



Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 2 September 2020 (commencing at 2:00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Tony Harper (Chair)  
Joyce Bosnjak  
Glynn Gilfoyle  
Francis Purdue-Horan  
Kevin Rostance

**DISTRICT COUNCILLORS**

	David Walters	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
	Colin Tidswell	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
	Amanda Fisher	-	Mansfield District Council

**OFFICERS**

	Melanie Brooks	-	Corporate Director, Adult Social Care and Health
A	Colin Pettigrew	-	Corporate Director, Children and Families Services
	Jonathan Gribbin	-	Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

David Ainsworth	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
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- Idris Griffiths - NHS Bassetlaw Clinical Commissioning Group
- A Dr Thilan Bartolemeuz - NHS Nottingham and Nottinghamshire Clinical Commissioning Group
- A Fiona Callaghan - NHS Nottingham & Nottinghamshire Clinical Commissioning Group
- Dr Jeremy Griffiths - NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair)

### **LOCAL HEALTHWATCH**

- A Sarah Collis - Healthwatch Nottingham & Nottinghamshire

### **OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

- A Kevin Dennis - Office of the Nottinghamshire Police and Crime Commissioner

### **OTHER ATTENDEES**

Hazel Wigginton – NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Jane Laughton – Healthwatch Nottingham and Nottinghamshire

### **OFFICERS IN ATTENDANCE**

- Edward Shaw - Public Health and Commissioning Manager
- Martin Gatley - Democratic Services Officer

### **MINUTES**

The minutes of the last meeting held on 24 July 2020 having been previously circulated were confirmed and signed by the Chairman.

## **APOLOGIES FOR ABSENCE**

Dr Thilan Bartolomeuz (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Lucy Dadge (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Jane Laughton, Chair of Healthwatch Nottingham & Nottinghamshire substituted for Sarah Collis.

Hazel Wigginton, NHS Nottingham & Nottinghamshire Clinical Commissioning Group substituted for Fiona Callaghan.

## **DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS**

None.

## **CHAIR'S REPORT**

The Chairman introduced the report and highlighted the following issues: Continued outreach has taken place through the lockdown period; with over 700 people being provided with services such as food vouchers, food parcels, naloxone kits and safe storage boxes. Online alcohol 'identification & brief advice' training has been delivered to over 300 professionals from a range of services and organisations, including GP surgeries and Nottinghamshire Fire & Rescue Service.

In relation to paragraph 4 regarding the Mid-Nottinghamshire Integrated Care Partnership social prescribing link workers, Dr Jeremy Griffiths pointed out that the use of the term 'chaotic lives' was pejorative, and he hoped not to see that sort of terminology in future reports. Dr Griffiths also commented that the lockdown has seen a large upsurge in mental health problems. Dr Griffiths **also** asked that the suicide prevention guidance referenced at paragraphs 14 and 15 be shared widely with partners. **Dr Griffiths also noted the weekly COVID-19 surveillance report for Nottinghamshire has proven very useful.**

In response to questions from Councillor Shaw regarding whether all social prescribing was now back up and running; and the funding for mental health support in schools, Mr Gribbin indicated that support would be rolled out across the county, including Bassetlaw. **It was agreed that further information on Mental Health Support Teams in schools, including their implementation across Nottinghamshire, would be forwarded to Board members.** In relation to social prescribing Hazel Wigginton indicated that a task and finish group was being set up to look at how to move existing mental health support workers into social prescribing teams.

Councillor Gilfoyle requested that an 'end of term' report from Change Grow Live be placed on a future agenda. Jonathan Gribbin and the Chairman indicated that it might be necessary for the report to go to Adult Social Care and Public Health Committee first before being received by the Board.

Further to points raised by Councillor Fisher, the Chairman agreed that Board Members should be making every effort to promote flu vaccinations.

### **RESOLVED: 2020/018**

That the following actions were identified:

- 1) Share suicide prevention guidance widely with partners.
- 2) Change Grow Live 'end of term report' to be received at a future meeting of the Board.

### **LOCAL OUTBREAK CONTROL: LEARNING AND NEXT STEPS**

Jonathan Gribbin, Director of Public Health emphasised the strenuous efforts taking place for recovery and getting back to business as usual, and indicated that the work to address health inequalities that had been put on hold during lockdown had now restarted.

Mr Gribbin conveyed details from the Weekly COVID-19 Surveillance Report in Nottinghamshire, including the slow but steady growth of cases through July and August, with an increase in those of working age being affected – although hospitalisations are low. However, the rate in Newark and Sherwood has significantly reduced over the last few weeks from 30 per 100,000 to just 6 per 100,000. This is a reflection of the hard work and discipline shown by many residents.

The local outbreak control plan is a collective endeavour by most of the organisations represented on the Health and Wellbeing Board. The Outbreak Control Cell meets daily to review information about new cases and soft intelligence from around the county e.g. from Environmental Health Officers; and where the data indicates further investigation is required an Incident Management Team is deployed.

Mr Gribbin also informed Board Members of the learning from the Local Resilience Forum outbreak control exercise, which enabled parts of the plan which required further strengthening to be identified. The benefits of having an Environmental Health Officer embedded in the Outbreak Control Cell were emphasized. In addition, Board Members heard that the Local Resilience Forums had recently received information about 'reasonable worst-case scenarios' – this is not a prediction, but rather a scenario against which we should be testing our plans.

Councillor Mison identified public communication as a key issue, particularly in terms of combatting misinformation on social media. Mr Gribbin asked for Health and Wellbeing Board partners to ensure that positive messages were disseminated across a diverse range of media.

Dr Jeremy Griffiths raised the issue of late presentation of conditions due to much reduced attendances at primary care during the first wave of the pandemic, and also queried how health messages were being delivered to young working people. Dr Griffiths raised concerns about increased levels of flu and did not rule out the possibility of a flu pandemic.

Mr Gribbin commented that the modest current number of cases within the county were people of working age and this group were not especially vulnerable. In relation to flu vaccinations, the County Council is currently working on two fronts – working hard to see a year on year increase on the number of frontline workers who take up the opportunity of a flu vaccination, as well as a public promotion of the flu vaccine via street banners / lamp posts etc which will complement the work of the NHS.

Mr Gribbin recommended that Board Members prompt their communications colleagues, and provide sufficient resources, to allow them to develop innovative means of communication.

In response to Dr Griffiths comments regarding reduction in levels of direct face to face social care contact, Melanie Brooks, Corporate Director for Adult Social Care & Health, indicated that social care had not stopped visiting people at home, but there were a range of measures across various organisations, and policies to keep people and employees safe had been implemented. However, visiting to care homes has been restricted, though if there is a safeguarding issue, social care staff would continue to visit. Referrals to the safeguarding hub dropped during the earlier part of lockdown, but recovered during June, followed by an increase in demand never previously seen. Statutory services have been business as usual from the start, but other services e.g. involving group work and trips out, have diminished or been discontinued. It is also an absolute priority to promote flu vaccination to social care staff.

Councillor Colin Tideswell raised the issue of the large number of 'houses of multiple occupation' – east of Beeston and close to the University. Mr Gribbin agreed that such homes were a setting where we needed to be particularly vigilant. Houses of multiple occupation were also identified as a factor linked to rises in COVID-19 cases in both Newark and Bassetlaw. An incident management plan, linked to the COVID-19 Outbreak Control Plan, has been developed which specifically focusses on universities.

Councillor Joyce Bosnjak raised the issues of an individual who was diagnosed with COVID-19 four days before she died, but the death certificate listed frailty and old age as the cause of death; as well as concerns about proper communication between local and national level during local lockdown measures.

Mr Gribbin responded that there was a focus on avoiding the need for local lockdown, whether determined locally or nationally. Powers rest with the Secretary of State to instigate a local lockdown where local authorities have been too slow, and to rescind one where a local authority has gone too far.

Councillor Sue Shaw queried communications issues in relation to access to General Practitioners, particularly with regard to getting back to business as usual. There is also a need to use social media to deliver clear messages e.g. around testing stations. Jonathan Gribbin agreed that with regard to testing it was very important to get the information right first time. Idris Griffiths emphasised that while GPs are open for business, a lot of consultations are not face to face, although such a big change will take the population a long time to get used to.

Jane Laughton, Healthwatch, made reference to Healthwatch's April survey of people who are classed as vulnerable. The concern was that people were not getting the information they needed, particularly for the over 70s, many of whom did not understand whether they were at risk or not. Communications teams need to consider how they can better reach vulnerable groups.

Councillor Henry Wheeler raised the issue of vulnerable members of staff in schools, particularly in relation to them receiving the flu vaccine, and also mentioned concerns relating to safeguarding (particularly young people who have been exposed to domestic violence and drug dealing during lockdown), and the resulting increase in referrals e.g. to hospital.

Mr Gribbin responded that many vulnerable groups would be eligible for a free flu vaccination. Public Health is also increasing funding in areas which would assist children who have had adverse experiences. The Chairman asked for Colin Pettigrew, Corporate Director for Children and Families to provide a written response in relation to the issues raised by Councillor Wheeler.

## **RESOLVED: 2020/019**

That:

- 1) Health and Wellbeing Board Members liaise with their communications teams in order to develop innovative means of communication for information relating to COVID-19 and the 2020 flu vaccination programme, and endeavour to provide them with the resources they need to do this. This includes the use of social media, but also other methods of communicating with people who may be hard to reach through digital means.
- 2) Health and Wellbeing Board members check that their organisation's business continuity plans and processes are robust, especially for services which may be involved in responding to local outbreaks

## **WORK PROGRAMME**

The Chairman indicated that a Better Care Fund update for Quarter 4 would be provided at the next meeting.

Ed Shaw, Public Health Commissioning Manager explained that the 7 October meeting of the Board would be a full meeting of the Board rather than a workshop. The next workshop would be on 2 December.

Dr Griffiths requested feedback from the Director of Public Health on the replacement of Public Health England with the National Institute for Health Protection, and implications for the work programme.

Councillor Bosnjak requested the inclusion of an item on the impact of people delaying their access to primary care due to COVID-19.

**RESOLVED: 2020/020**

That:

- 1) The Board note that its work programme is currently under review.

The meeting closed at 15:55

**CHAIR**