

# Nottingham City Council

## Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Loxley House, Nottingham on 29 May 2024 from 1.33 pm - 3.12 pm

Attendance (✓ indicates present)

<b>Voting Members</b>		
✓	Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Pavlos Kotsonis (Chair) Portfolio Holder for Adults Social Care & Health
✓	Nottingham City Council's Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children, Young People & Education
✓	Two further Nottingham City Councillors	Councillor Sam Lux Councillor Sajidah Ahmad
✓	Four representatives of the NHS Nottingham and Nottinghamshire Integrated Care Board	Dr Dave Briggs Medical Director, Nottingham and Nottinghamshire Integrated Care Board
✓		Lucy Dadge Director for Integration, Nottingham and Nottinghamshire Integrated Care Board
		Dr Husein Mawji (Vice Chair) Clinical Director, Nottingham City Place-Based Partnership
		Michelle Tilling City Locality Director, Nottingham and Nottinghamshire Integrated Care Board
✓	Corporate Director for People, Nottingham City Council	Catherine Underwood
✓	Director for Adult Health and Social Care, Nottingham City Council	Roz Howie
✓	Director for Public Health, Nottingham City Council	David Johns (substitute) Deputy Director of Public Health
✓	Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sabrina Taylor (Substitute) Chief Executive Officer
<b>Non-Voting Members</b>		
	Representative of the Nottingham University Hospitals NHS Trust	Tim Guyler Assistant Chief Executive
	Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Jan Sensier Executive Director of Partnerships and Strategy
✓	Representative of the Nottingham CityCare Partnership	Lou Bainbridge Chief Executive
	Representative of Housing Services, Nottingham City Council	Geoff Wharton Director of Housing
	Representative of Nottinghamshire	Superintendent Chris Pearson

	Police	City Commander
	Representative of the Department for Work and Pensions	Jean Sharpe
✓	Representative of Nottingham Universities	Sally Olohan Director of Student Experience
	Representative of Nottinghamshire Fire and Rescue Service	Damien West Assistant Chief Fire Officer
✓	Up to two individuals representing the interests of the Third Sector	Jules Sebelin Chief Executive, Nottingham Community and Voluntary Service  Charlotte Thrussell, CEO, Disability Support Nottingham
	Chief Executive, Nottingham City Council	Mel Barrett

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

Dr Margaret Abbott	- Nottingham City PBP Health Inequalities Clinical Lead
Nancy Barnard	- Head of Governance
Tim Brudenell-Straw	- Nottingham City Place Based Partnership
Nancy Cordy	- Head of Strategy and Service Improvement
Helen Johnston	- Consultant in Public Health
David McDonald	- Senior Public Health Manager
Hannah Stovin	- Senior Public Health Intelligence Manager
Oliver Wilkinson-Dale	- Public Health Manager
Phil Wye	- Governance Officer

**1 Membership**

**Resolved to note that Councillor Pavlos Kotsonis has been appointed as Chair of the Board and Councillor Sajidah Ahmad has been appointed as a new City Councillor representative**

**2 Nomination of Vice Chair**

**Resolved to appoint Dr Husein Mawji as Vice Chair of the Nottingham City Health and Wellbeing Board for the 2023-24 municipal year.**

**3 Apologies for Absence**

Councillor Sajidah Ahmad  
Mel Barratt  
Sarah Collis  
Tim Guyler  
Lucy Hubber  
Dr Husein Mawji  
Mohammed Shaiyan Rahman  
Jan Sensier  
Jean Sharpe  
Charlotte Throssell

Damien West  
Geoff Wharton

#### **4 Declarations of Interests**

None.

#### **5 Minutes**

The minutes of the meeting held on 27 March 2024 were confirmed as a correct record and signed by the Chair.

#### **6 Better Care Fund - Governance Changes**

Nancy Barnard, Head of Governance, presented the report.

The Health and Wellbeing Board is responsible for approving the Better Care Fund Plan, which sets out how the Fund will be used, and overseeing delivery. In previous years the Board has established a Sub-Committee to act as the Programme Board. The need for, and operation of this Sub-Committee has been reviewed and, based on the findings of that review, it is proposed that the Sub-Committee is discontinued and that all functions relating to the BCF that are the responsibility of the Health and Wellbeing Board are carried out directly by the Board.

#### **Resolved to**

**(1) discontinue the Health and Wellbeing Board Commissioning Sub Committee and confirm that all functions relating to the Better Care Fund that are the responsibility of the Health and Wellbeing Board will be carried out directly by the Board;**

**(2) delegate to the Chair of the Health and Wellbeing Board, subject to agreement from the Nottingham City Council's Corporate Director with responsibility for adult social care and an Executive Director of NHS Nottingham and Nottinghamshire Integrated Care Board, to take urgent decisions necessary to discharge the Board's functions in relation to the Better Care Fund subject to there being clear reasons why the decision is urgent and cannot wait until the next scheduled meeting of the Board. Decisions taken under this delegation will be reported, along with the reason for urgency, to the next Health and Wellbeing Board meeting;**

**(3) comment on the proposal to amend the Health and Wellbeing Board's Terms of Reference to "agree and oversee delivery of the Better Care Fund, including discharge of all functions that are the responsibility of the Health and Wellbeing Board as set out in the Section 75 Agreement".**

#### **7 Nottingham Joint Strategic Needs Assessment Profile: People Seeking Asylum, Refugees and People Refused Asylum**

Helen Johnston, Consultant in Public health, Dr Margaret Abbott, Nottingham City PBP Health Inequalities Clinical Lead, and Oliver Wilkinson-Dale, Public Health

Manager, delivered a presentation on the Joint Strategic Needs Assessment (JSNA) Profile which systematically describes local data and trends, along with key insight and national guidance relating to people seeking asylum, refugees and people refused asylum in Nottingham. The following information was highlighted:

- (a) the JSNA Profile format seeks to provide a succinct overview of a complicated issue and to identify areas of further work. It will be uploaded to Nottingham Insight along with a suite of supporting material;
- (b) people seeking asylum, refugees and people refused asylum have high levels of health need and poorer wellbeing, partially due to the conditions and safety of their country of origin or during their travel to the UK. They also have high levels of mental health problems, stress, poorer physical health, poor oral health and low immunisation levels. They are unable to work, facing homelessness and poor access to services;
- (c) barriers to access of services for this group include lack of knowledge, fear of discrimination, language barriers, and lack of cultural competence of staff;
- (d) the JSNA Profile has been developed through reviewing existing legislation and guidance, exploring locally held data, seeking the views of the local population and local stakeholders, and reviewing research evidence on best practice;
- (e) in 2020 consultation work was completed by Nottingham and Nottinghamshire Refugee Forum, Interviews were completed by the Public Health team in 2023 with 8 men with experience of the asylum process and in March 2024 a survey was completed with 24 people who have been refused asylum. Findings were that a wide range of services are available in Nottingham and many positive experiences were reported, but there are many barriers to accessing services including language and incorrect charging;
- (f) key Nottingham stakeholders were interviewed throughout 2023 and in February 2024 to identify strengths and challenges. Strengths identified included additional health services that provide support to an often hard to reach population, an active and knowledgeable voluntary and community sector, and positive joint working arrangements;
- (g) Nottingham currently has no group with strategic oversight around health needs of these populations. A Strategic partnership should be established to bring together the NHS, Nottingham City Council, the Police, and the voluntary and community sector to address specific challenges facing these populations and to allow planning for the future in a joined-up way;
- (h) there are low levels of local data collected routinely. There are also gaps in the views obtained from local people with lived experience, in particular women with experience of the asylum process. Work should be undertaken to understand with greater clarity, the local health needs of this population and to learn from the voices of lived experience;
- (i) there are examples of excellent resources and training in Nottingham, but these are limited to certain service areas and are generally dependent on individual staff

members. The expertise of local professionals and people with lived experience in Nottingham should be used to develop local resources and training for citizens and professionals to improve awareness of health needs, eligibility for support, available services, and cultural competency across Nottingham;

- (j) Nottingham should continue to learn from other areas and existing research. Best practice examples and elements believed to contribute to successful interventions should inform future commissioning and grant programmes.

The following comments were made during the discussion which followed:

- (k) care leavers and foster carers have knowledge and experience in this area and could provide useful insight;
- (l) asylum seeking students have sometimes come from high level professions and education is crucial for them to have a sense of worth. Both universities would be happy to work with the Council on this.

### **Resolved to**

**(1) endorse the JSNA Profile on people seeking asylum, refugees and people refused asylum;**

**(2) support the implementation of the identified recommendations.**

## **8 Nottingham and Nottinghamshire Suicide Prevention Charter and Suicide Prevention and Self-Harm Strategy**

Helen Johnston, Consultant in Public Health, and Dave McDonald, Senior Public Health Manager, delivered a presentation on the development of the Suicide Prevention Charter and Suicide Prevention and Self Harm Strategy that were brought to the Board in January 2024. The following information was highlighted:

- (a) self-harm and suicide are preventable and there are many opportunities that can make a difference through prevention, intervention and postvention. The vision of the Charter is that Suicide prevention is everyone's business. Nottingham and Nottinghamshire will be a place where organisations and people understand what they can do to promote wellbeing and reduce suicide and self-harm. Everyone affected by suicidality, suicide bereavement and self-harm will be treated with respect and have access to resources to support them and opportunities to build hope;
- (b) self-harm and suicide are considered together because there are shared risk factors and the possible actions to prevent this are shared. The new national suicide prevention strategy has taken the same approach;
- (c) the Strategy Steering Group includes people with lived experience, representatives from voluntary and community sector organisations, and adult and children's mental health services. This has ensured a breadth of insight has informed the strategy. Engagement has also been undertaken with a wide number

of groups including the Suicide Prevention Stakeholder Network;

- (d) the Suicide Prevention Charter is co-produced by local people with lived experience of suicidality or bereavement by suicide, with a set of 'I' statements to explain important principles and priorities and a set of 'We' statements on how organisations and services can enact and meet these. It promotes the message that recovery is always possible;
- (e) the aim is to provide support for everybody that needs it, as well as provide tailored approaches for people in at-risk groups. The JSNA reviewed information from local data, national evidence, lived experience and professional insights to identify factors and groups at risk of experiencing self-harm and suicide locally. These include middle-aged men, those with cancer and chronic pain, those experiencing domestic violence or financial adversity, neurodiverse people and LGBTQ+ people;
- (f) the strategic priorities are promoting a safe and stigma free environment, promoting wellbeing and reducing risk in at-risk groups, ensuring people access the right support at the right time and in the right place, and using local data and lived experience to inform and drive self-harm and suicide prevention.

The following comments were made during the discussion which followed:

- (g) information and key points could be circulated to Ward Councillors as they are often in the community engaging with citizens;
- (h) it is important to engage the universities in discussions and there is an ongoing national review of student suicide as students are an at-risk group. Universities are not on the steering group but have been involved in discussions;
- (i) the action plan will include actions related to online safety.

#### **Resolved to**

- (1) endorse and champion the Suicide Prevention Charter;**
- (2) endorse the approach and strategic priorities of the Nottingham and Nottinghamshire Self-Harm and Suicide Prevention Strategy.**

### **9 Updating the Joint Local Health and Wellbeing Strategy for Nottingham**

Nancy Cordy, Head of Strategy and Service Improvement, presented the report setting out initial proposals relating to the refresh of the Joint Local Health and Wellbeing Strategy (JLHWS) for Nottingham, in order to set the strategic context from April 2025 onwards, and ensure the approach and priorities continue to make a tangible difference to improving health and wellbeing and reducing health inequalities in Nottingham. The following information was highlighted:

- (a) the intention is that the updated JLHWS for Nottingham will be developed over the course of 2024-25 to allow for comprehensive stakeholder and resident engagement, with the Health and Wellbeing Board signing off the updated

JLHWS for Nottingham in February 2025, with implementation to commence from April 2025;

- (b) whilst positive progress against the current four JLHWS priorities has been made, it has always been recognised that a long-term approach will be required to deliver a tangible and sustainable shift in the public health outcomes aligned and focussed work would continue to be required beyond the lifetime of the existing JLHWS.
- (c) an initial consideration of the components within the above figure has informed a suggested longlist of potential additional priorities for inclusion within an updated JLHWS as follows; Alcohol related harm, Best start in life, Housing, and Ageing Well (including Long Term Condition and/or Frailty). These have been shared with the wider public health workforce and community and voluntary sector have been well received as relevant to Nottingham's context;
- (d) it is proposed that further work is undertaken to establish the evidence base, define the scope and map the current landscape for each of the topics listed above to be presented to the Health and Wellbeing Board in September 2024, for consideration alongside the review of the existing priorities.

The following points were made during the discussion which followed:

- (e) the importance of sleep could be an area of focus. Whilst this would probably not qualify as a standalone priority it could be considered and incorporated into the others;
- (f) mental health and race inequality should be considered as themes. Last time mental health was deliberately not included as a standalone priority but cut across all other priorities;
- (g) the alcohol related harm priority could be widened to include wider substance abuse.

#### **Resolved to**

- (1) note and approve the direction of travel for the updated JLHWS for Nottingham (2025/26 onwards);**
- (2) agree that the JLHWS be updated for 2025/26 onwards, with a specific focus on the included priorities;**
- (3) agree that a review of the current priorities is undertaken to inform onward approach;**
- (4) request that the potential additional priorities identified are further scoped (informed by both data analysis and insight gathered via community and stakeholder engagement)**

#### **10 Pharmaceutical Needs Assessment - Supplementary Statements**

Hannah Stovin, Senior Public Health Intelligence Manager, presented the report on changes to the Nottingham City Pharmaceutical Needs Assessment in quarter 2 of 2023-24.

### **Resolved to note the information provided in the Pharmaceutical Needs Assessment supplementary statements**

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

David Johns, Deputy Director of Public Health, updated the Board on the work of the Place Based Partnership (PBP), highlighting the following:

- (a) in April the PBP Executive Team reconfirmed the partnership's priorities in the PBP strategic plan, following a review undertaken at the end of last year. In addition to its seven existing partnership programmes, the PBP will have a particular focus on the prevention and better management of long-term conditions and frailty in 2024-25, in line with its responsibilities set in the NHS Joint Forward Plan;
- (b) in February and May the PBP Executive Team were joined by operational colleagues from across the partnership to participate in two development sessions. The output from these sessions is being used to inform partnership plans;
- (c) this work will be overseen by the PBP's Integrated Neighbourhood Working Oversight Group, with progress reported to the PBP Executive Team and ICB. The Board will be kept informed of progress.

#### **12 Joint Health Protection Board Update**

David Johns, Deputy Director of Public Health, provided a verbal update and highlighted the following:

- (a) in January the UK declared a national measles incident due to increasing cases, and Nottingham is seeing a small increase. Information is being shared on how citizens can protect themselves and their families by ensuring their vaccinations are up to date. A variety of material has been produced and distributed via partners such as schools and health and wellbeing champions;
- (b) there has been an increase in whooping cough cases. Whooping cough spreads very easily and can cause risk. It is really important that pregnant women and children get vaccinated.

#### **13 Board Member Updates**

The following updates were provided:

- (a) the Director of Public Health (DPH)'s Annual Independent Report has been released. This year focus was on the question 'who's job is public health'. The DPH highlights in her forward that her duty as an independent leader is to improve and protect the health of the population of Nottingham and to reduce inequalities



cannot be done alone by her or even one organisation. To launch the report, around 100 representatives from this wider public health workforce including individuals from many of the organisations represented around this table, came together to share their experiences including the challenges and opportunities of working together;

- (b) Earlier this month the city's Hospital and Home Education Learning Centre was shortlisted for the TES School Award 2024 as 'Specialist Provision of the Year'. The TES School Awards brings Independent and State Schools together to celebrate excellence across the whole education sector;
- (c) the new Adult Social Care Hub went live at the end of February. This new Hub allows citizens, carers or professionals to access information and advice regarding Adult Social Care in Nottingham City Council. The Hub is home to information on preventive and community care options that can support citizens to remain independent and prevent the need for long term care;
- (d) green social prescribing is planned to return to Nottingham as an alternative to traditional treatment, supporting people to engage in nature-based interventions and activities to improve their mental and physical health.

#### **14 Work Plan**

The Board noted that an additional item on Special Educational Needs and Disability (SEND) had been added to the agenda for the September meeting.

#### **15 Future Meeting Dates**

**Resolved to meet on the following Wednesdays at 1.30pm:**

- **25 September 2024**
- **27 November 2024**
- **26 February 2025**