

Meeting:	Nottinghamshire Health and Wellbeing Board
Date:	Wednesday 7 December 2022 (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**

Ap	David Walters	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
Ab	Colin Tideswell	-	Broxtowe Borough Council
Ap	Henry Wheeler	-	Gedling Borough Council
Ap	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	Dr Nicole Atkinson	-	South Nottinghamshire Place Based Partnership
	Helen Smith	-	South Nottinghamshire Place-Based

Ab Oliver Newbould - Partnership  
NHS England

**Healthwatch Nottingham and Nottinghamshire**

Sarah Collis - Chair

**Nottinghamshire Office of the Police and Crime Commissioner**

Ap Sharon Cadell - Chief Executive

S Dan Howitt - Head of Strategy, Research, Information  
and Assurance

**Substitute Members**

Dan Howitt for Sharon Cadell

**Officers and colleagues in attendance:**

Kashif Ahmed - Service Director for Strategic  
Commissioning and Integration,  
Nottinghamshire County Council

Rebecca Atchinson - Senior Public Health and Commissioning  
Manager, Nottinghamshire County Council

Sue Foley - Public Health Consultant, Nottinghamshire  
County Council

Briony Jones - Public Health and Commissioning Manager,  
Nottinghamshire County Council

Adrian Mann - Democratic Services Officer,  
Nottinghamshire County Council

Vivienne Robbins - Deputy Director for Public Health,  
Nottinghamshire County Council

Naomi Robinson - Senior Joint Commissioning Manager, NHS  
Nottingham and Nottinghamshire Integrated  
Care Board

**1. Apologies for Absence**

Dr Nicole Atkinson  
Councillor Marion Bradshaw  
Sharon Cadell  
Colin Pettigrew  
Councillor David Walters  
Councillor Henry Wheeler  
Melanie Williams

**2. Declarations of Interests**

No declarations of interests were made.

**3. Minutes of the Last Meeting**

The minutes of the last meeting held on 12 October 2022, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

The Chair observed that, in relation to item 4 of the minutes (Securing a Smokefree Generation for Nottinghamshire), approximately 15% of the population of Nottinghamshire are smokers. He noted, however, that the distribution is not even across the county and is higher in certain areas, such as 19.8% in Mansfield, and lower in others, such as 5.9% in Rushcliffe. The Chair commented that New Zealand has announced an aim to be smoke-free by 2025 though banning the sale of cigarettes to anybody born after 2008, and by using e-e-cigarettes as a means of supporting smoking cessation.

#### **4. 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 current Joint Health and Wellbeing Strategy. The following points were discussed:

- a) It has been found that the number of pregnancies affected by life-threatening issues such as spina bifida could fall significantly if folic acid is added to non-wholemeal flour. As a result, the Government has begun a consultation on proposals to add 250 micrograms of folic acid per 100 grams of flour.
- b) Nottinghamshire County Council's Trading Standards Service receives funding from Public Health to carry out enforcement action in relation to illegal tobacco products. Increased action has also been taken regarding vaping products not meant for the UK market, which are limited to a capacity of 2ml (approximately 600 puffs). However, some products available contains up to 10,000 puffs and can be more harmful to users due to further additives being present.
- c) The Office of the Police and Crime Commissioner has been successful in securing £1 million in funding to help children affected by domestic abuse. The money will be used to provide specialist training and support to nursery and primary school workers to help identify the signs of domestic abuse, as well as giving more children access to a wider range of therapeutic support services.
- d) In November 2022, Nottinghamshire became a member of Sustainable Food Places (SFP), as part of a national project to improve local food systems. Developing a SFP forms part of the ambition to develop a healthy and sustainable Nottinghamshire, given the present nutritional emergency for children in the area – where around 40% of eleven-year-olds are overweight.
- e) A £1.14 billion devolution programme has been confirmed for the East Midlands, which will provide the region with a guaranteed income stream of £38 million per year over a 30-year period. The development of health and wellbeing is not mentioned specifically within the current proposals, but it is hoped that the scheme will be able to bring important benefits and investment in these areas. Discussions between the member Councils are taking place on how to consult on how the new Combined Authority should meet its duty of improving health and wellbeing across its population.

- f) Work is underway to raise awareness by informing and influencing everyone in Nottinghamshire to respond to suicide, self-harm and mental ill health appropriately, so that people can get the right support at the right time. A Mental Health Promotion Action Plan for 2022-25 is in place, as well as a guide and online course for championing both mental health awareness, and self-harm and suicide identification and prevention. It is also proposed to extend the support provided by the current children's NottAlone resource to adults in 2023.
- g) The Board considered that initiatives such as adding folic acid to flour and fluoride to water are significant ways of supporting general health and wellbeing, so it is important that central Government develops these as national policy. It noted that a growth in both fast-food establishments and an increase in the home delivery services available as a consequence of the Covid pandemic could be contributing to greater inequalities in healthy eating, making the SFP an important initiative.
- h) The Board commented that it is vital for good signposting to the right mental health support to be in place, particularly as the cost of living situation worsens, while targeted help is needed for people at risk of suicide (where numbers often spike in the New Year period). It noted that it is important that as many routes as possible to support are available – both through online and other means.
- i) The Board welcomed the various responses underway in supporting the most vulnerable people during the cost of living crisis (particularly those who are homeless or sleeping rough), including support hubs, warm rooms and hot meal schemes. It noted that spending from the Public Health reserves has been approved to provide support to communities.
- j) The Board observed, however, that the community and voluntary sector is itself struggling in meeting these needs, and work is required to assist the sector in providing support in a sustainable way. It suggested that the new Placed-Based Partnerships should be involved in considering how a number of these issues can be addressed at the community level, given the importance of local place to health and wellbeing.

**Resolved (2022/030):**

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

**5. The Nottinghamshire 2022-23 Better Care Fund Planning Requirements**

Kashif Ahmed, Service Director for Strategic Commissioning and Integration at Nottinghamshire County Council, and Naomi Robinson, Senior Joint Commissioning Manager at the NHS Nottingham and Nottinghamshire Integrated Care Board, presented a report on the latest Better Care Fund (BCF) planning requirements and the work to undertake a collaborative commissioning review of the services within its scope. The following points were discussed:

- a) The current BCF planning template contains both transactional and transformational elements, as part of the overarching objectives to enable people to stay well, safe and independent at home for longer, and to provide the right care in the right place at the right time. The services provided through the local BCF plan must comply with the national requirements to maintain good social care, with the key performance metrics designed to achieve effective reablement, ensure appropriate admissions to residential care, mitigate against avoidable admissions to hospital, and enable discharge to a usual place of residence. The current BCF plan is on track to achieve these requirements in most areas.
- b) There has been significant work on how the BCF can be used to drive transformation and integration, and the first phase of a collaborative commissioning review has been completed. The BCF Narrative Plan has been updated to reflect the outcomes of this review, which includes a refreshed local BCF ambition statement and focuses the BCF plans and services on three priority areas: prevention and early intervention services, anticipatory care services, and discharge to assess services.
- c) The approach being taken through the BCF is to ensure that people are well and independent for as long as possible. This means that, at the system level, partners must work together jointly wherever possible to achieve the seamless operation of services. It is vital that all partners' services models and their outcomes are understood, so that the opportunities for integration can be identified fully. Connected services are being grouped together wherever possible, with both short-term and long-term commissioning intentions and collaboration opportunities being identified.
- d) It is important that close consideration is given to how Place-Based Partnerships (PBPs), supported by the Health and Wellbeing Board, can make the most of joint commissioning to ensure that provision is tailored to the needs of the individual service user. Stakeholder working groups are in place to identify and develop greater alignment amongst partners, and engagement is underway with the PBPs and District and Borough Councils to identify how delivery can be improved at the local level and ensure that it is fit for purpose. A governance model is in place for reporting progress at the national level.
- e) The Board noted that the BCF template sets out the financial contributions to its pooled budget by all of the Local Authorities in Nottinghamshire. It acknowledged, however, that individual District and Borough Councils also deploy additional funding on the basis of local requirements (as highlighted by Rushcliffe Borough Council), so it is important that this is reflected in the national reporting to ensure that the full scale of need is represented through the figures submitted. The Board considered that it is important that the additional related spend by individual organisations that does not form part of the pooled BCF resources is acknowledged in some way within the BCF reporting, so that the full extent of the local need is highlighted and understood.

**Resolved (2022/031):**

- 1) To endorse the Nottinghamshire 2022-23 Better Care Fund planning templates.

## 6. Quarterly Report - Joint Health and Wellbeing Strategy for 2022-26

Sue Foley, Public Health Consultant at Nottinghamshire County Council, presented a report on the progress to deliver the new Joint Health and Wellbeing Strategy (JHWS) from June to September 2022. The following points were discussed:

- a) The ambition is for the JHWS to be a visible, living and coordinated effort to deliver good health and wellbeing for the people of Nottinghamshire. The purpose of the quarterly reports is to ensure the constant monitoring and evaluation of the progressing JHWS, and to track the emerging outcomes within the ongoing and evolving processes. It is also important that the voice of lived experience is emphasised as part of the regular reporting.
- b) Currently, there is a strong focus on four ambitions, with progress including the 0-5 Children and Young People Best Start Learning Lab, Food Insecurity, the Mental Health Promotion Action Plan, and Making Every Adult Matter. A number of learning groups are in place to review areas of challenge, and it is important that vulnerable and marginalised populations (including those who are homeless) are engaged with effectively. It is hoped to introduce further ambitions relating to addressing domestic abuse and substance misuse, in the future. However, there are challenges presented due to the short-term nature of funding in some areas and the need to develop more sustainable funding models, particularly in the context of the current cost of living crisis.
- c) It is important that partners engage as much as possible with the Learning Lab approach, consider how initiatives on making sure that every adult matters, (including those who are experiencing homelessness) can be expanded, and developing all opportunities for joint and pooled funding. Wherever possible, partners should seek to implement strong learning and feedback loops.
- d) Draft Health and Wellbeing Plans are being produced by the Place-Based Partnerships (PBPs), alongside the development of the overarching Integrated Care Strategy. The JHWS will be delivered primarily through the PBPs, but a wide range of other partners are also involved. It is important that all partners seek to learn from each other, establish feedback loops and ensure that there is effective reporting back to the Board.
- e) A great deal of work has started to support people during the cost of living crisis, with a strong focus on those who are particularly vulnerable or marginalised. However, efforts must be coordinated effectively and an overview is needed to ensure that there are no gaps left in provision. The County Council has invested £700,000 from the Public Health Grant to support households in improving their energy efficiency. Grants are being provided to voluntary and community sector organisations to support them in their work to alleviate issues of food insecurity, as they have the local knowledge and ability to reach the most vulnerable. Benefits advice and guidance services are being strengthened. Both the County and District and Borough Councils are using as many channels as possible to secure national funding to support people through the current crisis, with support being distributed via existing structures.

## **Resolved (2022/032):**

- 1) To note the issues outlined in the Joint Health and Wellbeing Strategy 2022-26 quarterly report, and to encourage members to act on them as appropriate.

### **7. The Nottinghamshire Covid Impact Assessment - Domestic Abuse**

Sue Foley, Public Health Consultant at Nottinghamshire County Council, and Rebecca Atchinson, Senior Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the impact of the Covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire in the context of domestic abuse. The following points were discussed:

- a) The Coronavirus pandemic gave rise to a number of significant challenges relating to domestic abuse, including victims becoming trapped with their abusers during periods of lockdown, so it is vital to ensure that the right services are commissioned to address the issues as effectively as possible. As such, it is important to review the impacts of the pandemic on Domestic Abuse services at different stages, and their effects on service providers, victims and perpetrators.
- b) A report has been produced following an analysis of local, regional and national data, in addition to the available academic research, with the key finding that those who were disadvantaged before the pandemic were subject to a greater level of disadvantage during it – and that this higher level of disadvantage has persisted following the pandemic. The pandemic escalated and intensified cases of domestic abuse by reducing protective factors such as social contact and temporary means of escape (such as going to work). Perpetrators also took advantage of additional means of exerting control, and were aware that their victims had access to less support.
- c) Service demand fluctuated during the pandemic, and it is important that the reasons for this are understood. Services needed to adapt quickly and flexibly, and their resilience was tested significantly. Calls to the 24-hour helpline for women doubled during the pandemic and still remain higher than pre-pandemic levels. Many callers were identifying as victims for the first time, due to the level of enforced close contact with their abusers.
- d) Helpline staff had to work from home during the lockdown periods and handling this greater volume of calls in a domestic setting was a significant challenge. This impacted on staff wellbeing, as they were taking traumatic calls in isolation and were not able to receive in-person support from colleagues. Sickness levels amongst staff increased as a result, including long-term absence due to mental health issues. Ongoing recruitment has also proved to be difficult. The effects of the stresses of the pandemic on staff are still being felt, with demand remaining high while services are stretched.
- e) It was not possible to provide in-person services during the periods of lockdown. However, face-to-face contact was resumed as quickly as possible, particularly in the context of children. Face-to-face services have now returned to normal

provision, but good quality virtual services remain in place and can be used by victims who prefer to access support in this way.

- f) The Nottinghamshire Domestic Abuse Partnership Board (DAPB) has established a task and finish group to review the 8 recommendations of the report (including on effective resourcing and the identification of disproportionately affected groups) and develop an action plan to address them. It will also consider the system learning on how to ensure that services are able to maintain effective prevention and protection measures for victims during an extraordinary event like the Coronavirus pandemic, in the future. In addition, resilience must be built into services in the context of the cost of living crisis. The DAPB will update the Board on its progress in 3 months' time, as domestic abuse is a named priority of the Joint Health and Wellbeing Strategy.
- g) It is intended that the next Covid Impact Assessment will focus on mental health, self-harm, and isolation and loneliness.
- h) The Board raised concerns regarding the difficulty of assessing the level of unreported domestic abuse. The statistics collected do recognise that the data is incomplete and that there is a level of unreported abuse taking place. Steps are being taken to provide victims with every possible opportunity to disclose their abuse, including via covert means. A process of multi-agency risk assessment has been introduced, and it is likely that a system of multi-agency referrals will be required as the cost of living crisis continues, so discussions are underway between all services and partners on effective delivery.

**Resolved (2022/033):**

- 1) To note the issues outlined in the Nottinghamshire Covid Impact Assessment on Domestic Abuse, and to encourage members to act on them as appropriate.
- 2) To receive an update on progress from the Domestic Abuse Local Partnership Board, for consideration at the Nottinghamshire Health and Wellbeing Board meeting on 8 March 2023.

**8. Work Programme**

The Chair presented the Board's current work programme.

**Resolved (2022/034):**

- 1) To note the work programme for 2022/23.

There being no further business, the Chair closed the meeting at 3:19pm.

**Chair:**