

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 1 February 2023 (commencing at 2:00pm)

Membership:

Persons absent are marked with an 'Ap' (apologies given) or 'Ab' (where apologies had not been sent). Substitute members are marked with a 'S'.

Nottinghamshire County Councillors

John Doddy (Chair)
Sinead Anderson
Scott Carlton
Sheila Place
John Wilmott

District and Borough Councillors

	David Walters	-	Ashfield District Council
Ap	Susan Shaw	-	Bassetlaw District Council
S	Lynne Schuller	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
Ap	Henry Wheeler	-	Gedling Borough Council
	Marion Bradshaw	-	Mansfield District Council
	Tim Wildgust	-	Newark and Sherwood District Council
	Abby Brennan	-	Rushcliffe Borough Council

Nottinghamshire County Council Officers

Ap	Colin Pettigrew	-	Corporate Director for Children and Families Services
Ap	Melanie Williams	-	Corporate Director for Adult Social Care And Health
	Jonathan Gribbin	-	Director for Public Health

NHS Partners

	Dr Dave Briggs	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
	Dr Thilan Bartholomeuz	-	Mid-Nottinghamshire Place-Based Partnership
	Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships
Ap	Fiona Callaghan	-	South Nottinghamshire Place-Based Partnership

Helen Smith - South Nottinghamshire Place-Based Partnership
Ab Oliver Newbould - NHS England

Healthwatch Nottingham and Nottinghamshire

Sarah Collis - Chair

Nottinghamshire Office of the Police and Crime Commissioner

Sharon Cadell - Chief Executive

Substitute Members

Lynne Schuller for Susan Shaw

Officers and colleagues in attendance:

Sam Banks - Public Health Intelligence Analyst,
Nottinghamshire County Council
Sarah Fleming - Programme Director for System
Development, NHS Nottingham and
Nottinghamshire Integrated Care Board
Theresa Hodgkinson - Chief Executive, Ashfield District Council
Briony Jones - Public Health and Commissioning Manager,
Nottinghamshire County Council
Adrian Mann - Democratic Services Officer,
Nottinghamshire County Council
Catherine O'Byrne - Senior Public Health and Commissioning
Manager, Nottinghamshire County Council
Vivienne Robbins - Deputy Director for Public Health,
Nottinghamshire County Council
Councillor Sue Saddington - Chair of the Health Scrutiny Committee,
Nottinghamshire County Council

1. Changes to Membership

The Board noted that Fiona Callaghan has replaced Dr Nicole Atkinson as a representative of the South Nottinghamshire Place-Based Partnership.

2. Apologies for Absence

Fiona Callaghan
Colin Pettigrew
Councillor Susan Shaw
Councillor Henry Wheeler
Melanie Williams

3. Declarations of Interests

No declarations of interests were made.

4. Minutes of the Last Meeting

The minutes of the last meeting held on 7 December 2022, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair. The following points were discussed:

- a) The Board hoped that the £1 million in funding secured by the Office of the Police and Crime Commission to help children affected by domestic abuse (item 4(c), Chair's Report) would be used in as wide a range of educational settings as possible, and noted that there was a particular need for investment in prevention delivered through Early Years services.
- b) The Board noted that care should be taken to avoid professional jargon wherever possible, such as 'Learning Lab' (item 6(b), Quarterly Report - Joint Health and Wellbeing Strategy for 2022-26), as its meaning may not be completely clear to a wider audience.

5. Chair's Report

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the current local and national health and wellbeing issues and their implications for the Joint Health and Wellbeing Strategy. The following points were discussed:

- a) Funding is starting to flow into the four Place-Based Partnerships covering Nottingham and Nottinghamshire as part of the new approach to develop place-based service provision and community funding. The general levels of illness were high during December 2022 and January 2023, including cases of Coronavirus and Scarlet Fever. However, illness levels are now starting to decrease as the end of winter approaches, resulting in less pressure on communities and services. Nevertheless, planning processes should now be starting for the management of next year's winter pressures.
- b) Nationally, additional funding is being provided to support vulnerable people affected by homelessness, and to help everyone access mental health support without stigma.
- c) Rising food insecurity is increasing the prevalence of physical and mental health conditions caused by hunger and unhealthy diets, and obesity is now overtaking smoking as the primary cause of preventable death in England and Scotland. A report has been produced on the trends that have emerged since local authorities took responsibility for sexual health services in 2013, the service demand and the current funding pressures. There has been a recent increase in the rates of some sexually transmitted diseases, which can now be resistant to antibiotics. As such, there are emerging risks within this area that must be adapted to, and the services must be made as available and accessible through as many avenues as possible.
- d) The Health Index for England is a new national measure of health, currently providing a measure of overall health for 2015-20 that can be broken down into

the three areas of Healthy People, Lives and Places. The data provides a high-level snapshot that is helpful in indicating where issues might be, and it shows that there can be a significant variation in health between Nottinghamshire communities, where some are more healthy than the national average while some are less.

- e) The Index can be used to help identify the most disadvantaged groups within communities and inform where focused provision and funding is required to seek to address health inequality. It is important that a strong place-based approach is taken to addressing health inequality through a wide range of partners working together, as issues such as good housing, employment opportunities and green spaces are vital for ensuring good health. The overall level of health appears to be in decline, so ongoing work is underway to review the impacts of Covid and whether the rates of excess deaths are also increasing, to assess what actions might be taken in response.
- f) The Board noted that the Index represented a good overview, but did not provide the information for a detailed picture of specific communities or settings, such as the health of children in schools. The County Council's Public Health officers are available to work with the District and Borough Councils on a one-to-one basis to review the statistics behind the Index on a more in-depth basis for their areas.
- g) The Board welcomed the UK Shared Prosperity and Levelling Up funding secured by District and Borough Councils across the County. Members raised concerns, however, that the bidding process used to allocate the funding put Nottinghamshire communities in direct competition with each other for resources that are needed by everyone. Councils are pursuing as many funding opportunities as possible and it is important that securing good health is at the core of all bids, with partners joining together to focus on achieving the best outcomes for communities.

Resolved (2023/001):

- 1) To note the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022-26.

6. The 2022-23 Better Care Fund Adult Social Care Discharge Fund Planning Requirements

Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the Nottinghamshire 2022-23 Better Care Fund (BCF) Adult Social Care Discharge Fund planning requirements. The following points were discussed:

- a) The BCF Adult Social Care Discharge Fund is intended to enable the discharge of patients from hospital to the most appropriate location for their ongoing care to free up the maximum number of hospital beds, and to boost the general adult social care workforce capacity through recruitment and retention.

- b) Nottingham City Council, Nottinghamshire County Council and the ICB established a task and finish group to coordinate the planning of how the funding would be used, with each organisation identifying focus areas based on existing winter pressures plans. There are also opportunities to support an increase in the number of appropriate hospital discharges through growing the capacity for the assessment of people's needs after leaving hospital, making further use of technology, supporting the existing social care workforce to increase home care capacity, and driving a recruitment campaign to increase the number of carers.
- c) The funding is being released in two tranches, with the allocations calculated nationally to target the areas with the most significant hospital discharge challenges. Formal feedback has not yet been returned on the spending plans submitted, but the first funding tranche has been released and the second is expected shortly. Regular reporting to NHS England will be carried out on a fortnightly basis and ongoing performance information for the key areas will be gathered collectively and provided to the Board – along with a formal annual report at the end of the year.
- d) A significant objective is to maximise re-ablement and rehabilitation so that as many people as possible are able to continue to live independent lives, while those with a greater need for support are placed in the most suitable care setting – which often costs much less than their being in hospital, even when a private provider is used. 'Virtual' wards are also being developed to support people with acute care needs. However, hospitals are required to ensure that patients are not discharged too soon or inappropriately, and must report instances where a patient is discharged and then returns to hospital within a very short period of time.
- e) A preventative discharge scheme is in place in Mansfield to open up more hospital beds where the District Council, hospitals and social care services work together in partnership to move people from hospital to an appropriate care setting, with the Council carrying out follow-up health and wellbeing visits. A great deal of work is also being done to ensure that appropriate housing is available to everyone, to support wider good health.
- f) In terms of future planning, data is collected jointly by health and social care services to identify the future care needs of individual communities, and the potential risks. The care needs across Nottinghamshire are likely to increase significantly over time, so it is vital that a sustainable system is put in place to meet these needs while also working to prevent avoidable issues from arising. As such, there must be a clear focus on improving health and wellbeing generally, while seeking to address the causes of long-term illness and frailty. Ultimately, the very best use of the BCF must be made now to introduce effective systems of prevention, to mitigate against potentially substantial healthcare costs in the future.
- g) The Board noted that it is vital that the needs arising from winter pressures are fully understood both generally and for the area of each Place-Based Partnership, that risks are properly identified and prioritised to ensure that needs are met at the

right time and in the right place, and that any arising learning is shared effectively.

- h) The Board considered that a clear evaluation model must be in place to demonstrate that the funding deployed through the BCF is being targeted effectively and is achieving best value, and that the outcomes of the funded projects are quantified, reported and understood.
- i) The Board was concerned that patients could be discharged from hospital too soon, so this should only be done on the basis of a proper assessment to ensure that their needs would be met effectively at home or in a social care setting, to avoid problems simply moving from one part of the health and care system to another, or people returning back to hospital immediately after being discharged. Members noted that care homes must be properly equipped to support re-ablement and rehabilitation effectively, and that the appropriate in-person professional medical and physiotherapy support is available, as well as virtual provision.
- j) The Board expressed concern that a number of the schemes to be supported through the Adult Social Care Discharge Fund would be delivered through 'overtime for existing staff'. Members queried whether it is appropriate for staff working in a challenging healthcare system to be given yet more work, and asked how staff would be supported in terms of their own health and wellbeing.
- k) The Board observed that some delays in hospital discharges were due to the internal pharmacy not having a patient's medication immediately available. Members noted that hospital pharmacies could be operating to a challenging budget, so suggested that more e-prescriptions for collection from a community pharmacy could be used. The Board commented that long ambulance queues for initial admission could result in additional complications arising and a longer hospital stay, while many vulnerable people could be living alone with no relatives able to support them following discharge. Members considered that, ultimately, a fully joined-up approach across the whole system is required to deliver the best results for communities.

Resolved (2023/002):

- 1) To endorse the submitted Nottinghamshire 2022-23 Better Care Fund Adult Social Care Discharge Fund planning templates.

7. Taking Collective Action on Homelessness as a Health and Wellbeing Board Priority

Catherine O'Byrne, Senior Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the proposed Framework for Action on Homelessness and Principles for Collaborative Working on Homelessness. The following points were discussed:

- a) Following the Board's workshop in October 2022, a vision to work together to prevent homelessness wherever possible and improve the health and wellbeing

outcomes for those who experience it has been developed. The Rough Sleeper Initiative represents a national grant to the Nottinghamshire's local housing authorities to help support their existing prevention plans to reduce the number of people sleeping rough and enhance the services available to people at risk of sleeping rough. The funding is held by Ashfield District Council and is currently in place until 2025. It is proposed that the Board will provide the strategic oversight for the initiative.

- b) A framework for action and principles for collaborative working on homelessness have been developed, with the primary ambitions being to prevent more people from experiencing or being at risk of homelessness, to improve the collective response to people who are experiencing homelessness (especially those experiencing severe and multiple needs), and to work collaboratively to enable a joined-up, sustainable, responsive and appropriately resourced system response to homelessness. An implementation plan is being developed with partners to set out the scale of the ambition in the context of the available resources. It is important that the implementation plan is progressed as rapidly as possible and is carried out by all partners as universal practice, so it is intended to bring the plan to the Board at its June meeting, for agreement.
- c) Homelessness has a severe impact and is complex to address, particularly as homelessness (which does not necessarily result in rough sleeping) is not always a visible issue, and it requires close collaborative working between partners. Homelessness can be most visible in city environments, but it also affects the wider County area. People who are homeless can also be experiencing mental health needs, addiction or substance misuse problems, but wider physical and mental health issues can only be addressed properly when an individual is no longer homeless, so it is vital that proper housing and other accommodation is available, and that a full system of wrap-around care is achieved.
- d) It is important to support people when they are in crisis, but it is also necessary to understand the multi-layered reasons as to why people become at risk of homelessness and seek to address these causational issues as part of homelessness prevention. The risk of rough sleeping can occur particularly for people discharged from a social care setting or hospital, released from prison or having completed their service in the Armed Forces, so it is vital that partners work together and cooperate at all levels to ensure that the appropriate structures are in place to support the most vulnerable people in these situations.
- e) Partners must take into account the lived experience of people who have been through the system in developing service provision and ensuring that the right interventions can be made in the right place at the right time. The strong 'Changing Futures' partnership approach is working well in Nottingham and has given rise to a great deal of effective learning, including from lived experience. Particular care must be taken when seeking to support those people who do not have the capacity to engaged with services easily, or who actively reject support.
- f) The Board expressed concern that the demand for good housing was rising faster than the rate at which houses were being built, with waiting times for social housing already being long and growing longer. Members acknowledged,

however, that proactive action on homelessness driven collectively by all partners can achieve a great deal, and thanked all officers involved for their very hard work in this area.

Resolved (2023/003):

- 1) To adopt the vision 'To work together to ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it'.
- 2) To provide the strategic oversight for the Rough Sleeper Initiative, including supporting its development to a sustainable embedded offer within the context of joint commissioning.
- 3) To adopt the Framework for Action for Tackling Homelessness and Principles for Collaborative Working on Homelessness and commit to their ongoing development, including through the production of a jointly-developed Implementation Plan.
- 4) To receive a report on the Implementation Plan developed from the Framework for Action, alongside an overview of progress, challenges and successes, at the Nottinghamshire Health and Wellbeing Board meeting on 5 July 2023.

8. The Nottinghamshire Covid Impact Assessment – Mental Health

Sam Banks, Public Health Intelligence Analyst at Nottinghamshire County Council, presented a report on the impact of the Coronavirus pandemic on the health and wellbeing of the population of Nottinghamshire in the context of mental health. The following points were discussed:

- a) This impact assessment focused on the four areas of children and young people, self-harm referrals and emergency admissions, loneliness and social isolation, and marginalised groups.
- b) Waiting lists of children's and young people's mental health services have risen due to increased demand. There is a heightened risk that children and young people are not accessing services at an early stage and are only presenting once their mental health issues have become severe.
- c) Hospital admissions for self-harm rose amongst females, with a noticeable spike during the pandemic – at almost three times as many cases as males. People in their 40s seemed to be at particular risk of self-harm during the pandemic, and cases amongst non-binary people also rose. The hospital admission rates for males remained relatively consistent, though they increased slightly following the pandemic. Spikes in admissions for self-harm have also occurred in some groups following the pandemic, with the current cost of living crisis being a potentially contributing factor. Waiting lists have increased for all ages, while rising self-harm rates puts more people at risk from suicide.

- d) Referrals for loneliness and social isolation were very much associated with areas of high deprivation. People with existing health conditions (particularly mental health needs) were often the most impacted, with people living in rented accommodation or who had been furloughed being more likely to experience greater loneliness. Loneliness and social isolation also had a particular impact upon children, where those suffering from loneliness before the pandemic became lonelier, while children who had not felt lonely before the pandemic were less likely to feel lonely during it – resulting in a widening of health inequality in this area. Rising loneliness can be a significant contributor to other mental health conditions such as depression, so it is vital that provision is in place to support people who are feeling isolated.
- e) Since the pandemic, the overall number of people with serious mental illness has increased, with a particular growth of cases amongst females – with levels after the pandemic remaining higher than before the pandemic. People within marginalised groups can be difficult to reach and experienced barriers to accessing services (particularly for mental health) before the pandemic – which then resulted in access becoming more difficult, particularly in the context of digital exclusion. LGBTQ+, ethnic minority and traveller communities face a much greater risk of experiencing serious mental illness.
- f) In terms of ensuring that people are able to find the right paths to services that are known and accessible, self-referrals can now be made to the Child and Adolescent Mental Health Services for mental health support, while the Multi-Agency Safeguarding Hub is the first point of contact for new safeguarding referrals. The County Council's Public Health team can offer assistance in finding the right paths for support, particularly if a person has multiple service needs.
- g) In terms of overall inequality, more females are seeking support for mental ill health than males, and there are increasing referrals from young people identifying as an ethnic minority. The national evidence shows that inequalities within mental health have widened during the pandemic and that the associated risk factors have increased, with vulnerable groups such as LGBTQ+, students, people with disabilities, and children with special educational needs and disabilities being particularly impacted. There is the potential that there may be a greater service need amongst males, who may be less likely to seek mental health support in the early stages. There can also be difficulties in the recording of data for people in crisis, so consideration is required on how the quality of this data can be improved.
- h) The impact assessment contains a number of recommendations to the NHS Nottingham and Nottinghamshire Integrated Care System (ICS), and they will be managed by the ICS' relevant Mental Health groups. It is currently unclear whether the impacts identified by the assessment will return to their pre-pandemic levels naturally, or whether they will continue to persist at their now higher levels. The burden of long-term ill health is a serious issue and is a primary area of focus for the ICS, which is seeking to develop a combined mental health strategy to approach the mental health needs of children and young people through their young lives and into adulthood.

- i) The Police has a role to play in responding to people with mental health needs and a national review is underway on how this can be done most effectively. Work is required to ensure that the proper handovers are in place between the Police and other services so that people are treated with respect and transferred to the appropriate place for their needs, in the right way. Measures are needed to ensure that the right service is contacted to respond to a mental health issue, in the first instance.
- j) The Board asked what processes were in place to engage with vulnerable and hard to reach communities effectively, and what early intervention measures had been introduced to prevent initial mental health needs developing into more serious issues. Members considered that it was vital that interim support was available to children and young people while on the lengthening waiting lists to access services. The Board advised that, at the Place-Based Partnership level, work is needed to encourage and facilitate social interaction for those who are isolated through the development of suitable public and social spaces.
- k) The Board suggested that, as part of achieving access to support, the best possible use should be made of the existing NottAlone app service – and that the appropriate support should be in place to ensure that people are able to navigate it easily. Members also felt that the information in the glossary of services included as part of the impact assessment should be published as widely as possible. The Board commented that the NHS Nottingham and Nottinghamshire Integrated Care Board has produced a Digital Inclusion Strategy, which should be linked into the relevant recommendations of the impact assessment.
- l) The Board advised that consideration should be given to neurodiversity and what support can be provided to neuro-diverse people to help mitigate against the risk of their experiencing more serious mental health issues in the future. Members considered that it was important to assess the right contexts in which to approach prevention for rising rates of eating disorders in children and young people, and that it is vital that a full co-production approach is taken to self-harm and suicide prevention. The Board recommended that the early identification of mental health needs in school and early years settings must be as effective as possible so that strong support and signposting to services can be provided, while hospitals must take all measures to ensure that they identify anyone who has repeat admissions for self-harm.

Resolved (2023/004):

- 1) To note the issues outlined in the Nottinghamshire Covid Impact Assessment on Mental Health, and to encourage members to act on them as appropriate.

9. Work Programme

The Chair presented the Board's current Work Programme. The following points were discussed:

- a) A report on a new chapter of the Joint Strategic Needs Assessment on Special Educational Needs and Disabilities is to be brought to the Board meeting in

March, which will be followed by a workshop on working together to develop the health and wellbeing priorities and plans. This session is intended to help to develop a full, cross-system view of what all partners are working to deliver and what has been achieved to date.

Resolved (2023/005):

- 1) To note the Work Programme, as set out in Appendix 1 to the report.

There being no further business, the Chair closed the meeting at 4:15pm.

Chair: