

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 30 November 2022 from 1.33 pm - 4.37 pm

Attendance (✓ indicates present)

Voting members

	Councillor Adele Williams (Chair) Portfolio Holder for Finance	Nottingham City Council's Portfolio Holder with a remit covering Health
	Councillor Cheryl Barnard. Portfolio Holder for Children, Young People and Schools	Nottingham City Council's Portfolio Holder with a remit covering Children's Services
✓	Councillor Linda Woodings. Portfolio Holder for Adult Social Care and Health	Two further Nottingham City Councillors
✓	Councillor Jay Hayes. Executive Assistant for Health and Culture	
	Dr Dave Briggs. Medical Director, Nottingham and Nottinghamshire Integrated Care Board	Four representatives of the NHS Nottingham and Nottinghamshire Integrated Care Board
✓	Lucy Dadge. Director for Integration, Nottingham and Nottinghamshire Integrated Care Board	
✓	Dr Hugh Porter (Vice Chair). Clinical Director, Nottingham City Place-Based Partnership	
✓	Michelle Tilling. City Locality Director, Nottingham and Nottinghamshire Integrated Care Board	
	Catherine Underwood	Corporate Director for People, Nottingham City Council
	Sara Storey	Director for Adult Health and Social Care, Nottingham City Council
✓	Lucy Hubber David Johns - substitute	Director for Public Health, Nottingham City Council
✓	Sarah Collis Chair	Representative of the Healthwatch Nottingham and Nottinghamshire Board

Non-voting members

✓	Tim Guyler. Assistant Chief Executive	Representative of the Nottingham University Hospitals NHS Trust
	Dr Sue Elcock. Medical Director and Executive Director of Forensic Services	Representative of the Nottinghamshire Healthcare NHS Foundation Trust
	Lou Bainbridge. Chief Executive	Representative of the Nottingham CityCare Partnership
	Stephen Feast. Director for Transition	Representative of Nottingham City Homes
✓	Superintendent Kathryn Craner. Area Command for the City	Representative of Nottinghamshire Police
✓	Jean Sharpe. Sue Brown and Nicky Brackenbury –	Representative of the Department for Work and Pensions

	substitutes. District Senior Employer and Partnerships Leader	
	Emma Rowsell. Director for Student and Campus Life, University of Nottingham	Representative of Nottingham Universities
✓	Mick Sharman . Assistant Chief Fire Officer Chris Clarke - substitute	Representative of Nottinghamshire Fire and Rescue Service
	Leslie McDonald. Executive Director, Nottingham Counselling Centre	Up to two individuals representing the interests of the Third Sector
✓	Jules Sebelin. Chief Executive, Nottingham Community and Voluntary Service	
	Mel Barrett	Chief Executive, Nottingham City Council

Others in attendance

Dr Kathy McLean - Independent Chair of Nottingham and Nottinghamshire Integrated Care System
 Mark Whiteman -Director of Strategy & Reconfiguration NHS Nottinghamshire
 Lesley Hutchinson -Independent Chair of the Nottingham City Safeguarding Adult Board
 Anne-Marie Furnell- Adult Safeguarding Board Manager/AMHP
 Catherine Ziane-Pryor – Governance Officer

40 Chair

In the absence of the Chair (Councillor Adele Williams), the Vice-Chair (Dr Hugh Porter), Chaired the meeting.

41 Apologies for Absence

Councillor Adele Williams - other council business
 Councillor Cheryl Barnard - leave
 Catherine Underwood - other council business
 Lucy Hubber - other council business (David Johns substituting)
 Stephen Feast
 Sara Storey - unwell
 Jean Sharpe (Sue Brown and Nicky Brackenbury substituting)
 Mel Barrett - other council business

42 Declarations of Interests

None.

43 Minutes

The minutes of the meeting held on 28 September 2022 were confirmed as a true record and signed by the Chair.

44 Minutes of the Commissioning Sub-Committee

The minutes of the Commissioning Sub-Committee, held on 27 July 2022, were noted.

45 Integrated Care Partnership

Mark Wightman and Lucy Dadge of the Nottingham and Nottinghamshire Integrated Care Board (ICB), jointly presented the update report on the development of the Integrated Care Partnership Strategy, along with a presentation, which is circulated with the initial publication of the minutes.

Highlighted points included;

- a) The covering report sets out the context of how the Integrated Care Partnership (ICP) is developing an evidence-based, bottom-up Care Strategy which is integrated by default and will cater for the whole population with a general focus shift towards healthcare prevention;
- b) Work on developing the strategy has been ongoing for the past five years, with strong partnership and public engagement, consultation and participation, including support from Lucy Hubber, Nottingham City Council Director of Public Health;
- c) The document can be considered 'live' as it continues to develop but the strategy document will be submitted for ICP consideration on the 16 December 2022, and is required to be published by 23 December 2022, following which it will be the subject of annual review;
- d) The strategy sets out new ways of working together and combines the careful use of language with the technical references required within the 4 central themes of:
 - i. improve outcomes in population health and health care;
 - ii. tackle inequalities in outcomes experience and access;
 - iii. enhanced productivity and value for money;
 - iv. support a broader social and economic development;

Further information on the priorities within each theme, including what the partnership will do and how achievement of the priorities will be determined, are set out in the presentation;

- e) the enabling elements for the success of the strategy have been identified as:
 - i. supporting the workforce (making it easier for staff to work across organisations, including with regard to intellectual property. Harmonising terms and conditions to reduce competition to recruit and retain staff. Reducing the reliance on overseas staff which can deprive the country of origin, with a focus on 'growing our own');
 - ii. working with people and their communities (understanding our local communities);
 - iii. and evidenced-based approach whilst encouraging innovation;
 - iv. focus on outcomes and impact to ensure a difference is made (ensuring frank and transparent reporting, whilst being flexible to enable a focus on emerging needs);

- v. delivery vehicles (understanding what is required of the system);
 - vi. having the right enabling infrastructure;
- f) All partners are committed to the development of an integrated care approach, but there have been challenges with regard to the interpretation and extent of integration to achieve the very best outcomes as a result of a single strategic vision.

Board members' questions were responded to as follows:

- g) The Strategy needs to be as accessible as possible so it may include case studies to help support understanding of individual and broader reaching impact;
- h) With regard to integration, there is an intention to further investigate having one point of contact (and one phone number) for access to all services;
- i) Engagement and encouragement of interest in healthcare, both at a personal but also a broader community level should start with infant school children, which would also help support 'if you can see me, you can be me'. Employment within the Health and Care Sectors need to be promoted and the potential for a Health and Care Academy, which works with Universities, is possible;
- j) Tackling inequalities in health care outcomes, experience and access is vital. Every contact with services needs to count. The development of the system has highlighted to the partnership that there are new areas to consider;
- k) It is apparent that the more deprived the background, the less likely citizens are to receive selective surgery. Future work will include consideration of the waiting lists as a broader view of addressing inequalities.

Board members' comments included:

- l) Colleagues are thanked for the huge amount of work which has gone into developing this valuable strategy;
- m) The progress on the Strategy is welcomed, as is the focus on prevention;
- n) The inclusion an illustration of how the Health and Well-Being Board Partnership acts as a delivery vehicle may be beneficial, along with consideration of how we hold ourselves, as the Health and Wellbeing Board, to account;
- o) The low age of healthy life expectancy in Nottingham is a great concern. Citizens need healthier and longer lives, but careful consideration needs to be given to how services are delivered to citizens. The most effective engagement is taking services to people rather than them sometimes having to struggle to engage. Local access is very important and although some City Centre sites may be easily accessible by public transport, some people can't afford the fares;
- p) Working within the health and care sectors needs to be promoted as a career, within which employees can progress. The misconception that it is a dead end, low paid job needs to be dispelled;

- q) Finding ways in which the achievement of equality can be demonstrated will be hard, but an assets based, citizen led cultural system would be welcomed with a deeper cultural change to support citizens with a 'to do' rather than a 'do to them' approach;
- r) Language and culture need to be considered as there is a vast diversity within the city so services need to adapt to ensure everyone understands what services are available and how they can be accessed;
- s) Consistent, accurate data and analysis is vital for effective progress monitoring;
- t) Help is needed to develop the next generation of Health Service Workers, we should ask what more we can do to raise interest at an early age, potentially with school-age young people;
- u) A common commitment and good communication must be achieved between all partners. Political differences and variations in resourcing, along with tensions between the NHS and local authorities due to unique pressures for each, need to be addressed and overcome.

Resolved

- 1) to note the draft Integrated Care Strategy for Nottingham and Nottinghamshire;**
- 2) to delegate authority to the Chair of the Health and Wellbeing Board to agree subsequent required amendments and to represent the Health and Wellbeing Board at the ICP.**

46 Joint Health and Wellbeing Strategy Delivery Update

Richard Brady, Programme Director, Nottingham City Place-Based Partnership, presented the detailed report which provides an overview of the progress in developing strategy, and was accompanied by a summary presentation, a copy of which is circulated with the initial publication of the minutes.

Following points were highlighted and responses provided to board members' questions:

- a) Progress in delivering the joint strategy is reported to the H&WB three times a year;
- b) The four overarching priorities of the strategy have been agreed as follows with dedicated teams, working to address each priority:
 - i. severe multiple disadvantage (SMD);
 - ii. eating and moving for good health (EMGH);
 - iii. smoking and tobacco control (STC);
 - iv. financial wellbeing (FW);
- c) There are two cross-cutting elements which impact on all priorities, and these have been identified as Mental Health, and Race Health Inequalities;
- d) The three program leads are:
 - i. the Health and Well-Being Board;
 - ii. Placed-Based Partnership Executive Group;

iii. Place-Based Program Oversight Group;

- e) The success of the strategy will require a cultural shift for which work is ongoing, and strategic buy-in of all partners, including a collaborative approach rather than a competitive approach is required. Further consideration is also required regarding how best to work with communities;
- f) The report provides detailed program status update on the progress of each priority delivery plan and an assessment of that progress to date, with program oversight group progress targets to be achieved by the next reporting period;
- g) The University of Nottingham has been further commissioned to undertake research on 'Health Inequalities in Nottingham - historical trajectories of the wider determinants' to trace how the current situation evolved regarding inequalities, following which, consideration will be given how best to work with communities and ensure effective community engagement, with communities driving any focus change, rather than it being driven by service providers;
- h) The value of this approach is proven. The team is confident that once the direction is agreed and appropriate finance is in place, further effective progress will be achieved;
- i) An initial but significant example of an advance with regard to financial inequalities, is that Framework Housing has removed the requirement of numeracy tests on job applications, which may previously have deterred some applicants;
- j) Work within the priority of Smoking and Tobacco Control is well established with a large number of stakeholders committed to delivering the actions once they are approved;
- k) Work within the Eating and Moving for Good Health Priority has seen significant activity in the past few months with the partnership approach spread across all partners and working well, but some areas require strengthening. The joint plan and delivery plan have been produced with long-term ambitions, but current focus is on short-term progress;
- l) With the support of the Financial Resilience Partnership, a short-term action plan has been produced for the Financial Well-Being priority, and work continues with regard to a longer term plan for which objectives need to be agreed with providers and partners;
- m) A robust delivery plan has been agreed with regard to the priority of Severe Multiple Disadvantage. Engagement has been strong and seven work streams are in progress, led by different programs, but to the same ambitions;
- n) An area of risk to the work of the Severe Multiple Deprivation priority, to which the H&WB is alerted, is that there is no indication that funding for the 'Changing Futures' programme will be extended beyond its current term which ends in April 2024. The concern is that if funding is not identified to establish a continued model of support, there is a risk to continuity in support for people experiencing Severe Multiple

Disadvantage, and improvements in integrated working between partners, will not be sustained;

- o) Additional resources can always be utilised, in the meantime, we must work with the resources available and maintain the levels of support between partners. Partners may be able to help coordinate communication with other programs such as social prescribing. It's not necessarily about new work, but bringing resources and skills together to make the system work;
- p) Where areas requiring further support are identified, programme oversight groups can escalate issues and the involvement of the health and well-being board will help empower this.

Members of the Board commented as follows:

- q) The use of the Red, Amber and Green (RAG) ratings is useful and interesting, as is the concern that resourcing arrangements in some areas are yet to be confirmed but at best are only short-term and do not enable broader medium term planning;
- r) Social prescribing appears to be working well and further information would be welcomed on the safer streets work;
- s) If real improvement in work streams can be evidenced, further funding may become available, but all partners need to look at how we report health data, and ensure consistency;
- t) Cross partner agreement is required on both resources and actions as one without the other will not work efficiently;
- u) Living plans need to be monitored with regard to short term contracts, and longer term schemes need to be monitored to ensure they are progressing in the right direction with markers along the journey;
- v) Whilst aiming to encourage citizens to become more active, it's difficult to understand how this can be monitored and tracked beyond the broader progress of the strategy.

Resolved

- 1) **to note:**
 - a) **the PBP Programme Oversight Group has received an agreed delivery plan for the Severe Multiple Disadvantage Programme;**
 - b) **the work being undertaken by the Nottingham City Place-Based Partnership programme leads to develop delivery plans for the three remaining Joint Health and Wellbeing Strategy programmes;**
 - c) **the JHWS programme status updates;**
 - d) **the development of the cross-cutting programmes;**

- e) **that this report has been approved by members of the Nottingham City Place-Based Partnership programme Oversight Group;**
- 2) **for a Health and Wellbeing Board development session to be held in the New Year for consideration of the Severe Multiple Disadvantage programme.**

47 Joint Health Protection Board Update

In the absence of Lucy Hubber, Director of Public Health, David Johns, Consultant in Public Health, presented the report which provides a summary of the issues discussed and considered the Health Protection Board meeting on 14 November 2022, which included the following topics:

- i. Screening and immunisation;
- ii. flu vaccination;
- iii. UKHSA Health Protection Team update;
- iv. an update on Covid-19 response and recovery;
- v. Antimicrobial resistance report;
- vi. environmental protection land;
- vii. community infection prevention and control review;
- viii. Feedback from LHRP and LRF

Additional points were highlighted and board members' questions were responded to:

- a) Further quality information is required to understand the dispersal of asylum seekers, which will then support health protection work;
- b) At this point in time, there are no additional health care pressures, and no new Covid variants of concern have been identified;
- c) There is been good coverage and uptake of the autumn booster programme for citizens aged 70 and over and 85 and over, but take up rates have reduced for citizens below 70 years of age. It appears one of the elements that does drive take up of vaccination is its requirement to enable travel. It appears that some people believe their immune system is strong and they do not need further booster vaccinations. This needs to be addressed with regular focused communications to encourage regular take-up of flu and Covid vaccinations/boosters;
- d) Broadening the range of opportunities for citizens to receive vaccinations and boosters continues to be considered, to ensure that every contact opportunity is utilised to offer vaccinations. Creative ideas have been requested, not only regarding the messages to encourage take-up, but with regard to offering easy and convenient access to booster/vaccinations. Resources are limited and different approaches may be required to achieve the best results. Vaccination and booster uptakes provided by local pharmacists is proving increasingly popular, whilst walk in pop-up points in the city and promotion by community champions are also believed to be of great value.

Resolved to note the report.

48 Safeguarding Adults Annual Report

Lesley Hutchinson, Independent Chair of the Nottingham City Safeguarding Adult Board (NCSAB), presented the Board's comprehensive Annual Report and was accompanied by Anne-Marie Furnell, Adult Safeguarding Board Manager/AMHP.

Following points were highlighted and questions from board members responded to:

- a) Both Leslie and Anne-Marie are fairly new in post, and have brought new perspectives to their roles, including a new approach, on which the Board can build year-on-year;
- b) Thanks are noted to previous post holders and the work of the Board, particularly at a time when resourcing and recruiting issues are ongoing, but the required level of work has not reduced;
- c) The Board now has a three-year strategic plan, with the following priorities:
 - i. prevention - ensuring awareness;
 - ii. assurance - including audits of safeguarding adult reviews;
 - iii. making safeguarding personal;
- d) The inclusion of case studies in the report is useful to illustrate the impact on individuals at a personal level;
- e) The safeguarding adults activity section of the board report includes a chart for the number of adult safeguarding concerns and enquiries received and made during the past three financial years, against which Nottingham is benchmarked nationally;
- f) Whilst nationally there has been a 9% increase in concerns received and 6% increase of enquiries, there was a slight reduction for Nottingham in both areas, with a significant 16% decrease in enquiries on the previous year;
- g) Whilst a decrease in safeguarding concerns and enquiries is welcomed, these figures should be viewed with caution due to the disparity against national figures and trends, bringing into question the breadth of safeguarding understanding and appropriate reporting within the City, for which the Adult Safeguarding Board will undertake further analysis;
- h) For adult safeguarding week, the Board will be providing information sessions to assist partners with raising awareness, both within and from their respective organisations;
- i) Further focused work will also be undertaken to reach communities and increase understanding;
- j) Chart three within the board report sets out a range of level of abuse types for which enquiries have been made. Proportionally, these are aligned to national trends, but it is intended further work takes place with regard to the Crime and Drugs Partnership and crossover theme areas with the Children's Safeguarding Plan;

- k) Nationally, there was an increase in domestic violence reporting during Covid, but this was not reflected within Nottingham. Members of this board are assured that awareness raising, including of reporting routes has been strengthened and will be ongoing;
- l) With limited resources available, silo working will not be effective, so resources must be placed where they will be most effective and efficient. With all parties working together, a clearer view the current situation will be possible;
- m) Whilst all agencies raise concerns and make referrals, there has not been shared standard dataset, which has complicated monitoring of activity and outcome. From the end of January 2023, the Integrated Care Board, Police, Safeguarding Children, and Local Authority will share the information they gather to help identify specific issues to ensure that safeguarding is focused as effectively as possible;
- n) Issues identified so far include that very few people who lack capacity have a safeguarding advocacy report, so further information is to be gathered. In addition, 15% of people don't know if they've been asked what they would want as an outcome resulting from a concern being raised;
- o) The next Safeguarding Board report will show the work done within quarter three of 2022/23 around accountability;
- p) Nottingham is the 11th most deprived city in the country. The rapid increase in cost of living likely to further compound financial pressures for many residents, particularly those who are vulnerable. Members of the Safeguarding Board are concerned that these additional financial pressures may result in the gas and electric disconnection of vulnerable residents and seeks confirmation from partners of their support in raising this as a safeguarding awareness issue;
- q) All partners using the same, standard data and consistent recording methods would assist with gaining a clearer view and better understanding of the local issues. This is not currently the situation and adds barriers to a co-ordinated working approach.

Members present commented:

- r) This comprehensive report and honest presentation is welcomed, but there is still much work to be done. Partners are keen to assist and understanding the areas on which to focus safeguarding awareness would be valuable;
- s) Voluntary sector, community-based, investment in promoting safeguarding has been significantly reduced as a result of the erosion of the Community Cohesion Team within City Council. This may have contributed to potential under-reporting of safeguarding concerns as the support and guidance of a community network has been vastly reduced;
- t) Currently colleagues within the Department of Work and Pensions report significant numbers of daily safeguarding concerns to lead safeguarding colleagues. This is a result of contact and messages from clients who present as suicide concerns,

including individuals stating that they are consistently seeking help from their GP, but are unable to get an appointment due to availability;

- u) There may be confusion among some partner organisations with regard to breaching personal data legislation by sharing information of someone who may be in need of safeguarding support. However, under section 42 of the Care Act 2014, the Local Authority has a duty to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. This point needs to be more broadly emphasised and assurance provided that sharing such information is necessary;
- v) It is a possibility that partners have been doing particularly well with regard to safe guarding awareness which has then acted as a deterrent which may have resulted in the reduction in the number of reports. However, many organisations are operating differently since the pandemic and are no longer having as much of a physical, face-to-face presence in communities. This means that some safeguarding issues will remain hidden. In-person contact does count and provides a valuable broader overview. It is a very real concern that issues for some people will be missed as a result, which may be reflected the reduction of concerns and enquiries raised;
- w) Partners need to be aware of the increasing incidents of cuckooing whereby the homes of vulnerable people are taken over by others. It has always taken place to some extent, but the current rise is believed to be a reflection in the overall lack of housing availability. Again, Nottingham is not recording the increase at the same rate as the national trend, so there is concern that incidents are unidentified or unreported. Awareness particularly needs to be heightened with all housing providers and communities, particularly where officers have transferred to remote working and may undertake fewer in-person visits which could alert officers to issues within the vicinity;
- x) Loneliness and isolation for individuals is believed to have increased. Identification can be difficult, particularly where there individuals are not receiving any support. The introduction of 'warm hubs' may assist but is unlikely to completely resolve the issue so further engagement with housing services and providers is needed encourage identification and reporting;
- y) Caroline Henry, the Police and Crime Commissioner, has convened a task group to consider out of court disposals which take into consideration vulnerable persons and Adult Safeguarding and what happens to individuals from that point. In addition, Superintendent Kathryn Craner is in regular contact with the Chair of the Crime and Drugs Partnership and could help prevent duplication of work between Safeguarding partners;
- z) Partners, including the ICB, welcomed the opportunity to expand information sharing, expanding from the current situation of only feeding in, and welcomed the Chair's comment that where any blockages occur in data sharing, partners were welcome to approach the H&WBB for support.

Resolved to:

- 1) note the Annual Report and Executive Summary;**

- 2) **note the further areas of concern reported by partners, for potential focus by the NCSAB going forward.**

49 Board Member Updates

Jules Sebelin, Chief Executive, Nottingham Community and Voluntary Service, highlighted that the Robin Hood Fund was available to citizens experiencing financial hardship, the numbers of which have vastly increased with the substantial rise in the cost of living. Further information is to be circulated and partners are asked to share awareness with colleagues and citizens.

It is noted that the NHS report on 'Appointments in General Practice' is published today by the NHS.

50 Statutory Officers Report for Health and Wellbeing Board -Corporate Director of People

The report of the Corporate Director of People provided a summary of activity including:

- a) Children's Integrated Services and Education
 - i. A new short film launched to raise awareness of the need for foster carers;
 - ii. Christmas Stars Appeal 2022;
 - iii. Healthy Little Minds (parent infant relationship team) New Service;
 - iv. School Swimming Award;
 - v. The Independent Inquiry into Child Sexual Abuse;
- b) Adult Social Care Transformation:
 - i. Workforce and Organisational Development Strategy;
 - ii. Strengths Based Reviews and Occupational Therapy Prevention Led Project;
 - iii. Development of options for more Independent Living Project;
 - iv. Increase Independence for Older People Project;
 - v. Expanding Shared Lives;
 - vi. Nottingham Pathway Strengths Based Approach;
 - vii. Fairer Charging for Care Services.

The report is noted.

51 Work Plan

Potential items for the future work plan were noted and will be scheduled in consultation with the appointed Chair.

52 Future Meeting Dates

The future meeting dates were noted as:

Wednesday 25 January 2023 1:30pm

Wednesday 29 March 2023 1:30pm