



REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update by Councillor Kevin Rostance on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.

Information

[The Notts NHS App \(Personal Health & Care Record\)](#)

2. The Notts NHS App (Personal Health & Care Record) is an online record owned by each individual. It provides residents in Nottinghamshire County and Nottingham City with a secure method of adding, managing and organising their health & wellbeing information on a smartphone or tablet.
3. It also enables people to share appropriate parts of their information with loved ones, healthcare professionals and other health organisations.
4. Users of the Notts NHS App will be able to:
 - Order repeat prescriptions
 - Book and manage GP appointments
 - Check their symptoms
 - Securely message their healthcare provider(s)
 - Access telephone consultations
 - View key information about their health and care.
5. A number of extra health and care services will also be available through links with the [NHS App](#) and [Patients Know Best](#) service.
6. By providing digital access to health & care services, the NHS aim to empower and enable people to take extra control of their healthcare needs.

Suicide prevention funding

7. The Nottingham & Nottinghamshire Integrated Care System is eligible to put forward a proposal for NHS England's wave 4 suicide prevention funding in November 2020. It is anticipated that £209,161 will be made available for the next three financial years (2021-22; 2022-23; and 2023-24).
8. Funding is allocated on the Nottingham & Nottinghamshire Integrated Care System boundary. This excludes Bassetlaw as this is part of the South Yorkshire & Bassetlaw Integrated Care System which has previously received suicide prevention funding. Nottinghamshire County Council will continue to work closely with colleagues in Bassetlaw to support alignment and equity of provision where appropriate to do so.
9. Colleagues within Nottinghamshire County Council are working with Nottingham City Council, NHS Nottingham & Nottinghamshire Clinical Commissioning Group, and the Children's Integrated Commissioning Hub, to develop initial proposals for the funding. A partnership wide workshop was held on 19 October 2020 to further develop these proposals for submission to NHS England by the deadline of 18 November 2020.
10. The initial proposal has been grouped into five themes for suicide prevention. These align with the current Nottingham & Nottinghamshire Suicide Prevention Strategy:
 - Competency, compassion, knowledge and skills
 - Communications and public awareness
 - Prevention support for higher risk groups
 - Real Time Surveillance
 - Evaluation.
11. The Nottingham & Nottinghamshire Suicide Prevention Strategy Group will have oversight of the wave 4 programme and provide updates to the Integrated Care System's Mental Health & Social Care Board, Nottinghamshire County Health & Wellbeing Board, and Nottingham City Health & Wellbeing Board.
12. A programme management group will be established to operate throughout the life of the funding and will report into the Suicide Prevention Strategy Group. Representation from partner agencies, providers, the community and voluntary sector, and people with lived experience, will be sought on the group.
13. For further information, please contact: lucy.jones@nottscg.gov.uk.

Domestic abuse safe accommodation

14. On 5 October 2020, the Ministry of Housing, Communities & Local Government released two new elements in preparation for the Domestic Abuse Bill's passage through Parliament and the new duty for tier one local authorities to provide domestic abuse support in safe accommodation (e.g. refuge).
15. As part of the duty, tier one local authorities will be required to assess the need for, and commission support to, survivors of domestic abuse and their children living in safe accommodation. This is expected to come into force in April 2021.

16. The Ministry of Housing, Communities & Local Government has provided a £6 million [domestic abuse capacity building fund](#) to help local authorities prepare for the implementation of the new duty. This aims to ensure local authorities are adequately resourced to plan, engage and prepare for the implementation of the new duty. The funding can be used flexibly, recognising that organisations know their local needs and what works well in their area. The fund has been allocated equally between all tier one local authorities, with £50,000 to be used by March 2021.
17. The Ministry of Housing, Communities & Local Government have also opened a national [consultation](#) to seek views on the proposals for funding allocations for the support services for survivors and their children in safe accommodation, and administering the new duty requirements within tier one and tier two local authorities. The consultation is open for six weeks from 5 October to 13 November 2020. The overall funding available to deliver the duty is part of the Government's spending review discussions and will be confirmed later in the financial year.
18. For further information, please contact: rebecca.atkinson@nottsccl.gov.uk.

[World Arthritis Day: 12 October 2020 \(Arthritis Action\)](#)

19. World Arthritis Day took place on 12 October 2020. It is estimated that more than 18.8 million people in the UK are affected by arthritis or musculoskeletal conditions (approximately one third of the population). Over 11 million of those are people of working age.
20. Research commissioned by Arthritis Action revealed that one in five people living with arthritis feel less confident in their ability to do their job, and approximately 50% say their arthritis has affected their working life.
21. Arthritis Action offer practical support for people living with arthritis which aims to address the physical and mental impact of living with arthritis. For further information, please contact: victoria@arthritisaction.org.uk.

[Deputy Chief Medical Officer's assessment of the current COVID-19 situation \(Department of Health & Social Care\)](#)

22. This transcript of the Deputy Chief Medical Officer summarises the current situation in relation to COVID-19.

[Delivering Core NHS and care services during the Pandemic and Beyond \(House of Commons Health & Social Care Committee\)](#)

23. This report aims to catalogue the impacts and challenges caused by COVID-19 to the provision of NHS and care services.
24. It addresses patient communication; managing waiting times and appointment backlogs; issues facing staff relating to Personal Protective Equipment and routine testing; workforce pressures; and lessons from COVID-19 in order to support the NHS in the future.

[National influenza and COVID-19 surveillance reports \(Public Health England\)](#)

25. These reports monitor COVID-19 activity, seasonal influenza and other seasonal respiratory illnesses. Weekly findings from community, primary care, secondary care and mortality surveillance systems are included in the reports.

[Deaths due to coronavirus \(COVID-19\) compared with deaths from influenza and pneumonia \(Office of National Statistics\)](#)

26. This data compares deaths from COVID-19 with deaths from influenza and pneumonia (in England and Wales). It includes deaths by date of occurrence (between 1 January and 31 August) and breakdowns by sex and age.

[Wider impacts of COVID-19 on health: monitoring tool \(Public Health England\)](#)

27. This national monitoring tool uses a variety of metrics to assess the wider impacts of COVID-19 on health. It aims to provide a method of monitoring changes over time, make timely and informed decisions, intervene early to mitigate against poor outcomes, and understand the wider context on population health.

28. A [summary](#) is available which provides information on mental health; community support; home schooling; travel, access to outdoor space and time spent on activities; air quality; grocery purchasing and food usage; alcohol, smoking, gambling and physical activity; access to care; the impact on employment and businesses; maternal outcomes; and crime.

[Use of primary care during the COVID-19 pandemic \(The Health Foundation\)](#)

29. This analysis uses patient-level primary care data up to June 2020 to explore how different activities and patient pathways were affected around the peak of COVID-19 in England, and how these effects varied by age, sex and for patients with pre-existing illness.

[Coronavirus: Adult social care key issues and sources \(House of Commons Library\)](#)

30. This paper provides an overview of key issues facing the adult social care sector during the COVID-19 pandemic, and provides links to some of the key official guidance for the sector.

31. Section one of the briefing provides a high-level overview of policy in relation to adult social care since the start of the coronavirus outbreak in early 2020, including the development of key UK Government guidance.

32. The second section provides information on key issues including statistics on deaths in care homes; funding for adult social care; financial pressures on social care providers; testing for care home staff and residents; the discharging of patients from hospital into care homes; rules relating to visiting care homes for friends and family of residents; and the supply of Personal Protective Equipment to the adult social care sector.

[State of the nation 2020: children and young people's wellbeing \(Department for Education\)](#)

33. This report investigates the experiences of children and young people during the COVID-19 pandemic and the resultant effects on wellbeing.

[Childhood in the time of Covid \(Children's Commissioner\)](#)

34. This report summarises the negative impacts of the COVID-19 pandemic on children, particularly those deemed most vulnerable.

[How to prevent, assess and manage the risk of domestic violence and abuse in the context of the COVID-19 pandemic, National Institute for Health Research](#)

35. This online resource provides guidance on definitions, risk factors and signs of domestic violence / abuse; assessment of domestic abuse during COVID-19; and sources of advice for the public, carers and professionals.

[How mental health charities are responding to COVID-19 \(Centre for Mental Health\)](#)

36. COVID-19 has put extra pressure on many people's mental health, and charities that provide helplines or support have reported increasing demands for help. Mental health organisations have had to adapt their services accordingly. This briefing summarises the activities of a group of 17 national mental health organisations that have been working together to respond to COVID-19 since March 2020.

[COVID-19 and the nation's mental health: Forecasting needs and risks in the UK \(Centre for Mental Health\)](#)

37. The Centre of Mental Health has worked with NHS colleagues to forecast how many people may need mental health support as a result of the COVID-19 pandemic. The primary purpose of the model is to support local organisations in predicting levels of need for mental health support among children and adults.

[Pushed from pillar to post: improving the availability and quality of support after self-harm in England \(Samaritans\)](#)

38. This report identifies four key support needs for people who self-harm, which are essential to providing effective care. These include distraction from immediate self-harm urges; emotional relief in times of stress; developing alternative coping strategies; and addressing the underlying reasons for self-harm. The report makes several recommendations for how the needs of people who self-harm can be met more effectively.

[Inquiry into the support available for young people who self harm \(All Party Parliamentary Group\)](#)

39. This inquiry explored the experiences of young people who self-harm in accessing support services. It focusses particularly on support services in clinical and wider community settings (including schools); plans for improving and expanding this support; and changes needed to ensure that support is made more effective and widely available.

[Cancer in the UK 2020: Socio-economic deprivation \(Cancer Research UK\)](#)

40. This report summarises evidence of inequalities in cancer by socio-economic variation and shows the negative experiences and outcomes that people from more deprived groups may experience. Generally, populations with higher deprivation have higher prevalence of cancer risk factors, are less aware of symptoms of cancer, and report more barriers to seeking help.

[Poor housing can no longer be swept under the carpet \(The King's Fund\)](#)

41. This report summarises the impact of poor housing during the COVID-19 pandemic.

[The long shadow of deprivation: Differences in opportunities across England \(Social Mobility Commission\)](#)

42. This report finds that social mobility in England varies significantly, with large differences across areas in both the adult pay of disadvantaged adults, and the size of the pay gap for those from deprived families, relative to those from affluent families. It also finds inequalities in infant health outcomes and mental health in areas with average lower pay.

[Changes in older people's experiences of providing care and of volunteering during the COVID-19 pandemic \(English Longitudinal Study of Ageing\)](#)

43. Engagement in socially productive activities, such as care provision and voluntary work, make important contributions to society. They have also been associated with better health, wellbeing, and longer survival for older people.

44. This study explores how changes in caring and volunteering may have occurred during the pandemic, and examines this in relation to factors including sex, age, employment status, wealth, COVID-19 vulnerability and symptoms, and pre-pandemic experiences of health.

[The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic \(English Longitudinal Study of Ageing\)](#)

45. This study evaluates the impact on mental health, quality of life, social connectedness, worries, and health-related behaviour in more than 5,800 older men and women (mean age 70 years) who were instructed to shield or self-isolate during the COVID-19 pandemic.

[The experience of older people with multimorbidity during the COVID-19 pandemic \(English Longitudinal Study of Ageing\)](#)

46. The risk of severe COVID-19 disease is known to be higher in older individuals with multiple long-term health conditions (i.e. multimorbidity). This study examines the experiences of older people with multimorbidity during the COVID-19 pandemic.

[Families and healthy weight approaches: a qualitative review \(Public Health England\)](#)

47. This review explores the barriers and facilitators to supporting families with children most at risk of developing excess weight.

[Why is child oral health so important? \(Royal College of Paediatrics & Child Health\)](#)

48. This article summarises how COVID-19 may have impacted oral health, and provides resources to encourage good oral health.

[Sugar reduction report on the progress between 2015 and 2019 \(Public Health England\)](#)

49. This report includes an assessment of progress by the food industry towards meeting the 20% reduction ambition by 2020 for the sugar reduction programme.

Papers to other local committees

50. [Investing uncommitted public health grant for a healthier Nottinghamshire](#)
Adult Social Care & Public Health Committee
12 October 2020

51. [COVID-19 Situational Update](#)
COVID 19 Resilience, Recovery & Renewal Committee
3 November 2020

Integrated Care Systems / Integrated Care Partnerships

52. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care System
15 October 2020

Other Options Considered

53. None

Reasons for Recommendation

54. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

55. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

56. There are no financial implications arising from this report.

RECOMMENDATION

1) To consider whether there are any actions required by the Health & Wellbeing Board in relation to the issues raised.

Councillor Kevin Rostance
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

Nicola Lane

Constitutional Comments (SS 16/10/2020)

57. This Report and the Recommendation come within the power and remit of the Health and Wellbeing Board.

Financial Comments (DG 16/10/20)

58. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All