so making community care an attractive and appealing career choice will help to manage this demand. It is essential to stabilise the workforce, attract more people into care roles and make it sustainable;
- (h) An important part of the work undertaken will look at ensuring the Place Based Partnership understand the lived experience of citizens and of the workers within the system. Building the joint commissioning through the PBP will see more joint posts within integrated hubs;
- (i) This work will also allow the development of financial mechanisms, ensuring funding works harder for citizens. There will also be a review the Better Care Fund, and the schemes it currently funds following a recent legislative update, and to reflect how priorities are evolving locally. A 2 year plan setting out the altered use of the Better Care Fund will be produced;;
- (j) The governance of the Joint Commissioning is being established and a meeting in September will look at further developing governance structures and will be reported to a future meeting of this Board.

Board members asked a number of questions and made comment on the contents of the report. The following additional information was highlighted:

- (k) There are significant system challenges to overcome. The system is currently reactive, and a shift in focus needs to be to proactive services. A joined up, proactive system will reduce costs further down the line. Commissioners need to pull together areas where immediate progress and impact can be seen to reduce pressure on services, particularly in preparation for the upcoming winter months;
- (l) Shifting resources to early intervention will be challenging in the current environment but it is essential to ensure service delivery into the future and Public Health are in agreement with the need for that shift whilst still delivering statutory function. A shared framework of services is a solid approach to joint commissioning;

- (m) It is important to be clear where each programme sits and is delivered from within the joint commissioning partnership. The Personalisation hub works well and links capacity of carers across the city and individuals requiring care, pulling together all resources into the personalisation hub will bring benefits to citizens and the workforce;
- (n) The collaborative approach will help parents and carers of young people to access services, all in one place where they have previously been more fragmented. It will also realise an opportunity to reflect on barriers to accessing services and how citizens move through the system and where there are gaps;
- (o) Brining in commissioning from the voluntary and community sector will provide a different approach, increasing capacity within the system and helping to ensure a joined up approach and will make the system more responsive to service users;
- (p) There are workforce challenges within the sector, looking to the voluntary and community sector can help to develop this capacity as well as provide services that are currently not otherwise available. Making care careers more attractive and appealing is necessary to stabilise the workforce and ensure it is viewed as a worthwhile and rewarding career path;
- (q) Looking at lived experience of users and the workforce is powerful and an important part of any commissioning work. Reflecting on diversity in the community and gathering this lived experience will be an important part of the work undertaken. The BAME work group within the PBP is looking at different ways to address health inequalities and this will feed into the joint commissioning approach.

**Resolved note the progress on developing a Collaborative Commissioning approach in Nottingham and Nottinghamshire**

**21 Speech, Language and Communication Strategy**

Kathryn Bouchlaghem , Early Years Manager for Nottingham City Council presented a report to the Board detailing the Speech, Language and Communication Strategy 0-5 years for Nottingham City. She highlighted the following points:

- (a) In 2019 the early years speech, language and communication (SLC) area was inspected. Children were tested at the age of 5 and were found to have lower than average skills as seen across the country. The Local Authority commissioned a peer challenge inspection, to look at what could be done differently to improve outcomes from birth to 5 years;
- (b) Nottingham City was fortunate to secure joint funding from the Department for Education with Derby and Leicester for the development of family hubs, but this came with the expectation of a SLC strategy;
- (c) In 2021 a report was brought to this Board outlining a draft strategy, seeking input and feedback from Board members. Following consultation with parents,

carers, key partners and young people a finalised strategy is presented to the Board;

- (d) This strategy recognises the importance of planning together to support young people's development, not only from birth to 5 years, but the ongoing impact it has into adulthood.

Board members asked a number of questions and made observations. The following information was highlighted:

- (e) There has been an impact on SLC development across the country due to the Covid pandemic and the subsequent lockdowns. Part of the consultation process has looked at how this has impacted children and their future development through nursery and preschool;
- (f) Tackling inequality in SLC development is key to tackling health inequalities throughout life. Ensuring children have the best start in life, gives them the right footing for development through to adulthood. Moving towards the Family Hub model ensures that SLC development is a core of work with families;
- (g) There is a national challenge for health visitors getting up to date information on children aged 0 - 5 during lockdown and so national data is not as accurate as it could be. Locally the numbers of children taking up the free pre-school and nursery places are good although this varies ward to ward for a number of different reasons;

Board members acknowledged the system wide impact of work on Speech, Language and Communication for 0 -5 year olds will have.

### **Resolved to endorse the Speech, Language and Communication Strategy**

## **22 Joint Strategic Needs Assessment - Substance Misuse**

Lucy Hubber, Director of Public Health, Nottingham City Council, introduced the report informing the Board about the new Joint Strategic Needs Assessment Chapter looking at all age, illicit drug and alcohol misuse in Nottingham. She informed the Board that the JSNA sets the tone for work, it does not provide answers but highlights areas and issues for consideration. She highlighted the following points:

- (a) Data used to create the JSNA chapter on all age illicit drug and alcohol misuse in Nottingham has been pulled from both local and national sources;
- (b) Key findings indicate that there may be an unmet need for those aged under 35 accessing structured treatment for opiate and/or crack cocaine use, with reported use highest among 16-19 and 20-24 year olds. Services need to be made accessible for young people and more understanding around where the problem starts with treatment and recovery services alongside prevention services;
- (c) Trends and patterns of misuse among students is not clear. There needs to be additional focus on understanding the level of need in this population;



- (d) There are a number of known data gaps, including around LGBTQ+ population data, and various ethnic groups, that if filled would allow better tailoring of services to these communities;
- (e) Drinking behaviours have changed over the pandemic and the national lockdowns. There has been an increase in the number of people drinking at harmful levels and not seeking support, perhaps because they do not realise their drinking is harmful. A whole system approach is needed as this issue impacts on other family members and children within the home. Easier access to early intervention services is needed, as is more work to make the population aware of what constitutes harmful levels of drinking;
- (f) Understanding the drivers of misuse in different communities is key to addressing the issues;
- (g) A substance misuse commissioning review will take place, with significant grant investment into services. Work will focus on engagement and compliance and will look to address gaps in the data. This work will be led by the Crime and Drug Partnership and will be developed across Nottingham and Nottinghamshire;

Following questions and comments from Board members the following information was highlighted:

- (h) There is currently no data available to indicate the level of use of short term memory boosting drugs in student populations. There is anecdotal evidence that suggests that use is increasing and is an area of substance misuse that needs to be addressed. The Chapter recommends work with universities to gain greater understanding on this issue;
- (i) Board members agreed that the information around knowledge gaps was not unexpected and highlighted the need for more lived experience to feed into the system to ensure gaps in provision are filled, and to understand why existing services are not being accessed in order to fill that gap.
- (j) A recent pilot scheme has shown that there has been an increase in alcohol related liver damage following the pandemic. This wide ranging increase has the potential to cause significant issues in the future in terms of service availability, and the important steps to take are getting the message across to citizens about problematic drinking;
- (k) More work needs to be done around awareness of strength of alcohol, especially cheaper brands of alcohol and around the long-term impacts of alcohol misuse;
- (l) Board members agrees that the information within the new chapter was a useful focus on issues, particularly for commissioners looking at whole communities have services that are accessible and appropriate;

Board members thank Lucy Hubber for her presentation.

**Resolved to endorse the contents of the new Joint Strategic Needs Assessment – Substance misuse Chapter and in particular, the recommendations for consideration by service commissioners.**

### **23 Nottingham City Place-Based Partnership Update**

Dr Hugh Porter indicated that the Nottingham City Based Partnership update had been covered in the Joint Health and Wellbeing Strategy item earlier in the meeting.

### **24 Joint Health Protection Board Update**

There was no update from the Joint Health Protection Board.

### **25 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.

### **26 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.

### **27 Future Meeting Dates**

The Board noted the future meeting dates

- 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