

## Health and Wellbeing Board

**Wednesday, 03 June 2015 at 14:00**

**County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP**

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### AGENDA

- |    |  |         |
|----|--|---------|
| 1  | To note the appointment by the County Council on 14 May 2015 of Councillor Joyce Bosnjak as Chair of the Health and Wellbeing Board                                |         |
| 2  | Election of Vice-Chair   |         |
| 3  | Minutes of the last meeting held on 1 April 2015   | 3 - 8   |
| 4  | Apologies for Absence  |         |
| 5  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 6  | Membership of the Health and Wellbeing Board   | 9 - 10  |
| 7  | 2014-15 Annual Summary of Work of the NCC Public Health Committee  | 11 - 28 |
| 8  | Better Care Fund Performance and Update  | 29 - 42 |
| 9  | Healthy Child Programme and Public Health Nursing - Update Report  | 43 - 48 |
| 10 | Breastfeeding - Update Report and the Development of a Notts Framework for Action  | 49 - 56 |

11	How Young People Friendly Are Health Services - Mystery Shopper Report 2015	57 - 66
12	Chair's Report	67 - 84
13	Work Programme	85 - 88

## **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting      **HEALTH AND WELLBEING BOARD**

Date          Wednesday, 1 April 2015 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Kay Cutts MBE  
Stan Heptinstall MBE  
Martin Suthers OBE  
Muriel Weisz

**DISTRICT COUNCILLORS**

	Jim Aspinall	-	Ashfield District Council
A	Simon Greaves	-	Bassetlaw District Council
	Jacky Williams	-	Broxtowe Borough Council
A	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Tony Roberts MBE	-	Newark and Sherwood District Council
A	Phil Shields	-	Mansfield District Council

**OFFICERS**

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
	Anthony May	-	Corporate Director, Children, Families and Cultural Services
	Dr Chris Kenny	-	Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
A	Dr Steve Kell OBE	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A	Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
	Dr Judy Underwood	-	Mansfield and Ashfield Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

A Joe Pidgeon - Healthwatch Nottinghamshire

## **NHS ENGLAND**

Vacancy - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Chris Cutland - Deputy Police and Crime Commissioner

## **SUBSTITUTE MEMBERS IN ATTENDANCE**

Claire Grainger - Healthwatch Nottinghamshire

## **OFFICERS IN ATTENDANCE**

Lucy Ball	-	Public Health
Andrea Brown	-	Mansfield and Ashfield CCG
Cath Cameron-Jones	-	Adult Social Care, Health and Public Protection
Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health
Jon Wilson	-	Adult Social Care, Health and Public Protection

## **MINUTES**

The minutes of the last meeting held on 4 March 2014 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Simon Greaves, Dr Steve Kell, Dr Paul Oliver, David Pearson Joe Pidgeon, and Councillor Henry Wheeler.

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

None.

## **ASHFIELD HEALTH AND WELLBEING CENTRE**

Andrea Brown gave a presentation on the development of Ashfield Health and Wellbeing Centre in Kirkby-in-Ashfield. Work had begun to refurbish parts of Ashfield Community Hospital to provide spaces for use by health and social care organisations and community groups, providing services across the population. It was anticipated that co-location would promote integrated working and support the Health and Wellbeing Strategy. She and Dr Judy Underwood responded to questions and comments.

- The Board was assured that in addition to locating the Community Mental Health Team in the Centre, discussions were in progress about what other links could be made with County Council services.
- It was explained that only a small part of the Centre would be used for GPs' services. There were a number of GPs' surgeries nearby. However, some of the GPs were approaching retirement, and some wished to expand their services, but were limited by their existing premises.
- The CCG was praised for its vision in developing the Centre.
- The LIFT part of the building would continue to be used for clinical purposes, which would connect with the rest of the Centre.
- It was observed that colocation did not necessarily lead to integration. Were providers assessed on how well they complied with the Health and Wellbeing Strategy? - It was explained that providers were asked for information to demonstrate whether they were meeting objectives.

The Chair thanked Andrea Brown for the presentation, and welcomed the possibility of presentations on other innovative projects.

#### **RESOLVED: 2015/014**

That the presentation on Ashfield Health and Wellbeing Centre be noted.

#### **LEARNING DISABILITY SELF-ASSESSMENT FRAMEWORK**

The self-assessment for learning disability services showed performance under a number of headings, and identified key actions to sustain improvements.

#### **RESOLVED: 2015/015**

That the report be noted, and the priorities for action identified in paragraph 16 of the report and the suggested approach be supported.

#### **AUTISM SELF-ASSESSMENT FRAMEWORK**

The self-assessment showed the performance of services in Nottinghamshire for people with autism. An action plan would be prepared to promote improvements.

Points raised in discussion included whether a diagnosis of autism should prompt specific responses from agencies. It was explained that agencies should have a general idea of how to respond, and be able to demonstrate they were equipped to respond appropriately. Cath Cameron-Jones indicated that the criminal justice system did a great deal of work about mental health generally, including autism. She believed that there was scope for more involvement of users and carers, and referred to work to develop a social enterprise to undertake awareness training.

It was pointed out that the integrated commissioning group was considering a proposal for autism services which could include adults with autism. Adults who also had a learning disability were covered by existing learning disability services.

**RESOLVED: 2015/016**

- 1) That the report be noted, and the progress to date and work still required be acknowledged.
- 2) That Board members consider how autism awareness training may be incorporated into their organisations' general equality training, and provide a named link to enable this agenda to be furthered.
- 3) That a basic awareness training course, facilitated by the County Council, be arranged for Board members.
- 4) That following the training, Board members consider how reasonable adjustments may be made within their organisations to ensure equality of access.

**TOBACCO CONTROL**

Lucy Ball introduced the report, which updated the Board on progress since it had endorsed the Declaration on Tobacco Control in October 2014. Further progress by Gedling Borough Council and Newark and Sherwood District Council was also reported.

**RESOLVED: 2015/017**

- 1) That the progress on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control be noted.
- 2) That a further update be presented to the Board in October 2015.

**KEY FINDINGS FROM THE HEALTH AND WELLBEING PEER CHALLENGE**

Anthony May introduced the report summarising the key findings from the health and wellbeing peer challenge in February. The peer challenge team had found strengths alongside areas where there was scope for improvement. The team had suggested that the Health and Wellbeing Strategy should focus on fewer priorities, and that the Board's governance structures should relate better to the three local planning areas. An action plan was being prepared to respond to the findings.

During discussion, reference was made to the workshop on 29 April 2015 which would help shape the action plan. There was also discussion the role of Board members as champion for aspects of the strategy. It was felt that if carried out effectively, the role could strengthen the Board. However, Board members would appreciate further guidance on carrying out the role.

Attention was also given to the complex membership of the Board. It was pointed out that if membership was extended to providers, the Board could have around 30

members. It was pointed out that providers were able to contribute in workshops and other settings.

**RESOLVED: 2015/018**

That key findings from the peer challenge be noted, and the actions to address improvements be supported.

**PROTOCOL FOR RELATIONS BETWEEN HEALTH AND WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY**

Claire Grainger introduced the report which proposed a protocol to set out the relationships between the Board, Healthwatch and the health scrutiny committees. She referred to the peer challenge team's positive view of the draft protocol.

**RESOLVED: 2015/019**

That approval be given to the protocol between the Health and Wellbeing Board, Healthwatch Nottinghamshire and health scrutiny.

**HEALTH AND WELLBEING IMPLEMENTATION GROUP**

The report summarised progress made by the Implementation Group and the integrated commissioning groups. In response to a comment about the infrequency of the Implementation Group meetings, it was explained that the integrated commissioning groups progressed a great deal of detailed activity. There was, however, in the light of the peer challenge findings, a requirement to reflect on the structure of the Implementation Group and related bodies. The impact of austerity on resources and capacity was suggested as a possible extension the Implementation Group's terms of reference.

In reply to a question about concerns raised by the consumption of legal highs, it was noted that there was activity locally, including by Trading Standards. It was suggested as a possible future item for the Board.

**RESOLVED: 2015/020**

- 1) That the progress made in delivering the Health and Wellbeing Strategy be noted.
- 2) That the remit, membership and work programme for the Health and Wellbeing Implementation Group be reviewed in light of the recommendations made by the LGA Peer Challenge.
- 3) That the Board supports re-prioritising the delivery of the Health and Wellbeing Strategy in line with the recommendations made by the LGA Peer Challenge panel.

## **CHAIR'S REPORT**

In introducing the report, the Chair referred to the Government's allocation of £1.25bn for child and adolescent mental health services in England, of which the share for Nottinghamshire might be £1.5- £2m.

There was discussion about the devolution of health and social care budgets to the Greater Manchester Combined Authority. Plans for a combined authority in Nottinghamshire were progressing. The powers to be devolved to the Nottinghamshire combined authority were still to be determined.

A brief report to the June Board meeting on the outcome of the district council elections was requested.

### **RESOLVED: 2015/021**

That the Chair's report be noted.

## **WORK PROGRAMME**

### **RESOLVED: 2015/022**

That the work programme be noted.

The meeting closed at 4.15 pm.

## **CHAIR**



**3 June 2015****Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND  
CORPORATE SERVICES****MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD****Purpose of the Report**

1. To note the Board's membership.

**Information and Advice**

2. The membership of the Health and Wellbeing Board is:

County Councillors Joyce Bosnjak, Kay Cutts, Stan Heptinstall, Martin Suthers, and Muriel Weisz.

District Council Representatives (subject to confirmation): Councillors Jim Aspinall, Simon Greaves, Pat Lally, Debbie Mason, Tony Roberts and Henry Wheeler. Vacancy: Mansfield District Council

Corporate Director of Adult Social Care, Health and Public Protection: David Pearson

Acting Corporate Director of Children, Families and Cultural Services: Derek Higton

Director of Public Health: Dr Chris Kenny

Clinical Commissioning Groups: Dr Jeremy Griffiths, Dr Mark Jefford, Dr Steve Kell, Dr Guy Mansford, Dr Paul Oliver, Dr Judy Underwood.

Local Healthwatch: Joe Pidgeon

Police and Crime Commissioner: Chris Cutland

**Other Options Considered**

3. None.

## **Statutory and Policy Implications**

4. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) That the Board's membership be noted.

**Jayne Francis-Ward**  
**Corporate Director, Policy, Planning and Corporate Services**

**For any enquiries about this report please contact: Paul Davies, x 73299**

## **Constitutional Comments**

As the report is for noting, no constitutional comments are required.

## **Background Papers**

None.

## **Electoral Division(s) and Member(s) Affected**

All

**03 June 2015****Agenda Item: 7**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **2014/15 ANNUAL SUMMARY OF WORK OF THE NOTTINGHAMSHIRE COUNTY COUNCIL PUBLIC HEALTH COMMITTEE**

#### **Purpose of the Report**

1. This report provides information on the work of the Nottinghamshire County Council Public Health Committee in 2014/15. It describes the work of the Public Health department and outlines key Committee decisions and performance monitoring activities to ensure the Council meets its Public Health responsibilities.

#### **Information and Advice**

##### **Background**

2. The Health and Social Care Act 2012 transferred responsibility for Public Health from the NHS to local authorities in April 2013. Overall, the Public Health function encompasses:
  - 2.1. Health Improvement: Helping people to live healthy lives, to make healthy choices and reducing health inequalities.
  - 2.2. Health Protection: Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
  - 2.3. Healthcare public health and preventing premature mortality: Through effective service commissioning, reduce the numbers of people living with preventable ill health and of people dying prematurely, while reducing the inequalities gap between communities.
3. The County Council was given responsibility for five mandated functions, along with the responsibility to produce a Joint Strategic Needs Assessment, a Pharmaceutical Needs Assessment and a Health and Wellbeing Strategy, led through a local Health and Wellbeing Board.
4. The five mandated functions are NHS Health Check assessments; open access to sexual health services; the National Child Measurement Programme (NCMP); management of health protection incidents, outbreaks and emergencies (which could include infectious disease, environmental hazards and extreme weather events); and the provision of Public Health advice to NHS Clinical Commissioning Groups (CCGs).
5. As well as these five functions, the Department delivers a range of Public Health services through direct commissioning and is also responsible for a number of other policy areas that require wide influence across the health and social care community. Services include: tobacco control; combating substance misuse; services around obesity / nutrition; cancer prevention; oral health / fluoridation; workplace health; PH aspects of community safety; violence prevention (including domestic violence and abuse); infection control and public

mental health. There are also a number of services related to children's public health, such as prevention of birth defects, children's public health programmes for ages 5-19, ensuring high take-up of vaccination and immunisation programmes, and prevention of avoidable injuries. Many of these services were already in place prior to 2013 and existing contract arrangements were novated over to the County Council.

6. The County Council was provided with a ring-fenced Public Health grant, worth £36.1m in 2014/15, to meet the costs of the Public Health function. 87% of the PH budget is spent on commissioned services.

### **The role of the Public Health Committee**

7. The County Council operates a Committee structure to carry out its duties, with an appropriate constitution to allow open and transparent decision making. Each Committee has a defined area of responsibility and takes decisions related to that area. The Public Health Committee is the primary decision-making body of the County Council with respect to the Public Health function. Its main duties are as follows:

- 7.1. To ensure that the Public Health responsibilities of the County Council are delivered.
- 7.2. To ensure that the Public Health grant is used effectively and for the purposes for which it has been provided.
- 7.3. To oversee performance in the delivery of the Public Health responsibilities of the County Council.

### **Relationship with the Health & Wellbeing Board**

8. The Health and Wellbeing Board has core statutory duties as follows:
  - 8.1. To prepare and publish a joint strategic needs assessment to identify local needs
  - 8.2. To prepare and publish a health & well-being strategy to lead improvements in health and wellbeing for the population based on local needs
  - 8.3. To promote and encourage integrated working to deliver changes at a local level
9. It takes a very wide view of the health and wellbeing of Nottinghamshire and directs an implementation plan to improve this, covering a wide range of partners and functions.
10. Public Health is a core component of improving health and wellbeing, however the internal Public Health responsibilities of the County Council are a subsection of the entire work of the Board. By illustration, the delivery of Public Health functions by the County Council is a significant element of the Health and Wellbeing Strategy for Nottinghamshire, but it is not the only element.
11. The co-dependence means that work of the Health and Wellbeing Board interfaces with the Public Health Committee but is separate to it. Similarly the work of the Health & Wellbeing Board interfaces with other Council Committees that consider health and wellbeing policies,

such as the Adult Social Care Committee and Children & Young Peoples Committee. It also interfaces with Clinical Commissioning Groups governing bodies and District & Borough Council committees. However decision making responsibilities and resources are retained in the member organisations and relevant decision making forum.

### **Delivery of the Public Health Committee's duties in 2014/15**

12. The Public Health Committee maintains an active work programme that is reviewed at each meeting. The Committee held 6 scheduled meetings during 2014/15 and two extra-ordinary meetings to fulfil its duties. This activity is summarised as follows:

#### ***Ensuring that the Public Health responsibilities of the County Council are delivered***

- 12.1. The Committee received the HWB Strategy 2014-17.
- 12.2. With respect to the five mandated functions, the Committee approved re-commissioning plans for the Health Check programme and for sexual health services. These are due to be implemented during 2015/16. For the Health Check function, the Committee also approved funding of a social marketing campaign in 2014-15 to increase uptake in fulfilment of the mandate. Information was also received on arrangements in place for delivering the Council's health protection role, which outlined the Council's (and hence the Committee's) responsibilities.
- 12.3. In terms of commissioned services, the Committee approved the award of contracts for substance misuse and obesity / weight management services using extra-ordinary meetings to meet the required timeframe. It approved commissioning plans and timeframes for community safety aspects of public health (addressing domestic violence and abuse) and tobacco control. The Committee also considered the future structure of re-commissioning within the area of Public Health services for children and how services could be aligned, including with other Council services, for maximum efficiency and effectiveness.
- 12.4. Over the year, the Committee also received several presentations on aspects of the Public Health department's commissioned services, including one from the new provider for substance misuse services.

#### ***Ensuring that the Public Health grant is used effectively and for the purposes for which it has been provided:***

- 12.5. The Committee set budget envelopes for re-procurements in the areas of domestic violence and obesity & weight management services.
- 12.6. The Committee received information about performance of the Council services against which Public Health grant had been realigned, to confirm that the realigned funds were being spent on services that delivered Public Health outcomes and that this work was proceeding to budget and timeframe.

#### ***Overseeing performance in the delivery of the Public Health responsibilities of the County Council***

- 12.7. The Committee received quarterly reports summarising service performance and quality on all of the directly commissioned services.
- 12.8. The Committee also approved a Public Health Department Plan for 2014/15. The Plan focused on four areas:

- 12.8.1. Improving quality and efficiency in commissioned Public Health services – looking at the commissioned services and making plans for future commissioning
  - 12.8.2. Exploring new opportunities to improve health – focusing on how the Public Health grant could support Council services delivering public health outcomes
  - 12.8.3. Building on success – working with the CCGs and developing staff skills
  - 12.8.4. Embedding Public Health leadership – mainly related to plans, strategies and needs assessments.
- 12.9. Actions were identified for the Department within each of these categories. These actions covered many of the mandated functions of the Public Health Department and Council, such as developing the JSNA and PNA, refreshing 11 JSNA topics, contributing to health emergency planning e.g by updating the pandemic flu plan, and providing advice to the CCGs, for example in the Co-ordinated County CCG response to Mental Health Services for Older People Community Services Review, or the commissioning of breast feeding peer support services across 5 CCGs.
- 12.10. Details of performance against this plan by the end of Quarter 3, which is the most recent information available, are appended to this report in Annex 2.
13. A complete list of all the decisions and deliberations of the Public Health Committee in 2014/15 is attached at Annex 1.

### **Planned work of the Committee in 2015/16**

14. In 2015/16, the Committee will ensure that the Public Health responsibilities of the County Council are delivered by:
- 14.1. Considering and agreeing procurement plans, setting indicative budgets (subject to confirmation by full Council where these are in respect of future years) and considering whether to award contracts for services relating to domestic violence and abuse, sexual health, oral health and tobacco control
  - 14.2. Considering options for delivery of children's Public Health services, which take account of the transfer of responsibilities for Health Visiting and Family Nurse Partnership to local authorities from October 2015, and plan for the future commissioning of these services alongside School Nursing services in an integrated Healthy Child Programme 0-19.
  - 14.3. Considering plans for delivery of Public Health services in schools, including development of a Schools Health Hub to enhance health outcomes through improved support to and co-ordination with schools.
  - 14.4. Maximising opportunities to join up different elements of Public Health work by putting in place schools-based initiatives to prevent or discourage young people from taking up smoking.
15. The Committee will ensure that Public Health grant is used effectively and for the purposes for which it was provided by considering and approving the Finance Plan for the year, which sets out the proposals for use of the Public Health Grant, including the proposals to realign Public Health grant to other areas of the Council which deliver Public Health outcomes. On the subject of realigned Public Health grant, the Committee will also receive monitoring reports to ensure the Grant is delivering maximum benefit.

16. The Committee will oversee performance by receiving quarterly reports summarising service performance and quality on all of the directly commissioned services. It will also receive a six monthly update on progress against commissioning plans.
17. The Committee will receive presentations from service providers in the areas of obesity and weight management, and other new providers as identified, giving the Council opportunities to ask questions on implementation and performance.

### **Statutory and Policy Implications**

18. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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**

19. There are no direct financial implications for this report.

### **RECOMMENDATION/S**

- a) The Board notes the report.

**Dr Chris Kenny**  
**Director of Public Health**

For any enquiries about this report please contact: Kay Massingham tel 0115 9932565  
email [kay.massingham@nottsgov.uk](mailto:kay.massingham@nottsgov.uk)





## Annex 1: Deliberations of the Public Health Committee 2014/15

Date	Report	Decision / Deliberations
8 May 2014	Nottinghamshire Health and Wellbeing Strategy 2014-17	Noted the strategy previously approved by the HWB
8 May 2014	Excess Winter Deaths in Older People	Received information relating to winter deaths in Nottinghamshire, causal factors and initiatives underway to address them
12 June 2014	Substance misuse treatment and recovery services; Obesity prevention and weight management services - Commissioning update	Award of contracts to successful bidders and a request for a progress report on operations after six months
3 July 2014	Public Health Service Performance and Quality Report for Health Contracts 2013/14	Noted a summary of performance information from Public Health contracts in 2013/14
3 July 2014	Tobacco Control and Smoking Cessation Services	Approved changes to commissioning timeframes
3 July 2014	Healthy child programme and public health nursing for children and young people	Supported a proposal to align the commissioning of school nursing and health visiting services, to ensure an integrated 0 -19 HCP for Nottinghamshire, and supported further consideration of options for aligning and integrating planning and commissioning processes in relation to public health nursing and children's centres.
3 July 2014	Public Health Department Plan 2014-15	Approved PH Department Plan
3 July 2014	Nottinghamshire County domestic abuse services	Deferred decision on reprocurement of domestic violence services pending a further report to the next meeting on timeframes and budget envelopes.
3 July 2014	Establishment of Executive Officer to support Public Health business function	Approved new post on County Council establishment to be paid out of reassigned reserve funds.
11 September 2014	NHS Health Check Programme	Approved the following procurements, for a 3 year period from 1 April 2016 with option for 3 1 year annual extensions: <ul style="list-style-type: none"> <li>NHS Health Checks provision for GPs to deliver a core service, via direct award.</li> <li>outreach service to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, (jointly with Nottingham City Council)</li> <li>associated information technology system to support delivery (jointly</li> </ul>

		<p>with Nottingham City Council)</p> <p>Approved funding of a social marketing campaign in 2014-15 to increase uptake in fulfilment of the LA mandate.</p> <p>Agreed to receive an update on the Commissioning Plan following the Council Budget Consultation.</p>
11 September 2014	Nottinghamshire County domestic abuse services	Approved a joint open procurement process on behalf of the County Council and the PCC with NCC as the lead partner.
11 September 2014	Obesity Prevention and Weight Management Services Commissioning Update	<p>Noted the current situation regarding the commissioning of obesity prevention and weight management services, and the plans to extend the current service arrangements.</p> <p>Approved an increase in the financial envelope up to £1.9million pa from within the Public Health Grant.</p> <p>Agreed to a further report being brought to the Public Health Committee in December to recommend the award of contract.</p>
11 September 2014	Public Health Outcomes Programme – Plans And Progress	Noted the progress on the Public Health Outcomes Programme and endorsed the plan of action to identify further efficiencies for implementation during 2016/17.
11 September 2014	Public Health Service Performance and Quality Report for Health Contracts Q1 2014/15	Noted the quality and performance information
11 September 2014	Lowland Derbyshire & Nottinghamshire Local Nature Partnership	Supported the development of joint working between the LNP, Public Health and the Nottinghamshire HWB, the mapping of existing health and wellbeing work with the natural environment and best practice / gaps, and the development of ways of joint working to enhance outcomes, with project proposals to be developed where resources allow.
26 November 2014	Commissioning Comprehensive Sexual Health Services in Nottinghamshire from April 2016	Noted the background information on sexual health commissioning and approved consultation with stakeholders about the future model of sexual health services
26 November 2014	Community Infection Prevention and Control Service	Approved work to secure the proposed community infection prevention and control service from Clinical Commissioning Groups via two Section 75 agreements

		Noted that funding would include some non-recurrent transition monies designated to address issues relating to the transition of public health to the local authority
26 November 2014	NHS England Commissioning Intentions for Prison Health	Noted changes to commissioning intentions and implications for Nottinghamshire Public Health
21 January 2015	Domestic Abuse Services Procurement	Received updates on the procurement of domestic abuse services, approved changes to budgets and supported commissioning plans
21 January 2015	Arrangements for Protecting the Health of the population in Nottinghamshire County	Noted the Council's duties in regard to health protection and the arrangements in place for effective discharge of duties
21 January 2015	Public Health Grant Realignment – Progress Report 2014/15	Noted progress on the realignment of Public Health grant and agreed to receive a further report on realignment for 2015/16
21 January 2015	Public Health Services Performance and Quality Report for Health Contracts, Q2 2014/15	Noted performance and quality information on contracts during Q2
12 March 2015	Development of the Draft Proposed Service Model for the Commissioning of Sexual Health Services in Nottinghamshire from April 2016	Endorsed service model proposals for an integrated sexual health service, and noted further market testing and consultation activity planned
12 March 2015	Public Health Department Plan – progress report 2014/15	Received and noted report on progress against Department Plan



## Annex 2: Progress against NCC Public Health Departmental Plan 2014/15

### 1. Improving efficiency and quality in commissioned services

Item	Status	Q1 and Q2 activity report	Q3 and Q4 – projected activity
1.1 Develop a strategic departmental plan to secure resources for areas of greatest priority within Public Health.	GREEN	Internal agreement of department priorities, potential budget efficiencies, and use of reserves. CLT agreement of revised efficiency target for PH Establishment of CCG engagement group. Development of procurement plan for re-commissioning services in line with contract timeframes.	PH budget options for change and use of realigned grant to be put forward to confirm and challenge session.
1.2 Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for substance misuse, obesity and tobacco control.	GREEN	Contract for redesigned Substance Misuse services was awarded in June 2014 with start date October 1 <sup>st</sup> 2014.	Regular performance monitoring has been established for the substance misuse contract and quality monitoring processes are in place. KPIs are being developed as baseline measures for year 1 of the contract.
	AMBER	Obesity and weight management procurement commenced, but had to be restarted for budget control reasons. In the meantime, existing providers continued to deliver some service.	Obesity and weight management services re-procurement process complete with value for money improvements; mobilisation phase underway with contract start due on 1 April 2015.
	GREEN	The Nottinghamshire County and Nottingham City Declaration on Tobacco Control was endorsed and signed by the Health and Wellbeing Board. Members of the Board were charged with taking the document through their organisations to be signed and an action plan commenced.	A follow up report will be presented to the Health and Wellbeing Board to keep track of progress to partners sign up and agreement of actions related to the tobacco declaration.

		<p>Planning for commissioning of newly designed tobacco control services. Local Stop Smoking services have been decommissioned, but as the re-commissioning timescales have been realigned, are to carry on delivering services for 2015/16.</p> <p>All services have significantly reduced performance this year and extensive work is taking place to address this.</p>	<p>Soft market testing was undertaken in Q3 and the results and approach to consultation agreed by PH Committee. Consultation is running during Q4.</p>
1.3 Commission new services to deliver an effective community infection prevention and control service for Nottinghamshire.	GREEN	<p>CIPC service specifications developed for Nottinghamshire County plus Bassetlaw CCGs</p> <p>Discussions and agreements re possible section 75 with CCGs and Public Health Committee.</p> <p>NHS Transitional monies agreed.</p>	<p>Planned consultation with key stakeholders and analysis</p> <p>Planned consultation with Staff</p> <p>Development of contractual arrangements</p>
1.4 Review the effectiveness of the current NHS Health Checks programme and consider new approaches to achieve more equitable coverage of local residents and better targeting at hard to reach groups.	AMBER	<p>Review of effectiveness led to:</p> <ul style="list-style-type: none"> <li>- direct liaison with GP practices not delivering the target amount of activity, providing support for them to improve their offer and uptake rates.</li> <li>- NHS health checks included in the Notts workplace health model.</li> <li>- Revised criteria for pilot outreach sessions to ensure that employers better target higher risk individuals</li> </ul> <p>Commencement of procurement project for targeted outreach Health Checks and integrated IT system, jointly with Nottingham City Council.</p>	<p>Continue to review results in terms of activity and proportion of high risk individuals identified.</p> <p>Continue procurement project subject to budget consultation.</p>
1.5 Assess current sexual health services, public health services for children and young people aged 5-19 years and dental public health services to determine impact, cost-effectiveness and opportunities for	GREEN	<p>Sexual Health needs assessment and stakeholder engagement undertaken to inform understanding of commissioning priorities.</p>	<p>Development of and further consultation on a proposed service model based on findings from needs assessment and stakeholder engagement, and other preparatory work for possible re-procurement during 2015.</p>

future efficiency.	GREEN	Comprehensive review of County School Nursing services completed with wide stakeholder engagement. School health profiles completed. Recommendations for future commissioning and service model now out for consultation.  Review of Healthy Schools service complete, recommendations made and report finalised.  For both services, regular service monitoring/review meetings established.	Complete consultation and finalise plans for commissioning of public health nursing service for children and young people aged 5-19 years, with aim of improving efficiency, quality, health outcomes and reducing health inequalities.  Using service review findings and through consultation/engagement, develop service model for delivery of wide ranging health education/promotion to schools.
	GREEN	Working with PHE, process clarified in relation to fluoridation by water companies and costs. Service specification for Oral Health Promotion service and delivery reviewed. Regular service monitoring review meetings established.	Review provision of oral health promotion and links with development of health education/promotion model
1.6 Assess the current provision of information to people with health and social care needs to ensure that it meets the needs of all sections of the community.	GREEN	Promotion of the 'nottsinfoscript' (information prescriptions) facility across health & social care, with key emphasis on CCG awareness (primary care).	Support each district that signs up to the Notts Workplace Health scheme to undertake local mapping of supporting services or confirm local supporting services already developed and for this to be added to the wider information system at NCC. To date Bassetlaw Menu of services and Ashfield DC mapping doc added to 'nottsinfoscript'

## 2. Exploring new opportunities to improve health

Item	Status	Q1 and Q2 activity report	Q3 and Q4 – projected activity
2.1 Lead work through the Health & Wellbeing Board to deliver significant improvements in health through delivery of the Health & Wellbeing Strategy.	GREEN	H&W Delivery Plan developed and published on Council webpage. Development of HWB logo Stakeholder network with VCS held in June 14  Launch of the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017	Progress report on delivery plan to be presented to HWB. Finance Workshop to be held Jan 15. Communication plan to be reviewed. Peer Challenge to be held Feb 15  Align mental health actions with HWB strategy and CCG Mental Health commissioning intentions

		Consultation on the Nottinghamshire Suicide Prevention 2014-2017 complete	Suicide Prevention Steering group to agree final strategy draft and strategy launch processes
2.2 Work through the Health & Wellbeing Board to target areas of greatest need, in order to address health inequalities.	GREEN	Information gathering to establish priorities and contributing risk factors, and map current initiatives to these.	
2.3 Jointly commission services for domestic violence that are evidenced based, joined up and managed to deliver significant improvements in outcomes.	GREEN	Evidence collection including JSNA, review of existing services, soft market testing and establishment of procurement steering group.	Consultation on Outcomes and Quality Standards Dec- 6 <sup>th</sup> Jan 15 Public Health Committee update Jan 21 <sup>st</sup> Confirmation of DV budget anticipated Feb 15 and PQQ expected to be advertised early
2.4 Work with Trading Standards to implement a new approach to tackling illicit tobacco that contributes to Public Health Outcomes.	GREEN	Realignment of PH grant to support Trading Standards work. Detailed monitoring put in place. 51 reports of illegal tobacco; 4 premises stopped from selling illegal tobacco; 42 premises investigated; 71 inspections conducted; 21 warrants executed on commercial premises 6 on private premises; 28 prosecutions/warnings/cautions either in progress or completed £69,652.50 - Estimated value of counterfeit and non-duty paid cigarettes	Support options with Notts Police to increase the resources for tackling illegal tobacco to employ police officer support directly as part of the task force.
2.5 Work alongside Adult Social Care, Health & Public Protection to commission services to build community independence and reduce the impact of loneliness.	AMBER	Commissioned Together we are Better befriending pilot with Ashfield & Mansfield CCG Contributed to development of the tender for Early Intervention and Prevention Expanded remit of Dementia group to include Older People's Mental Health Worked with colleagues in ASCHPP on the development of loneliness prevention services for 2015/16, which resulted in changes to proposed services	Options for loneliness commissioning to be brought to Public Health Committee once detailed proposals are worked up.
2.6 Work with partners to agree strategies for tackling fuel poverty and seasonal mortality.	GREEN	Flu Vaccination and Affordable Warmth Campaign 2014 launched. Promotion of service to flu clinics in Greater Nottingham. Focus of this year's campaign is energy switching. Marketing materials were sent to every GP practice.	Continue to promote the strategy to NCC staff, GP practices and ASCH service users. Planned meetings to discuss approaches to avoid unplanned hospital admissions and excess winter deaths. Partnership agreement developed/proposal



		Engagement Project Officer Development of a Partnership agreement with housing officers and key partners across the county to look at a joint commissioning proposal to provide services to address Excess Winter Deaths. Greater Nottingham Healthy Housing Service -A key priority is working with First Contact Service	be ready by the this period
2.7 Establish an evidence resource around health improvement benefits from all Public Health expenditure.	GREEN	Monitoring put in place for all Realignment projects to examine outcomes and health improvements generated	Progress report on performance of realignment projects to Public Health Committee in January 2015. Further monitoring underway.

### 3. Building on success

Item	Status	Q1 and Q2 activity report	Q3 and Q4 – projected activity
3.1 Work with Clinical Commissioning Groups and wider NHS colleagues to strengthen links with Public Health, building on previous achievements to influence NHS commissioning and promote preventive health services.	GREEN	Planned and delivered a Falls Stakeholder event in May to gain clinical and other views to contribute to Falls JSNA and Framework for Action Co-ordinated County CCG response to MHSOP Community Services Review to ensure approval for remodelling of services Taken on Public Health lead for continence Reviewed and updated service specification for Falls & Fracture Liaison	Complete Falls JSNA documents for County & City – January 2015 Complete Dementia JSNA for City – January 2015 Develop Falls Framework for Action – January 2015 See also Integrated Commissioning Hub for children's services work programme.
3.2 Build on the early successes in the Integrated Commissioning Hub for children's services, to lead the joint approach to commissioning services for this age group.	GREEN	Performance management processes established in relation to services, strong links with CCGs developed. Key projects include CAMHS review and new model developed and agreed, ICCYPH project phase 2 underway, non-NHS service reviews underway to inform re-commissioning plans. Concerning behaviours pathway live and embedding, maternity services reviews completed and implementation/ improvement plans agreed with providers. Breast feeding peer support services commissioned across 5 CCGs Engagement and communication	Contribute to CCGs' work-stream to reducing avoidable admissions Complete mystery shopper report Commence implementation of new CAMHS model with providers Market engagement in relation to ICCYPH Present maternity review findings to CCGs and Quality & Risk Committees Lead work-streams in relation to children's services for <i>Mid Notts Better Together</i> and <i>South Notts Transformation Programme</i> Work with NHS England Area Teams to ensure safe transfer of commissioning of HV and FNP services

		underpinning commissioning work.	Uncertainty in relation to future funding of CICH. Meeting with CCG Chief Officers in
3.3 Maintain the skills and experience of Public Health workforce to continue to lead the commissioning for outcomes and greater partnership working to	AMBER	CPD sessions, journal club (see 4.7 below), and FY2 and Trainee programme are underway. Activity on future workforce development planning delayed until Q3 owing to limited staff capacity to work on this.	Review of training needs to be completed. Workforce development plan to be developed for department
3.4 Use the insight gained from the Wellbeing at Work programme to develop Nottinghamshire County Council as an exemplary model for staff wellbeing and lead a countywide Workplace Health Scheme to improve health outcomes for employees.	GREEN	Stakeholder event held April 2014; User feedback and 2013 Bassetlaw evaluation report outcomes used to shape draft strategy County toolkit and supporting criteria developed Confirmed support from provider services for IAPT, dietetics, tobacco control 1 <sup>st</sup> strategy group held Oct 14 4 organisations signed up to the scheme and 4 pending	Finalise strategy and toolkit; & strengthen strategy group involvement Aim to sign 4 organisations between November 2014-March 2015 Investigate opportunities for workplace health web site Sign up wider supporting agencies as part of provider support for the scheme to include CAB, Risk will be lack of interest/resources for agencies signing up

#### 4. Embedding Public Health Leadership

Item	Status	Q1 and Q2 activity report	Q3 and Q4 – projected activity
4.1 Use Public Health expertise to ensure multi-agency plans and services are in place to protect the health of the population from environmental, communicable and chemical threats.	GREEN	Update of pandemic flu plan completed. Mutual aid arrangements of environmental health departments have been updated.  Health and Wellbeing Board support secured for multi-agency work to update the Notts Air Quality Management Strategy.	Monitor NHS England reorganisation for impact on the integrity of Health Emergency Preparedness Resilience & Response arrangements.
4.2 Lead the development of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, to engage partners in identifying and building services to address the needs of local people.	GREEN	JSNA key achievements since April 2014: <ul style="list-style-type: none"> <li>• Migration of JSNA to Nottinghamshire Insight web pages</li> <li>• Completed the refresh of 11 JSNA topics</li> </ul> PNA review plan developed and steering group overseeing work for city and county. Work on track to refresh PNA by March 2015	Continue to work with 3 <sup>rd</sup> sector and Healthwatch on specific topics to strengthen inclusion of information from patients, public, users within JSNA Continue to develop Nottinghamshire Insight as the system through which JSNA products are published. Evaluate the JSNA to ensure continuous

			<p>topics</p> <p>Complete refresh of PNA and gain HWB</p>
4.3 Publish the Director of Public Health annual report to highlight areas of public health that require particular focus and attention.	GREEN	Activity due in Q4	
4.4 Develop an Adolescent Public Health strategy to support investment in their futures and improving health and wellbeing outcomes for this group.	GREEN	Adolescent Health Strategy Steering Group established, initial meeting held with identified leads and project plan agreed.	Develop strategy themes and action plan, plan for stakeholder event to take place in 2015-16
4.5 Work within Council to embed Public Health principles into the commissioning and delivery of services, improving health improvement outcomes.	GREEN	<p>The Children's Integrated Commissioning Hub works on behalf of Public Health, Children's Services (CFCS Department) and CCGs. Through development of a clear Commissioning Framework, public health principles underpin all commissioning activity. The framework has been shared widely with and has been well received by stakeholders, including providers.</p> <p>The realignment project has also promoted the PH approach to commissioning, helping the Council review its commissioning intentions to build in a more evidenced based approach around</p>	<p>Continue to develop commissioning plans for a range of health and wellbeing services for children which are outcome focused and evidence based.</p> <p>Work closely with other departments within the Council to share approach to embedding PH principles in commissioning and delivery</p> <p>Continued closer working across the Council will continue to build better integration and sharing of PH skills and experience around commissioning for health improvement outcomes.</p>
4.6 Build new links with Local Authority to provide Public Health advice to spatial planning.	RED	Due to the OPWM retender there has been limited capacity to work on this. However, links have been established with the LA Planning Policy Team and planning applications and documents are now being sent through for consultation.	Planning is an agenda item at a future Obesity Integrated Commissioning Group meeting (Jan 15) when the group will identify planning activities that support healthy living and access to green space being undertaken by Districts, learn from what already works and consider what would add value.
4.7 Develop a programme to extend Public Health skills to the wider workforce.	GREEN	Journal Club established and led by PH registrar	Journal Club sessions to continue.



**03 June 2015****Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY  
COUNCIL****BETTER CARE FUND PERFORMANCE AND UPDATE****Purpose of the Report**

1. To note the feedback from the **public consultation** on the pooled fund agreement.
2. To note the **readiness assessment** submitted to NHS England in March 2015.
3. To note the **performance exception** report.
4. To approve the **quarterly performance return** submitted to the Better Care Task Force on 29 May.
5. To consider for approval the **proposed changes** to NHS Bassetlaw Clinical Commissioning Group's (Bassetlaw CCG) BCF schemes and financial contribution to the pooled fund.

**Background**

6. In preparation for the first full year of operationalising the Better Care Fund (BCF), a number of actions have been required, including a public consultation on the pooled fund agreement and a readiness assessment submitted to NHS England.
7. Performance against the BCF performance metrics and financial expenditure and savings has been monitored on a monthly basis during much of 2014/15 through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The Health and Wellbeing Board will receive a quarterly exception report during 2015/16 as well as receiving the national quarterly performance template submitted to the Department of Health hosted "Better Care Support Team".
8. National guidance for the operationalisation of the BCF was released in March 2015<sup>1</sup>. The guidance sets out the Care Act legislation underpinning the BCF; the accountability arrangements and flows of funding; the reporting and monitoring requirements for 2015/16; arrangements for the operation of the pay for performance framework; how progress against plans will be managed and the role of the BCF Task Force / Support Team.

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance-1516.pdf>

9. The first quarterly performance return to NHS England is due on 29<sup>th</sup> May for the period January to March 2015. The national requirement is that the HWB will sign off the quarterly return before it is submitted. However, given the timing of the returns, it is proposed that the BCF Programme Board will sign off the report, with scrutiny by the HWB at the meeting following the return. Any amendments to the report required by the HWB will then be submitted to the Better Care Support Team.

## **Public consultation on section 75 pooled fund**

10. A four week public consultation was undertaken between 16<sup>th</sup> February and 15<sup>th</sup> March in relation to the pooled fund agreement for the £59 million within the Better Care Fund. The consultation was a legal requirement specifically in relation to the intention to pool funds from CCGs and the County Council within a single budget held by the County Council, rather than the planned schemes within the BCF plan.
11. A report on the public consultation was presented for discussion at the BCF Programme Board on 26<sup>th</sup> March. The report is shown in Appendix 1.
12. Overall, there was support for the proposal to pool budgets to support the BCF. Comments were made in relation to ensuring the fund would be used efficiently, and a concern that the money is being shifted within the health and care system, rather than being additional money or truly integrating services.
13. No specific further actions were deemed to be required in response to the consultation. The units of planning continue to work on schemes to ensure integration at a service level continues.
14. Following discussion at the last HWB meeting, the risk sharing arrangement for the pooled fund in 2015/16 will be at the unit of planning level. This will be subject to ongoing review as the policy direction on the integration of health and social care develops further.

## **Readiness assessment**

15. The national Better Care Support Team released a readiness assessment in March 2015 to gain an understanding of the progress being made toward implementation of the BCF plans within each HWB area. The purpose of the readiness assessment was threefold:
- To support local areas in carrying out a self-assessment of their own readiness for delivery to inform discussions locally
  - To inform the planning and allocation of resources and support that will be made available to areas in 2015/16 to further help them with implementation and delivery
  - To provide feedback on how the national team could best support local areas in 2015/16.
16. A Nottinghamshire wide response was agreed by the BCF Programme Board and submitted via the NHS England regional team on 26<sup>th</sup> March. This is shown in Appendix 2.
17. The Programme Board is confident that Nottinghamshire County is in a strong position to implement the BCF plan, notwithstanding the financial and operational challenges of delivering the schemes within the plan and moving toward a model of seven day services

provision. The monitoring of scheme delivery continues to be undertaken on a monthly basis, and reported to HWB by exception on a quarterly basis.

## **Performance exception report**

18. The BCF Finance, Planning and Performance sub-group produce a monthly performance report detailing latest performance against the six Key Performance Indicators of the BCF plan which are:
- Total non-elective (emergency) admissions into hospital
  - Permanent admissions of older people to residential and nursing care homes
  - Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
  - Delayed transfers of care from hospital
  - Patient / service user experience
  - Permanent admissions of older people to residential and nursing care homes directly from a hospital setting.
19. The sub-group also provides a monthly report on the pooled budget income, expenditure and savings against each scheme within the plan. The finance and performance report is reviewed by the Programme Board monthly and discussed at bi-monthly meetings. In addition, each CCG has governance arrangements in place to ensure local reporting.
20. In addition to the monthly finance and performance reporting, a quarterly review of progress with scheme delivery as detailed in the County wide programme plan is undertaken, and a bi-monthly review of the BCF risk register. Schemes that are off-track will be reported to the Programme Board monthly, along with significant risks from the risk register.
21. During 2015/16 an exception performance report will be submitted for review to the HWB on a quarterly basis, reporting in arrears. The initial report is a 2014/15 year end position. Due to the timing of data availability this will be sent to the HWB separately from the body of this report on 29<sup>th</sup> May.

## **National performance reporting**

22. The Department of Health hosted "Better Care Support Team" is currently developing a quarterly performance report to track the BCF high level metrics on an HWB footprint in order to enable peer comparison.
23. The content for Nottinghamshire County will be prepared by the BCF Finance, Planning and Performance sub-group for sign-off by the BCF Programme Board. Due to the national reporting deadlines the HWB will be asked to sign off the report at the meeting immediately after the report is submitted (3 working days after submission). If the HWB requests amendments to the narrative in the report, it is proposed that the quarterly report will be resubmitted to the Better Care Support Team.
24. Due to the timing of the report, the quarterly performance report will be sent to the HWB separately from the body of this report on 29<sup>th</sup> May.



## Amendments to Bassetlaw CCG's BCF plan

25. During the 2015/16 planning round, Bassetlaw CCG revised the detail of its BCF plan. The review was carried out for a number of reasons, including clarifying the value and description of community provider services following a contract rebasing exercise; sense checking the relevance of one scheme to the BCF, the CCG receiving the lowest level of allocation growth for 2015/16; restricted access to the utilisation of the CCG's cumulative surplus; additional financial pressures in the system post the plan submission in August 2014 and the development of "Neighbourhood Teams" within the CCG.
26. Following the review, a number of changes were agreed by the CCG. Scheme Q has been enhanced to encompass the development of the Neighbourhood Teams within Bassetlaw. These teams include nursing and social care staff and it is the progress towards 7 day working that was included in the original submission. The revised scheme includes all likely health costs for 2015/16, an element of which is non-recurrent and will be reviewed for 2016/17. The scheme title has been amended to "Neighbourhood Teams and Access to 7 Day Services".
27. Scheme S has been removed from the BCF plan as further review has indicated that the enhanced services on which this was based do not have direct relevance to the BCF and are themselves under review for 2015/16.
28. Schemes T and U have been combined to create one scheme of "Discharge, Assessment and Reablement Services". This fits with the treatment of the Reablement Services funding (previously scheme T) by the community provider, who, as part of the rebasing exercise, has subsumed the costs into the relevant services (e.g. Rapid Response) that it was used to support.
29. The changes to the plan are summarised in the table below:

Original scheme description			Revised scheme description			
Scheme Id	Working Description	2015/16 Value £K	Scheme Id	Working Description	2015/16 Value £K	Comments
Q	7 Day Access to Services	400	Q	Neighbourhood Teams and 7 Day Access to Services	825	Increase of £425k
R	Mental Health Liaison	380	R	Mental Health Liaison	415	Increase of £35k
S	Personalised Care Services	516	N/A	N/A	N/A	Removed from BCF - £516k
T	Reablement Services	973	N/A	N/A	N/A	Merged with scheme U. £773k moved to scheme U.
U	Discharge/Assessment incl. Intermediate Care	2,145	U	Discharge, Assessment and Reablement Services ( incl. Intermediate Care)	2,918	Reduction of £200k over T and U
V	Respite Services	325	V	Respite Services	325	No change
W	Improving Care Home Quality	250	W	Improving Care Home Quality	100	Reduction of £150k



X	Telecare Services	470	X	Telecare Services	495	Increase of £25k
Z	Care Act Implementation	294	Z	Care Act Implementation	294	No change
	<b>Total</b>	<b>5,753</b>		<b>Total</b>	<b>5,372</b>	Reduction of £381k

## Reasons for Recommendations

30. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.
31. To obtain approval for the proposed amendments to Bassetlaw CCG's contribution to the BCF plan.

## Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

33. The proposed changes to the Bassetlaw CCG schemes will result in a reduction of the size of the Pooled Budget from £59.3m to £58.9m. This is still above the minimum requirement of £49.7m.
34. Subject to local and national policy developments, the agreement may be extended beyond 2015/16. This will be reported to the Health and Wellbeing Board on an ongoing basis as part of the Better Care Fund reporting process.

## Human Resources Implications

35. There are no Human Resources implications contained within the content of this report.

## Legal Implications

36. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## RECOMMENDATIONS

That the Board:

- 1) **Notes** the outcome of the public consultation on the s75 pooled fund.

- 2) **Notes** the readiness assessment detailing the current state of readiness to deliver the BCF plan in 2015/16.
- 3) **Notes** the performance exception report.
- 4) **Approves** the quarterly national reporting.
- 5) **Approves** the amendments to the NHS Bassetlaw Clinical Commissioning Group component of the BCF plan.

**David Pearson, Corporate Director, Adult Social Care, Health and Public Protection,  
Nottinghamshire County Council**

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#### **Constitutional Comments (SMG 13/05/2015)**

37. The proposals in this report fall within the remit of the Board. By virtue of its Terms of Reference, the Health and Wellbeing Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Board, and to perform any specific duties allocated by the Department of Health.

#### **Financial Comments (KAS 11/05/15)**

38. The financial implications are contained within paragraphs 33 and 34 of the 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.

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance-1516.pdf>

#### **Electoral Divisions and Members Affected**

All





**Nottinghamshire County Better Care Fund  
Report on the Public Consultation of the section 75 pooled fund agreement**

### Background

There is a legal requirement to undertake a public consultation on the proposal to establish a pooled fund for the Better Care Fund (BCF) under section 75 of the National Health Service Act (2006). A four week consultation was open between 16<sup>th</sup> February and 15<sup>th</sup> March 2015 in accordance with the legislative requirements. This paper sets out the results from the consultation for the Programme Board to note and identify any actions required in response to the consultation results.

### Consultation response

In total 43 responses to the consultation were received. 89% of responses were received from members of the public, with the remainder responding on behalf of their organisation. 41% of respondents were aged 65 years and over, with a further 24% aged between 56 and 65 years. All respondents had a Nottinghamshire post code. The consultation asked four questions regarding the section 75 pooled fund. It should be noted that the consultation was specifically about the pooled fund arrangements rather than the content of the BCF plan. Table 1 below shows the proportion of respondents agreeing or disagreeing with each of the four questions set out in the consultation.

Question	% agreeing	% disagreeing	Total number of responses
Q1 Do you agree that the proposal to pool budgets will support us in achieving our vision and making the most of the opportunity presented by the Better Care Fund?	85%	15%	41
Q2. Do you agree with the five key areas set out in the "Our Vision" section in the supporting document for which the money has been pooled?	90%	10%	40
Q3. Do you have any comments and /or concerns about the money being pooled for better care services?	47%	53%	38
Q4. Do you agree with the monitoring arrangements for making sure our services are working?	83%	17%	35

**Table 1: % of respondents agreeing/disagreeing with consultation questions**

Table 1 shows that respondents agreed with the pooling of budgets, the vision of the BCF and the monitoring arrangements in place to review the services within the BCF plan. Further details on the comments and / or concerns about the pooling of money are shown in table 2.

Theme	Number of responses	Example of comments
Ensuring accountability of fund	3	this money can help but not if it leave ccg short of money in other areas robin peter to pay paul. so make sure you tell people this not new money you are just moving it.
Importance of integration	1	Long overdue, the important thing is to ensure that staff feel they are working together, therefore true joint goals relating to the care they are providing
Improve efficiency	3	Hope the emphasis will be on better care services not proliferation of NEW buearocratic bodies protecting old territories
Service delivery	6	Money needs to be used efficiently and not just used to plug gaps where funding has been reduced/removed in social care
<b>Total</b>	<b>13</b>	

**Table 2: themes regarding comments/concerns relating to Q3 - the money being pooled**

In total, 13 comments were received in relation to Q3. These related to four key themes as described in the table above. All comments for each question are shown in Appendix 1.

### Conclusions

Overall, there is support for the pooling of funds to deliver integrated care for older people in Nottinghamshire. Concerns were raised in relation to ensuring the money is used efficiently and about the delivery of services. Understandably there were queries relating to the plans, rather than just the pooled fund arrangements.

### Recommendations

The Programme Board is asked to note the responses from the public consultation and agree any further actions that need to be taken in response to the consultation.

## Appendix 1 Comments received during BCF section 75 pooled fund consultation

### Comments on Q1 - Do you agree that the proposal to pool budgets will support us in achieving our vision and making the most of the opportunity presented by the Better Care Fund?

Pooling will result in someone stripping funds out in some way  
 The plans just shift money, they don't really integrate health and social care  
 seems to be a politically driven move to shift NHS resources to LA  
 money will move away from NHS and healthcare.  
 Your proposal only has involvement from CCGs and local authorities. These people are not the experts. Service Users, Carers and Independent Living Charities are and it is an arrogant assumption to have civil service only participation.  
 Health money will be used to prop up cuts in social care budgets.

### Comments on Q2 - Do you agree with the five key areas set out in the "Our Vision" section in the supporting document for which the money has been pooled?

The vision is rhetoric  
 Not enough for mental health services, this need is getting more needy

### Comments on Q3 - Do you have any comments and /or concerns about the money being pooled for better care services?

Focus of each will be lost if pooled  
 Doesn't address the fundamental problem of inadequate home care - particularly following NCC's tendering exercise  
 Long overdue, the important thing is to ensure that staff feel they are working together, therefore true joint goals relating to the care they are providing  
 That silly rules exist like carer and cared for have to live and have gp in notts.  
 Some areas may need more social care than others  
 Hope the emphasis will be on better care services not proliferation of NEW bureaucratic bodies protecting old territories  
 hopefully the budgets will assist more people by reducing admin. costs  
 What if there isn't enough money pooled?  
 experience from community equipment pool is that result in a blame game on who causing increasing costs. Pooling may see loss of control and accountability.  
 Why is this funding targeted for elderly people only  
 this money can help but not if it leaves ccg short of money in other areas robin peter to pay paul. so make sure you tell people this not new money you are just moving it.  
 Money needs to be used efficiently and not just used to plug gaps where funding has been reduced/removed in social care  
 I hope it will reduce bureaucracy and not induce more 'paperwork' between the parties involved. Also will the service be better than that provided now.

### Comments on Q4 - The monitoring arrangements for making sure our services are working set out in the BCF Plan and in the section above called "How do we know our services are working?" Do you agree with these arrangements?

All the documents sound fine in theory, But I know from bitter experience as a carer that there is very little "joined up thinking" and communication between all departments. If a vulnerable older person has no-one at all to act as a helper/carers/supporter when he/she has to interact in any way with the NHS, then they are completely at the mercy of a disjointed system. It all sounds very grand, but in practice, it rarely works as it should.  
 Monitors capability or competency  
 Local CCG staff have had no opportunity to contribute to try to gain the benefits of integration  
 Cannot find this section to respond  
 Need more reassurance on control and accountability.  
 What is the BCF plan? Where is the section above called "How do we know our services are working?"  
 The statutory guidance for the care bill is very clear and concise. The proposals submitted for monitoring focus far too much on financial then improving health and well-being. In fact the use of the unlawful NCC prepayment cards should be 100% taken off the plan. (Case Law and current legislation) Don't start with unlawful activities and if you are not aware NCC have a judicial review pending on this and many other unlawful proposals.





Better Care Fund Implementation - Readiness Self Assessment - March 2015					
HWB name		Nottinghamshire		Date 26/03/2015	
Assessment form					
Question	Response Select the answer that best describes your position locally	Narrative and details text up to 300 characters to provide any additional information and feedback that you think would be helpful			
1	Which statement best describes the joint governance structures that have been set up to oversee system wide delivery in 15-16?	1. Fully established and functional	The BCF Programme Board meet monthly with representation from all partners (health, social care, District/Borough Councils and providers). The Board reports to HWB quarterly by exception.		
2	Which statement best describes the joint PMO arrangements that have been set up to support the system in delivery of your Better Care Fund plan?	1. Fully established and operational	Each unit of planning has PMO arrangements in place to deliver the transformational change, with a County-wide Programme Manager in post to monitor implementation of the plan at the HWB level.		
3	Which statement best describes the development of schemes within your Better Care Fund plan which will deliver excellent on the ground care centred around the individual?	3. Arrangements underway but not finalised	Schemes within the BCF have varying phasing timelines due to some being new schemes and some a continuation of existing services. This has been factored into the plan delivery.		
4	Which statement best describes the progress locally in developing underpinning, integrated datasets and information system?	3. Arrangements underway but require further development	A county wide Programme "Connected Nottinghamshire" is working on information system integration. This includes work on integrated datasets, Information Governance, underpinning infrastructure and standards. The work is progressing well with engagement across all partners.		
5	Which statement best describes arrangements to align financial / payment systems, benefits and risks locally?	2. Arrangements in place and due to be operational by 1st April	The section 75 pooled fund will be in place for 1st April. Work is ongoing across the units of planning on delivering outcomes based commissioning.		
6	Which statement best describes the mechanisms in place locally to monitor and report on key metrics that measure the success of your Better Care Fund plan?	1. Fully established and operational	A monthly performance report has been operational since September 2014 to report against all performance and finance metrics within the BCF.		
7	Which statement best describes the development of workforce and culture within local organisations to enable effective collaborative working relationships?	1. Fully developed and operational	There is effective collaborative working across partner organisations as seen in the development and implementation of the BCF plan. This is transacted at an operational level.		
8	Which of the themes in questions 3 to 6 do you see as the greatest challenge or barrier to successful system wide implementation of your BCF plan throughout 2015-16?	7. Other - please use the comment box to provide details	The greatest challenge to delivery is recruiting and developing an appropriately skilled workforce.		
9	Which statement best describes whether your BCF schemes have been implemented or are ready to be implemented as planned?	2. Further work required to ensure all schemes are fully on track to be implemented on time	A programme plan is in place to review delivery of schemes on a monthly basis. Some are on track, whilst there has been slippage on some due to varying factors such as recruitment of workforce.		
10	What are your top 3 identified risks in preparing for delivery of the Better Care Fund, and how far are arrangements in place to mitigate? Please rank in line with your local risk management approach.	1 Acute activity does not reduce as planned 2 Financial pressures for LA impact on investment 3 Recruitment of qualified/skilled staff	1. Mitigations identified and in place 1. Mitigations identified and in place 1. Mitigations identified and in place	2. Delivering excellent on the ground care centred around the individual 2. Delivering excellent on the ground care centred around the individual 2. Delivering excellent on the ground care centred around the individual	Monthly monitoring of programme plan Reallocation of resources if needed Workforce development plan in place
11	Which statement best describes the overall readiness of your local system to deliver your Better Care Fund plan successfully in 2015-16?	2. Some further support would help improve readiness but this is in place	Mid and South Notts are an Integrated Care pioneer and accessing support through this network. Mid Notts is a PACS vanguard and Rushcliffe CCG is working with Principia as a MCP vanguard.		
	Please use this space to add any further comments or information that you would like to share in regard to implementation of the Better Care Fund in 2015-16.	The collaborative working between partners including health, social care, NHS providers and Borough/District Councils is well developed and has allowed us to focus on the implementation and delivery of the BCF plan. The governance arrangements around delivery of the plan are well established and have been operating since summer 2014.			



**3<sup>rd</sup> June 2015****Agenda Item: 9****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING: UPDATE  
REPORT****Purpose of the Report**

1. To update the Board on the current and future commissioning arrangements for the Healthy Child Programme and public health nursing for 0-19 year olds.
2. To inform the Board of proposals to integrate health visiting and school nursing services to provide a joined up Healthy Child Programme for Nottinghamshire.
3. To update the Board on the expansion of the Family Nurse Partnership programme.

**Information and Advice**

4. This report provides the Board with an update in relation to the commissioning of the Healthy Child Programme (HCP) and public health nursing (0 -19 year olds).

**Healthy Child Programme (HCP)**

5. The HCP<sup>1</sup> was published in November 2009 and sets out the recommended framework of services for children and young people aged 0 -19 years (including during pregnancy) to promote optimal health and wellbeing, prevent ill health and provide early intervention when required.
6. The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce health inequalities.
7. Effective implementation of the HCP (0-5 years) contributes to: a range of health and wellbeing outcomes such as strong parent-child attachment and positive parenting; care that helps to keep children healthy and safe (e.g. healthy eating, prevention of certain serious communicable diseases, increased rates of breastfeeding); and readiness for school and improved learning.
8. The HCP (5-19 years) aims to improve a range of public health outcomes including improved sexual health, reduced numbers of teenage pregnancies, healthy diet and exercise, improved educational outcomes, smoking prevention and cessation, alcohol and

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<sup>1</sup> The HCP comprises three guidance documents: HCP - pregnancy and the first 5 years of life; HCP - the 2 year review; HCP – from 5-19 years. The documents include a programme schedule of age appropriate health and development reviews.

substance use prevention and awareness, improved emotional health and wellbeing etc. The programme also incorporates the mandatory function of the delivery of the National Child Measurement Programme (NCMP).

## **Public health nursing for children and young people**

9. The main groups of public health nurses who provide services to children and young people and their families are health visitors, school nurses and family nurses. This final group is delivering the Family Nurse Partnership (FNP) Programme.
10. A growing body of evidence indicates that the first few years of life play a significant and formative role in shaping people's health, wealth and future happiness. Health visitors provide a universal service to all families, with additional targeted support to those who need it. They have a valuable part to play during the first few years of a child's life and are responsible for ensuring that children get routine health and development checks to make sure they are well and progressing properly.
11. The Health Visitor Implementation Plan 2010-2015 aimed to increase the number of health visitors in each locality. Targets have been achieved for Nottinghamshire (including Bassetlaw), with 158.4 whole time equivalent (wte) health visitors in post by April 2015.
12. In Nottinghamshire, a comprehensive review of the School Nursing Service has been completed and clear recommendations for a re-modelled service have been proposed. These proposals have been consulted on widely and the results of the consultation process will inform future commissioning intentions. For details see:  
<http://www.nottinghamshire.gov.uk/learning/schools/information-for-schools/nursing-service-review/>
13. The School Nursing Service also delivers the National Child Measurement Programme (NCMP), a mandatory function for Public Health.
14. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive preventive home visiting programme for vulnerable, first-time young parents that begins in early pregnancy and ends when the child reaches age two years. FNP has three aims, namely to improve pregnancy outcomes; to improve child health and development; to improve parents' economic self-sufficiency. The FNP Programme in Nottinghamshire was launched in February 2013.

## **Current commissioning arrangements**

### *Health Visiting and Family Nurse Partnership (FNP)*

15. Currently the responsibility for commissioning Health Visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities on 1<sup>st</sup> October 2015. Two NHS England teams cover Nottinghamshire and commission Health Visiting and FNP services in Nottinghamshire and Bassetlaw respectively.
16. Health Visiting services and the FNP are currently provided across the whole of Nottinghamshire by Health Partnerships (County and Bassetlaw Health Partnerships), part of the Nottinghamshire Healthcare NHS Foundation Trust.

## *School Nursing*

17. As with Health Visiting and the FNP in Nottinghamshire, Health Partnerships currently provide School Nursing Services.
18. The responsibility for commissioning of School Nursing Services for the whole of Nottinghamshire transferred to Public Health (PH) in the Local Authority in April 2013. Public Health is an associate commissioner to the NHS contracts with the current providers.

## **Proposed commissioning arrangements**

19. Once commissioning responsibility has transferred to NCC, Health Visiting services and FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH), which currently leads commissioning of School Nursing and the NCMP. By bringing commissioning of all public health nursing services together, it will be possible to integrate these services more effectively and align them with other children's services provided or commissioned by Nottinghamshire County Council (NCC).
20. It will be essential that close effective working relationships between GPs, primary care practitioners and health visitors and school nurses are maintained and developed. It is envisaged that these relationships between services provided to families will lead to improved service quality and better outcomes for children, young people and families, in addition to reducing duplication.
21. The current contracts with Health Partnerships for Health Visiting and School Nursing services expire on 31st March 2016, requiring NCC to undertake a procurement exercise in order to award a new contract during 2016-17. It is proposed that the current contracts are extended for a minimum of six months (subject to legal advice), ensuring that the services are in place at least until the end of September 2016. This then allows 12 months, from 1<sup>st</sup> October 2015, to align the commissioning of Health Visiting and School Nursing, and to re-procure an integrated 0 - 19 HCP service, to be in place from Autumn 2016.
22. The current contract for FNP expires in August 2015. The scope to integrate commissioning of FNP is limited due to the programme's licence restrictions. Additionally, FNP is due to be expanded, with the result that timescales for re-commissioning Health Visiting and School Nursing differ. This is described later in the report.
23. To oversee the smooth transfer of commissioning responsibilities from NHS England and the development of commissioning plans, an Early Childhood and HCP Integrated Commissioning Group has been established, with representation from NHS England, Children's Services, Public Health, Clinical Commissioning Groups and other key stakeholders.

## **Expansion of FNP**

24. An FNP progress report was presented to the Children's Trust Board in December 2014, detailing the positive progress that had been achieved since the programme's inception. The report also highlighted the gap between the service capacity and the eligible



population. The original programme commissioned in Nottinghamshire provided coverage to 14% of the eligible population compared, to a target of 25% nationally.

25. A recent review of parenting programmes by NCC's Children, Families and Cultural Services Department acknowledged the strong evidence-base for FNP and in recognition of this and the limited capacity within the current service, FNP has been identified as a priority area for additional investment.
26. Funding from the Supporting Families programme, totalling £1.5m, has been identified to enable the expansion of the current programme in Nottinghamshire and the funding has been approved by the Children and Young People's Committee.
27. Further funding of £142,000 has also been secured by NHS England North Midlands (previously NHS England Derbyshire and Nottinghamshire Area Team) to support the expansion, including training and programme delivery costs.
28. Subject to final confirmation of costs, the funding is expected to provide between 150-175 additional places on the programme over the next 3½ years, increasing coverage to approximately 25%, in line with the national target.

### **Other Options Considered**

29. An options appraisal is being developed to support decision making processes regarding the possible integrated commissioning of Children Centres with the HCP. These include the separate commissioning of the services; postponing the procurement of the HCP to fit in with Children Centre procurement plans, or advancing Children Centre procurement.

### **Reason for Recommendations**

30. The Board requires to be kept informed of commissioning plans for services for children and young people, in particular for Health Visiting and School Nursing as they have a key part to play in improving outcomes and reducing health inequalities for children and families.

### **Statutory and Policy Implications**

31. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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**

32. The commissioning budget for the Health Visiting Service and the FNP is due to transfer to NCC on 1<sup>st</sup> October 2015, with the transfer of commissioning responsibility. The Health Visiting budget will be combined with the School Nursing Budget when commissioning the 5-19 HCP.

### **Safeguarding of Children and Vulnerable Adults Implications**

33. Safeguarding is a key element of all commissioning plans for these services.

### **Implications for Service Users**

34. There will be improved health and wellbeing outcomes for children and young people. Nearly 2,000 young people were consulted when reviewing the School Nursing Service to inform commissioning of the service to meet their needs.

## **RECOMMENDATIONS**

That the Board notes:

- 1) the current and future proposed commissioning arrangements for the Healthy Child Programme and public health nursing for 0-19 year olds.
- 2) the proposals to integrate health visiting and school nursing services to provide a joined up Healthy Child Programme for Nottinghamshire.
- 3) the planned expansion of the Family Nurse Partnership programme.

**Dr Chris Kenny**  
**Director of Public Health**

**For any enquiries about this report please contact:**

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### **Constitutional Comments**

32. Because this report is for noting only no Constitutional Comments are required.

### **Financial Comments (KS 22/05/15)**

33. The financial implications are contained within paragraph 32 of the 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.

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at [www.nottinghamshire.gov.uk/schoolnursing](http://www.nottinghamshire.gov.uk/schoolnursing)

Healthy Child Programme and Public Health Nursing for children and young people, Public Health Committee – 3<sup>rd</sup> July 2014

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3495/Committee/507/SelectedTab/Documents/Default.aspx>

‘Nottinghamshire School Nursing Review’ Nottinghamshire Children’s Trust Board – 5 September 2013

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/>

Nottinghamshire School Nursing Review – implications for Commissioners, Children’s Trust Board 6<sup>th</sup> November 2014

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/?entryid217=431744&p=2>

‘Healthy Child Programme and Public Health Nursing for Children and Young People’ Nottinghamshire Health and Wellbeing Board – 8 January 2014

[http://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS\\_CommitteeDetails/mid/381/id/505/Default.aspx](http://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/505/Default.aspx)

Family Nurse Partnership Programme Progress Report – report to Children and Young Committee on 8 December 2014

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspx>

Family Nurse Partnership – report to Children and Young People’s Committee on 20 April 2015

## **Electoral Divisions and Members Affected**

All.



**REPORT OF THE DIRECTOR OF PUBLIC HEALTH****BREASTFEEDING: UPDATE ON PREVALENCE, TARGETS, LOCAL PLANS  
AND THE DEVELOPMENT OF A BREASTFEEDING FRAMEWORK FOR  
ACTION****Purpose of the Report**

1. To advise the Board on the public health significance of breastfeeding and provide information on breastfeeding prevalence rates in Nottinghamshire.
2. To describe actions underway to increase breastfeeding prevalence.
3. To consult with the Board in relation to development of a joint Nottinghamshire and Nottingham City Breastfeeding *Framework for Action*.

**Information and Advice****Public health significance of breast feeding**

4. The World Health Organisation (WHO), UNICEF and the UK Government all recommend that babies should be exclusively breastfed for their first six months of life to achieve optimal growth, development and health.
5. Evidence suggests that breastfeeding has a positive impact on mother-baby relationships by building a strong physical and emotional bond between them.
6. Babies who breastfeed are at lower risk of:
  - Gastroenteritis
  - Respiratory infections
  - Sudden infant death syndrome
  - Becoming obese and therefore developing type 2 diabetes and other obesity related illnesses later in life
  - Allergies (e.g. asthma, lactose intolerance, eczema)
7. Breast-feeding yields many maternal health benefits which include protection against breast and ovarian cancer and hip fractures in later life. Recent evidence shows a link between prolonged breastfeeding and reduced risk of cardio-vascular disease in the postmenopausal period (UNICEF 2014). The World Cancer Research Fund includes breastfeeding as one of the ten recommended actions to reduce the risk of cancer.

8. Support to establish breastfeeding in the first few days and weeks following delivery increases the number of women who successfully continue to breastfeed. Effective breastfeeding advice and support in the antenatal period together with one-to-one and peer group support in the days post-delivery help women who wish to breastfeed to succeed.
9. The contribution that breastfeeding makes to child health and wellbeing has been recognised in cross-government policy on early years (Field 2010), tackling inequalities (Marmot 2010) and reducing infant mortality (DH 2007).
10. There is increasing recognition of the part that socio-economic disadvantage plays in infant feeding, with women from lower socio-economic groups having higher rates of infant formula feeding. This has been built into policy making, an example of this being the provision of additional funds to support UNICEF UK Breastfeeding Friendly Initiative (BFI) accreditation in low income areas. The BFI initiative is explained in point 25.
11. Babies of parents from low-income backgrounds, who are young, white, with fewer educational qualifications and who were themselves formula fed, are least likely to breastfeed their babies. This is an intergenerational pattern; women are likely to follow the infant feeding patterns of their mothers.
12. Women who are of non-white ethnicity, aged 30 years or more and from a managerial or professional occupation are more likely to breastfeed.
13. England has one of the lowest breastfeeding rates in Europe.

### **Economic case for increasing breastfeeding prevalence**

14. UNICEF UK undertook a cost analysis of the impact of breastfeeding using only a few of the illnesses where breastfeeding has been shown to have a protective effect. This revealed potential annual savings to the NHS from a moderate increase in breastfeeding rates, of about £40 million per year. The true cost savings are likely to be much higher.
15. The analysis also demonstrated that if 45% of babies were exclusively breastfed for four months and if 75% of babies in neonatal units were breastfed at discharge, each year in the UK there would be:
  - 3,285 fewer babies hospitalised with gastroenteritis and 10,637 fewer GP consultations, saving more than £3.6 million
  - 5,916 fewer babies hospitalised with respiratory illness, and 22,248 fewer GP consultations, saving around £6.7 million
  - 21,045 fewer ear infection GP visits, saving £750,000
  - 361 fewer cases of the potentially fatal disease, necrotising enterocolitis, saving more than £6 million

### **Prevalence of breastfeeding in Nottinghamshire; performance against breastfeeding targets in 2013/14 and 2014/15**

16. An overview of prevalence of breastfeeding and performance against targets is presented below. More detailed data are presented in Appendix 1. There are two key stages at which breastfeeding prevalence data are collected, namely at birth and at 6-8 weeks. Prevalence at 6-8 weeks after birth is a key performance measure within the:

- Nottinghamshire Health and Well Being Strategy
- Clinical Commissioning Group (CCG) Outcome Indicator Set
- Public Health Outcomes Framework for England, 2013-16

17. In 2013/14, national targets in relation to breastfeeding included:

- Data coverage of over 95% (i.e. feeding method recorded and reported at birth and at 6-8 weeks of age for over 95% of babies)
- Breast feeding initiation rates of 82%
- Prevalence of breastfeeding at 6-8 weeks of 44%

18. In 2013/14 for Nottinghamshire data coverage was 98.9% exceeding the 95% target. The breastfeeding initiation rate for the same period was 68%, below the 82% target, and the 6-8 weeks breastfeeding prevalence rate was 40.2%, below the 44% target.

19. In 2013/14, no national data was published as levels of data coverage were too low to provide accurate information.

20. To allow for comparison, in 2012/13 the comparable rates were an initiation rate of 67% (1% lower than 2013/14 rate) and a 6-8 week prevalence rate of 39% (1.2% lower than 2013/14). These rates are both below the national initiation rate of 73.9% and 6-8 weeks prevalence rate of 47.4% (2012/13).

21. In 2014/15 targets for initiation and prevalence rates were changed from a nationally set target to a 2% increase year on year in local rates. Data coverage remained the same at 95%. Thus the target for breastfeeding prevalence at 6-8 weeks for Nottinghamshire for 2014/15 was 42.2%.

22. For 2014/15 Nottinghamshire data coverage was 98%. Complete annual data for initiation rates are not available to date. However, breastfeeding initiation rates increased slightly in Quarter 2 (July-September 2014). Early signs are that Sherwood Forest Hospital Foundation Trust (SFHFT) has seen a significant increase in breastfeeding initiation rates, whilst at Nottingham University Hospital (NUH) and Doncaster and Bassetlaw Hospital Foundation Trust (DBHFT), there is no marked change in rates.

23. The breastfeeding rates are also reported at Clinical Commissioning Group (CCG) level. The most recent initiation and prevalence rates are below the local target. There appears to be little significant change in rates between 2013/14 and the first six months of 2014/15. However, full year data for 2014/15 is required before valid comparisons will be possible.

24. Only 10% of all new mothers under 20 years old are breastfeeding at 6-8 weeks despite an initiation rate of 39%.

25. Compared to its statistical neighbours, Nottinghamshire has significantly lower breastfeeding initiation and prevalence rates.

### **National developments to increase support for breastfeeding**

26. The UNICEF UK Baby Friendly Initiative (BFI) was launched in 1994. Its principles were extended to cover the work of community health care services in 1998, detailed in the

*Seven Point Plan for Sustaining Breastfeeding in the Community* (revised and updated in 2008). In 2008 the National Institute for Health and Clinical Excellence (NICE) first made the recommendation that NHS Trusts should implement a structured, multifaceted programme to encourage breastfeeding, using the UNICEF UK BFI programme as the minimum standard (NICE 2008, updated 2011). The BFI works with the health services to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. Support is provided to health care facilities and organisations that are seeking to implement best practice and an assessment and accreditation process recognises those that have achieved the required standard.

27. Increasing breastfeeding rates by two percentage points per year with a focus on mothers from disadvantaged groups was a specific target in the Department of Health's *Priorities and Planning Framework for England*. Improved local data collection has stemmed from the requirement for Primary Care Trusts to monitor rates of initiation and partial and exclusive breastfeeding at 6-8 weeks.

### **Developments to increase support for breastfeeding locally**

28. There have been a number of recent developments aimed at improving support for new mothers who wish to breastfeed and thus increasing breastfeeding initiation and prevalence rates across Nottinghamshire. These include:

- The development of a two year pilot breastfeeding peer support service. The service has been running in all but one Nottinghamshire CCG since February 2015. In Rushcliffe CCG, breastfeeding rates are already well above national and local targets, so the CCG has not developed this service.
- Increased support on the postnatal wards, provided by the breastfeeding support service/infant feeding co-ordinators and peer supporters.
- Breastfeeding Friendly Nottinghamshire and the promotion of the 'right to breastfeed in public places'. Breastfeeding peer support volunteers will be evaluating public places and promoting breastfeeding friendly places. This initiative was launched in February 2015.

### **Nottinghamshire County and Nottingham City Breastfeeding *Framework for Action***

29. The development of a Nottinghamshire County and Nottingham City Breastfeeding *Framework for Action* is underway and is being developed through consultation with key stakeholders. A joint *Framework* will ensure a consistent approach, which is particularly important as key partners, including acute trusts (providers of maternity services), serve both City and County residents.
30. The overarching aim of the *Framework* is to increase initiation and maintenance of breastfeeding by empowering mothers to make informed choices and to support them to sustain breastfeeding.
31. The *Framework* will enable all key partners (acute and community providers trusts, infant feeding coordinators, Children's Centres, health visitors and midwives, the voluntary sector) to work together to ensure a co-ordinated approach to breastfeeding activities.

32. Key actions to be included in the *Framework* will be identified and progressed. These include:

- Raising awareness of the benefits of breastfeeding across Nottinghamshire (and the City) and making Nottinghamshire a Breastfeeding Friendly County.
- Continuing to support provider trusts to achieve UNICEF Baby Friendly Initiative (BFI) accreditation. All providers have already achieved Stage 2 BFI accreditation and SFHFT, DBHFT and Bassetlaw Health Partnerships (BHP) have achieved Stage 3. County Health Partnership (CHP) has passed 19 out of the 20 key areas for Stage 3 accreditation and NUH has passed 17. Both organisations will be re-audited within the next six months on the areas that were not achieved previously.
- Ensuring all frontline professionals who support mothers with breastfeeding are trained to BFI standards.
- Developing Partnership Breastfeeding Action Plans at district level, with meetings held in all localities across Nottinghamshire. It is envisaged that the Partnership Action Plans will be developed with District Councils, Public Health, Children's Centres and acute and community provider trusts.
- Increasing the number of mothers who initiate, establish and sustain breastfeeding across Nottinghamshire and Nottingham City.

## **Statutory and Policy Implications**

33. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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**

34. None

## **RECOMMENDATION**

The Board is asked:

1. To note the information shared in the paper in relation to breastfeeding in Nottinghamshire.
2. To comment on the content of the paper and discuss Board members' role in supporting the promotion of breastfeeding locally.
3. To support the development of a joint Nottinghamshire and Nottingham City Breastfeeding *Framework for Action* and consider how it wishes to be involved in its development and the consultation relating to the *Framework*

**Dr Kate Allen**  
**Consultant in Public Health**

**For any enquiries about this report please contact: Dr Kate Allen Consultant in Public Health (kate.Allen@nottscc.gov.uk)**

**Constitutional Comments (SG 05/01/2015)**

35. Because this report is for noting only no Constitutional Comments are required.

**Financial Comments (KAS 12/01/15)**

36. There are no financial implications contained within 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 Divisions and Members Affected**

- All

## Appendix 1: Breastfeeding initiation and 6-8 week prevalence rates in Nottinghamshire

**Table 1: Breastfeeding initiation rates by acute trust 2013/14, Quarter 1 and 2 2014/15**

Acute Trust:	2013/14 (National rate 73.9% in 2012/13)	Quarter 1 2014/15	Quarter 2 2014/15
SFHFT	57.8%	62.1%	65.9%
NUH	72.2%	71.7%	73.3%
DBHFT (Bassetlaw data only)	69%	68%	66%

Source: NHS England and NUH, SFHFT and DBHFT.

**Table 2: Breastfeeding Initiation rates by CCG 2013/14, Quarter 1 and 2 2014/15**

CCG	2013/14 (National rate 73.9% in 2012/13)	2014/15 (Q1 and Q2)
Mansfield & Ashfield	63%	62%
Newark & Sherwood	67.8%	63%
Nottingham North & East	67%	67%
Nottingham West	67%	71%
Rushcliffe	82%	81%
Bassetlaw	69.3%	62%

Source: NHS England, County Health Partnership and Bassetlaw Health Partnership.

**Table 3: Breastfeeding 6-8 weeks prevalence data 2013-14:**

CCG	2013/14 (National rate 47.2% in 2012/13)	2014/15 (Q1 and Q2 only)
Mansfield & Ashfield	29%	30%
Newark & Sherwood	38%	34%
Nottingham North & East	39%	39%
Nottingham West	46%	48%
Rushcliffe	61%	61%
Bassetlaw	35%	36%
<b>Nottinghamshire</b>	<b>40.2%</b>	<b>39%</b>
Data Coverage	98.9%	98%

Source: NHS England, County Health Partnership and Bassetlaw Health Partnership





**3<sup>rd</sup> June 2015****Agenda Item: 11****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****HOW YOUNG PEOPLE FRIENDLY ARE OUR HEALTH SERVICES?  
NOTTINGHAMSHIRE MYSTERY SHOPPER REPORT 2015****Purpose of the Report**

1. To share the key findings and recommendations of the Nottinghamshire Mystery Shopper project with the Health and Wellbeing Board and to present the views of young people in relation to health services.
2. To propose next steps for commissioners of services, to ensure health services are young people friendly through the consistent use of 'You're Welcome' by providers.
3. To seek the support of the Health and Wellbeing Board to hold an event for young people to present mystery shopper findings and discuss their priorities in relation to health and wellbeing to members of the Health and Wellbeing Board and wider stakeholders.
4. To propose that the Nottinghamshire Young People's Health Steering Group, established to lead on the development of a Young People's Health Strategy, has strategic ownership of the Mystery Shopper programme and leads on the implementation of agreed recommendations. This proposal was supported by the Children's Trust Board at its recent meeting.

**Information and Advice****Background and Rationale**

5. *"The health needs of young people are often given a low priority by both policy makers and clinicians. However, young people's health is important not just because this age group has a right to effective health provision, but also because the appropriate management of adolescent health will pay long-term dividends for individuals and society. The particular needs of adolescents are frequently missed because much policy thinking deals with children and adolescents as one age group. Furthermore adults, even professional adults, often know little about the stage of adolescence, and are unaware that young people have separate and individual needs where health matters are concerned."* (Coleman, J. (2011) Adolescent health in the UK today: where next?)
6. Teenage years are a critical time for adopting positive health habits for later life and it is now recognised that new approaches are needed to engage young people more effectively in their own health. Despite this, teenagers often find it difficult to locate or access services appropriate to their needs, often falling between children's and adult's services.

7. Services do not always meet the needs of young people, particularly with regard to confidentiality, privacy and appropriate communication or adequate knowledge of the basic biological, physiological and psychological changes of adolescence. To be treated with respect and have one's confidentiality protected are key expectations of young people when accessing health services.
8. A number of barriers can deter young people from accessing services, potentially leading to poor health outcomes or continued risky behaviours. Sexual health is of particular concern to many young people. Nevertheless, many do not access appropriate services until after they have become sexually active, for fear of being judged for seeking contraceptive advice while under the age of 16 or 18.

### **You're Welcome – quality criteria for young people friendly health services**

9. The Department of Health's 'Quality criteria for young people friendly health services', referred to as 'You're Welcome', sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people.
10. The 'You're Welcome' quality criteria aim to improve access to health services for young people. The quality standards are relevant to all health services where young people aged 11-19 are potential users, with the objective of developing a more young-people friendly service.
11. The 'You're Welcome' quality standards aim to ensure services are accessible, appropriate, confidential and non-judgmental for young people. They are underpinned by the ethos that all young people are entitled to receive appropriate healthcare wherever they access it.

**National vision** - By 2020, all health services that are regularly used by young people, including those based in education settings, meet the 'You're Welcome' quality criteria for making health services young people friendly.

12. Proposals for the use of 'You're Welcome' have previously been discussed at the Health and Wellbeing Board (2<sup>nd</sup> October 2013). It was agreed by the Board that services should be encouraged to complete the national self-assessment tool, with additional mystery shopper visits for key services. The national self-assessment toolkit is available to download from <https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services>

### **Nottinghamshire Mystery Shopper Methods**

13. The Children's Integrated Commissioning Hub (ICH) commissioned Nottinghamshire County Council's Youth Service to undertake a mystery shopper exercise of key health services. Visits by trained mystery shoppers took place between March and September 2014.
  - 20 participants, aged 14-19 were recruited.
  - The group of participants were representative of race, gender, disability, faith, sexuality and age.
  - The training included:
    - Background information on specific health issues affecting young people
    - The law and young people's rights
    - Confidentiality

- Expectations of health services
- Ways to record mystery shopper experiences – young people’s input in the design of evaluation techniques
- Developing scenarios and role play exercises
- Undertaking health service website evaluation
- Using evaluation and feedback forms.

14. It was important that the mystery shoppers did not receive any form of treatment or to attend appointments with clinicians. It was agreed, therefore, that young people would assess websites, written information, reception areas and responses when phoning a service for advice or information.

15. With this in mind, mystery shoppers were unable to assess CAMHS services, receive treatments or have appointments with GPs. In addition, mystery shoppers were unable to assess school or college based health services unless they were a student in that particular setting.

16. Visits took place in the following locations:

- GP Practices
- Contraception and sexual health services in community and acute settings
- Pharmacies offering emergency hormonal contraception
- A selection of C-Card sites including those in youth centres, pharmacists and health centres.

17. Mystery shoppers were trained to understand the ‘You’re Welcome’ standards and the following areas provided the framework for service evaluation.

<b>Access</b>	<ul style="list-style-type: none"> <li>• Accessibility of the service</li> <li>• Disabled access</li> <li>• Marginalised young people</li> <li>• Opening hours</li> <li>• Self-referral</li> <li>• Making appointments and attending consultations</li> </ul>
<b>Service publicity</b>	<ul style="list-style-type: none"> <li>• Publicity content</li> </ul>
<b>Confidentiality and consent</b>	<ul style="list-style-type: none"> <li>• Written policy and posters displayed</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Young people friendly, safe and suitable environment</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Communication and skills</li> </ul>
<b>Joined Up working</b>	<ul style="list-style-type: none"> <li>• Additional services and referrals</li> <li>• Information provided by the service</li> </ul>

## Nottinghamshire Mystery Shopper Findings

18. Young people trained as mystery shoppers provided a wealth of feedback in relation to local websites and from visiting and telephoning services.

19. Detailed analysis of all of these findings will be included in a comprehensive report due to be published on the Nottinghamshire County Council website in 2015. Qualitative and quantitative evidence has been collected by young people and analysed to inform this report.

20. Recommendations from Mystery Shoppers include:

- a) Services should display clear young people friendly confidentiality statements and all young people need to be told explicitly about confidentiality. It is essential that all practitioners consider young people's concerns regarding confidentiality. It is important to include this information on service websites.
- b) All professionals (including reception staff) should be equipped with the skills and abilities to actively listen to and communicate effectively with young people, offer a non-judgmental service whatever their age, safeguard young people and understand the 'You're Welcome' criteria.
- c) Information about a range of health topics and services should be available in all health settings e.g. pharmacists. This can be in the form of leaflets for young people to take away or printed information sourced from websites to enable easier signposting into services and information on health issues e.g. managing anxiety.
- d) Services should be actively promoted to young people and have up to date websites with detailed information about services offered, their location and how to get there.
- e) The development of a single website for young people across Nottinghamshire should be commissioned. This site should have links to other service sites, include information on accessing health services, confidentiality, services available and useful information on a range of health and wellbeing issues e.g. bullying, eating disorders, sexual health etc.
- f) Mystery Shopper programmes should be repeated bi-annually.
- g) Young people should be actively engaged in the design of health services to ensure they are accessible and young people friendly.

### **Proposed next steps: The role of commissioners of services**

21. It is proposed that commissioners of services used by young people ensure that an assessment of 'You're Welcome' quality criteria is a key element of performance in relation to commissioned services for all age groups. Key services include contraception and sexual health, pharmacies and General Practice. Providers should be tasked with submitting an annual self-assessment to commissioners. Department of Health National You're Welcome Self-assessment <https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services>.
22. It is important that young people are actively engaged in the planning and evaluation of services and are in a position to influence service provision and offer their views in relation to access, availability, communication methods, promotional work etc. Commissioners are in a position to work with providers to ensure this happens.
23. In addition, commissioners have a role in ensuring providers provide training to staff in relation to young people's health issues and You're Welcome, tasking providers to maintain their service publicity and website to ensure that all information is up to date and accurate. This includes primary care and community services.

24. It is proposed that the Nottinghamshire Young People's Health Steering Group, established to lead on the development of a Young People's Health Strategy, has strategic ownership of the Mystery Shopper programme and leads on the implementation of agreed recommendations. The proposal that this group leads this work was supported by the Children's Trust Board at its recent meeting. The group includes paediatricians with an interest in adolescence, Nottinghamshire County Council Group Managers, key NHS provider services and primary care; the group is managed by the Children's Integrated Commissioning Hub. Initial actions to be completed include:

- Feeding back key findings from the mystery shopper programme to individual services and settings, and supporting them to address areas for further development.
- Lead on the development and promotion of a county wide health and wellbeing website for young people
- Work with young people to scope the need for a local branding that young people friendly services can use in their publicity and within their premises
- If supported by the Health and Wellbeing Board, seek to identify funding to commission a Mystery Shopper programme, to be repeated bi-annually.
- For services where mystery shoppers are unable to visit, e.g CAMHS, work with services to support their completion of the 'You're Welcome' self-assessment and evaluation by the services' own young service users.

### **Other Options Considered**

25. Commissioners may feel that the roll out of the mystery shopper exercise is not a good use of resources. If this is the case the training and inspections element of 'You're Welcome' will no longer be available.

26. Alternatively, providers of health services may want to commission this type of activity themselves focusing on the range of services that they provide.

### **Reasons for Recommendations**

27. Recommendations have been identified based upon the suggestions made by the young people who participated in the Mystery Shopper programme. Their feedback was analysed by commissioners who further shaped recommendations for commissioners of health and other services.

### **Statutory and Policy Implications**

28. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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**

29. Funding for the continuation of the mystery shopper programme on a bi-annual basis should be identified. This should total £10,000 for each programme.

## **Public Sector Equality Duty implications**

30. This project focussed solely on the needs of young people rather than other age groups. This group is often underrepresented in health services and yet their health and wellbeing needs can be complex, require holistic support, and there is a priority to offer interventions early to avoid ill health in later life.

## **Safeguarding of Children and Vulnerable Adults Implications**

31. The mystery shopper findings suggest that professionals require additional training to be young people friendly. There should also be a requirement to attend safeguarding training so that staff understand these issues for young people. Focus should be given to settings offering sexual health and emotional health and wellbeing provision.

## **Implications for Service Users**

32. If recommendations are implemented, they should lead to a positive experience for young people who will feel more comfortable in accessing health services in young people friendly settings. This in turn will improve health and wellbeing outcomes for young people in Nottinghamshire.

## **Ways of Working Implications**

33. This report recommends the need to ensure that staff and services are young people friendly. This may require additional training, but more importantly for professionals to actively engage young people in service design, delivery and evaluation.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- a) Note the findings and recommendations of the Nottinghamshire Mystery Shopper project
- b) Support the proposed next steps for commissioners of services, to ensure health services are young people friendly through the consistent use of 'You're Welcome' by providers.
- c) Agree to hold an event for young people under the auspices of the Board, to present the mystery shopper findings and discuss their priorities in relation to health and wellbeing with members of the Health and Wellbeing Board and wider stakeholders.
- d) To support the proposal that the Nottinghamshire Young People's Health Steering Group has strategic ownership of the Mystery Shopper programme and leads on the implementation of agreed recommendations.

**Dr Chris Kenny**

Director of Public Health, Nottinghamshire County Council

**For any enquiries about this report please contact:**

Andy Fox, Specialty Registrar in Public Health

Email: [andy.fox@nottsccl.gov.uk](mailto:andy.fox@nottsccl.gov.uk) Tel: 0115 977 2019

**Constitutional Comments (SMG 22/05/2015)**

34. Under the Committee's Terms of Reference set out in the Council's Constitution, the Board has responsibility for discussing issues considered to be relevant to the overall responsibilities of the Board, and to perform any specific duties allocated by the Department of Health. The proposals in this report fall within the remit of this Board.

**Financial Comments (DG 22/05/15)**

35. The financial implications are as stated in paragraph 29. Previous mystery shopper costs have been met from the Children's ICH budget.

**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.

- 'Nottinghamshire County Council (2015) How Young People Friendly are our Health Services? Nottinghamshire Mystery Shopper Report 2014 – *soon to be published on the Nottinghamshire County Council website.*
- 'Young People Friendly Health Services in Nottinghamshire' Health and Wellbeing Board paper 2<sup>nd</sup> October 2013

**Electoral Divisions and Members Affected**

- All





## How Young People Friendly are our Health Services? Nottinghamshire Mystery Shopper Project 2014-15

### Objectives:

- Use the national 'You're Welcome' quality standards when assessing services as 'young people friendly'
- Mystery shoppers to provide feedback to commissioners on a range of services, to establish if health services for children and young people are accessible, appropriate, confidential and non-judgemental
- Providers use the mystery shopper findings and recommendations to identify good practice or areas for further development.

### For more information

[childrens.commissioning@nottsc.gov.uk](mailto:childrens.commissioning@nottsc.gov.uk)  
0115 97 72676

### Aim

The Mystery Shopper exercise aimed to evaluate services with a view to sharing best practice, making health services and interventions young people friendly, improving access to these services and consequently encouraging improved health and wellbeing amongst young people (YP).

### Methodology:

- 20 participants, aged 14-19 were recruited. They were representative of race, gender, disability, faith, sexuality and age.
- The training was undertaken in a weekend residential setting.
- Visits took place across a selection of GP practices, Pharmacists offering Emergency Hormonal Contraception, Contraception and Sexual Health services in community and acute settings; and a selection of C-Card sites including those in youth centres, pharmacists and health centres.
- Young people completed questionnaires and filmed their feedback to share with commissioners and services.
- Young people did not request any treatment or use valuable clinic time.

### What did the Mystery Shoppers Evaluate?

<b>Access</b>	Accessibility of the service, disabled access, engaging marginalised young people, opening hours, public transport links, self-referral and making appointments
<b>Service publicity</b>	Publicity content
<b>Confidentiality and consent</b>	Written policy and posters displayed
<b>Environment</b>	Young people friendly, safe and suitable environment
<b>Staff</b>	Communication and skills
<b>Joined up working</b>	Additional services and referrals and information provided by the service

### Key Findings:

- YP are still very concerned about confidentiality and this can prevent them from accessing services or asking for help.
- YP evaluated services well when staff were friendly and took their time to listen to them. Even a smile can make YP feel more comfortable.
- YP are disappointed by the lack of information available in settings about a range of health concerns e.g. eating disorders, which in turn makes it hard to be signposted to appropriate services and access advice and guidance.
- Generally websites were not YP friendly, were often out of date and did not include information re location, access by public transport and what services are offered. Young people want maps and photographs of the building to help them locate services.
- YP suggested the need for 1 website for all YP health needs and services to enable them and professionals to find information easily.

### Recommendations:

1. There should be regular active engagement of YP to ensure that services are accessible and YP friendly.
2. Services should display clear YP friendly confidentiality statements and all YP need to be explicitly told about confidentiality
3. All professionals (including reception staff) should be equipped with the skills and abilities to communicate effectively with young people, offer a non-judgmental service, safeguard young people and understand the requirements of being a YP friendly service.
4. Information about a range of health topics and services should be available in all health settings e.g. pharmacists.
5. Services should be promoted to YP and have up to date websites with detailed information about services offered, their location and how to get there.
6. Mystery Shopper programmes should be repeated annually or bi-annually.
7. Commissioners must ensure that YP friendly services are a key element of performance work, in particular services targeting all age groups.

### Conclusion:

The Mystery Shopper project identified a number of areas for further development across a range of health services and services offering health interventions. However there were also a number of excellent examples where services take time to listen and engage young people in assessing and supporting their needs.



**3 June 2015****Agenda Item:12****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

1. To provide members with information on issues relevant to the Health and Wellbeing Board.

**Information and Advice****The Community Programme – final report**

2. The Community Programme was established in 2012 to improve care for older people in Nottinghamshire and look at how to work better across organisational boundaries and between professional groups.

The Programme has now ended and a final report (Appendix 1) has been published summarising the work undertaken and identifying what will continue through others. The project initially looked at Comprehensive Geriatric Assessment, working with care homes and implementing summary care records. It later broadened its remit to include navigation, transfer of care and readmissions. Some of the work was proof of concept, other elements have been adopted as business as usual and the report identifies key contacts where this is the case.

This report links into the priority within the Health and Wellbeing Strategy to Support Older People to be Independent Safe and Well.

For more information about older people's services in Nottingham please contact Jane Cashmore: [jane.cashmore@nottscc.gov.uk](mailto:jane.cashmore@nottscc.gov.uk) tel: 0115 9773922 or Gill Oliver: [gill.oliver@nottscc.gov.uk](mailto:gill.oliver@nottscc.gov.uk) tel: 0115 977 2427.

**Tobacco Declaration workshop**

3. A second workshop to support those organisations signed up/in the process of signing up to the Declaration on Tobacco Control has been arranged for **Tuesday 14th July 2015 10-12:30 at Mellish Rugby Club**. The aim of the workshop is for organisations to share action plans, learning and update on progress. Declaration leads in each organisation are encouraged to attend. Please register via [EventBrite](#).

For further information please contact Lucy Ball, Public Health Manager: [lucy1.ball@nottscc.gov.uk](mailto:lucy1.ball@nottscc.gov.uk)

## Progress from previous meetings

### 4. Autism self-assessment (April 2015)

The Board discussed the Autism self-assessment at the April meeting. The report highlighted a number of issues locally including awareness training. Board members agreed to undertake the training themselves and also discussion awareness raising within housing services and the criminal justice system.

During the discussion the Board agreed the following actions:

- Members to consider how autism training could be included in general equity training
- Members to provide named links for liaison on autism training to Cath Cameron-Jones.
- Members to undertake basic autism awareness training
- District housing officers to consider undertaking basic awareness training

The Board also agreed to receive details of on-line training resources which are attached as Appendix 2.

For more information please contact Cath Cameron-Jones e: [Cath.Cameron-Jones@nottscg.gov.uk](mailto:Cath.Cameron-Jones@nottscg.gov.uk) t: 0115 9773135.

### 5. Tobacco Declaration (April 2015)

The Board received an update report on the Nottinghamshire Tobacco Declaration which the Board had agreed in October 2015.

The update showed progress to date but all Board members were asked to check progress to sign the declaration and local action plans within their own organisations.

## Update on policy and guidance

There have been a number of policies and guidance documents issued which are aimed at health and wellbeing boards. The following is a summary of those which may be of interest to Board members:

### Starting well

### 6. **Improving mental health services for young people**

The Department of Health

[Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#) makes a number of proposals the government wishes to see implemented by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community; and improving access for children and young people who are particularly vulnerable. The report sets out how much of this can be achieved through better working by working differently, rather than needing significant investment.

## 7. **Person centred care for children and young people with complex needs**

National Voices and Think Local Act Personal

[My life, my support, my choice](#) sets out how good, coordinated or integrated support looks like from the point of view of children and young people with complex lives up to the age of 25 - including the transition into adulthood. It offers a clear set of outcomes that commissioners and service providers should be working towards as part of the policy initiatives and legislation that are shaping services for children and young people, including The Care Act 2014 and the Children and Families Act 2014.

## Living well

### 8. [\*\*Impact of physical activity and diet on health\*\*](#)

The House of Commons Health Committee

The Committee recommended that the next Government prioritises prevention, health promotion and early intervention to tackle the health inequalities and avoidable harm resulting from poor diet and physical inactivity. The Committee also regarded it as inexplicable and unacceptable that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago.

### 9. **Return on investment tools**

National Institute for Health & Clinical Excellence

NICE have developed a series of return on investment tools:

- [Alcohol return on investment tool](#)
- [Physical activity return on investment tool](#)
- [Tobacco return on investment tool](#).

Developed to help evaluate a portfolio of interventions which can be used to model the economic returns that can be expected in different payback timescales. The different interventions in each tool can also be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no package of interventions' or any other specified package.

### 10. [\*\*Making the case for tackling obesity - why invest?\*\*](#)

Public Health England

These slides illustrate the facts and figures about obesity, the costs, the benefits of investing and the potential routes to action.

### 11. [\*\*Local tobacco control profiles for England: May 2015 data update\*\*](#)

Public Health England

The profiles provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations.

## Coping well

### 12. **Caring for patients with long term conditions**

The Richmond Group of Charities

[Vital Signs](#) report draws on the knowledge of the charities involved, the experiences of people with long-term conditions and the latest academic and policy research. It provides a snapshot of the gaps in care quality that matter most to service users and patients.

**13. Excess winter deaths and morbidity and the health risks associated with cold homes**

National Institute for health & Clinical Excellence (NICE)

The guideline recommends that health and social care professionals, as well as those working in the heating, plumbing and electricity industries sign post people who live in cold homes to a single-point-of-contact system for help in making their home warmer. Local health and wellbeing boards should ensure that a single-point-of-contact health and housing referral service is designed and commissioned to help vulnerable people who live in cold homes.

**14. New fund to improve the health of homeless people**

The Department of Health has announced details of how [homeless people](#) will benefit from a new £55 million fund to upgrade existing accommodation and provide new housing. The money will be used for two types of projects: the Homeless Change project will provide upgraded hostel accommodation to improve physical and mental health outcomes for rough sleepers and to help reduce A&E attendances and the Platform for Life project will create new low-rent shared accommodation for young people who want to work, but are struggling to hold down a job or attend college because of a lack of stable housing.

**15. [Mental health task force](#)**

NHS England

A new task force is being established to develop a new five year national strategy for mental health, for people of all ages across England. It will explore the variation in the availability of mental health services across England, and look at the outcomes for people who are using services, and identify key priorities for improvement. It will also consider ways of promoting positive mental health and wellbeing, and ways of improving the physical health of people with mental health problems.

**16. [Adult autism strategy: statutory guidance](#)**

The Department of Health

The guidance sets out how local authorities and NHS organisations should carry out their responsibilities under the Autism Act 2009 to develop services that support and meet the needs of people with autism, and their families and carers.

**17. Increase in mental health staff working with police and courts**

Half of the country is now covered by a [new service](#) to make sure people with mental health conditions, learning disabilities or other vulnerabilities such as debt or homelessness are supported in police custody and the courts. Sixteen new 'Liaison and Diversion' teams are now up and running, bringing the total to twenty six schemes nationwide and covering 28.5 million people or half of the country. The first wave of ten schemes, which see specialist mental health workers working alongside police officers, were launched in April last year. In the first twelve months the services have helped 16,315 adult cases and 2,450 children and young people's cases access specialist support when in contact with the criminal justice system.

## Working together

### 18. [Acute hospitals and integrated care: from hospitals to health systems](#)

The Kings Fund

This report describes lessons from five case studies where acute hospitals are working collaboratively with local partners to build integrated models of care. Three of these sites have since been chosen as vanguards by NHS England. The report assesses the achievements made so far, distils the lessons learnt for other local health economies, and makes recommendations for national policy-makers.

### 19. [Workforce Planning in the NHS](#)

Kings Fund

The NHS workforce is the primary driver of future health costs. Given the substantial changes in population demographics and health care needs, the workforce needs to be fit for purpose. That means responding to immediate needs and financial pressures while adapting to deliver the future care models outlined in the NHS five year forward view. Getting the right balance requires a robust understanding of the nature of workforce pressures locally and nationally and what can be done to address them in the short and the long term.

### 20. [Local leadership, new approaches – how new ways of working are helping to improve the health of local communities](#)

Public Health England & Local Government Association

This report describes how local authorities and health teams are working together to improve the health of local communities through prevention and early intervention. It also features seven case studies, each of which describes a particular programme or close partnership between a local authority and local public health or health care teams, often with the additional support of the voluntary sector.

### 21. [How to.. understand & measure impact](#)

The Better Care Fund

This 'How to' guide aims to help local areas to understand and measure the impact of their efforts to integrate services across the provision of health and care. The scope of this document covers practical support when developing:

- Outcomes that are appropriate to achieve the impacts
- Measures to help assess progress
- An evaluation framework to support ongoing monitoring and enable judgement
- A process for using feedback to promote continuous improvement and maintain creativity and innovation.

## General

### 22. [Stick with it! A review of the second year of the Health and Wellbeing Improvement Programme](#)

Shared Intelligence and the Local Government Association (LGA)

The purpose of this review is to do three things: understand the impact of the programme; capture system learning, and; make a significant contribution to the national body of knowledge on health and wellbeing boards. This final report draws together conclusions from across the three objectives.



23. [Building the NHS of the Five Year Forward View – NHS England Business Plan 2015/16](#)  
NHS England  
The plan sets out ten priorities to improve quality and access to services for patients, drive better value for money and to build the foundations for the future health and care system.
24. **How is the new NHS structured?**  
The King's Fund has updated its series of organograms explaining [how the NHS is now structured](#), including how providers are regulated, who can influence the commissioning of services and how the money flows.
25. [Asset-based approaches in health care](#)  
The Health Foundation  
This report summarises the theory and evidence behind asset-based approaches in health care and wellbeing and gives details of six case studies, describing these approaches in action. The aim of the report is to engage people in health care that are looking to introduce asset-based working into mainstream health and care sectors while also challenging current practitioners in community development to look at the dimensions and benefits of developing assets for improving community health and wellbeing.
26. [One place, one budget? Approaches to pooling resources for public service transformation](#)  
In 2014, the Local Government Association (LGA) People and Places Board commissioned RAND Europe to prepare nine case studies of local authorities in England where LGA knew a pooled approach was being used for service delivery. The objective was to describe the development of different initiatives and to comment on what appeared to be the enablers and barriers to progress. The specific initiatives implemented by local authorities using a pooled approach covered different services including health and social care, skills and vocational training, regeneration, economic growth, troubled families and the management of public assets. This report makes recommendations for what a 'public sector reform deal' - a series of 'asks' of government and 'offers' from places - might look like, based on the evidence gathered.
27. **Local Health Profiles: May 2015 data update**  
**Public Health England**  
The [online Health Profiles](#) data has been updated for May 2015, and are now being updated quarterly. The PDF Health Profiles reports will be updated annually as usual, this year on 02 June 2015. The profiles provide a snapshot overview of health for each local authority in England. These profiles are intended to help local government and health services make plans to improve local people's health and reduce health inequalities.
28. [Letting go: How English devolution can help solve the NHS care & cash crisis](#)  
Reform  
This report explores the potential benefits of NHS devolution for the provision of health and care services.



## Consultations

### 29. Health & Wellbeing consultations

Nottinghamshire County Council have the following open consultation relating to health and wellbeing:

- a. [Adolescent Health Strategy – establishing health priorities for young people](#)
- b. [Pilot school health & wellbeing survey](#)
- c. [Nottinghamshire Wellbeing@Work - Workplace Award Scheme](#)

**All consultations can be found at:**

<http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/>

Other options considered

30. Report to be noted only.

Reason for recommendation

31. Report to be noted only.

## Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## RECOMMENDATION/S

1) That the report be noted.

**Councillor Joyce Bosnjak**  
**Chairman of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: [nicola.lane@nottscc.gov.uk](mailto:nicola.lane@nottscc.gov.uk)

## Constitutional Comments

14. This report is for noting only.

## Financial Comments

15. There are no financial implications contained within the 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 Divisions and Members Affected**

- All

# The **Community** Programme



## **THE COMMUNITY PROGRAMME CLOSURE REPORT**

**MARCH 2015**

**SANDRA HYNES  
DEPUTY PROGRAMME DIRECTOR**

## BACKGROUND

This paper describes specific work which has been undertaken by the Community Programme, what has been completed and identifies what has been handed over to others. The improvements are the result of collaboration between staff and organisations across health, social care and third sector partners, guided and supported by a shared improvement methodology.

### Improvement Programme and Outcomes to Date

Following substantial engagement with citizens and staff, three initial areas were identified where there were significant frustrations with care, largely at interfaces between services. A '5-step' improvement process was used to develop and implement three 'bundles' of improvement projects, all of which focused on care of our frail, older citizens initially. Project scope, initiation and delivery were undertaken and co-ordinated by the Community Programme with financial support from transformation monies.

As a brief reminder, these initial bundles of improvement work consisted of:

- § Comprehensive Geriatric Assessment (CGA) in a variety of settings which included the development of a CGA team on Ward D57 at QMC, CGA-style transfer plans for patients transferring to a care home and the 'transfer to assess' trial which involved the development of the Care Co-ordination Team (CCT). We also undertook some trials around social worker initiated CGA in the community.
- § Working with the Care Homes sector to procure and implement a Leadership Development Programme for care home managers (My Home Life), the creation and delivery of a bespoke Clinical Quality Framework for all staff in care homes. The Clinical Quality Framework is currently being taken forward by Optimum in County CCG's and CityCare, who supported the development of the CQF, are delivering this training to care homes in the City CCG.
- § The implementation of the Summary Care Record which gives hospital staff immediate access to information on medications, allergies and sensitivities from the primary care record. Implementation of the Clinical Record Viewer followed which provides additional, more detailed information from the primary care record to hospital based staff.

All of the above projects either provided a 'proof of concept' which was shared with all of our commissioner and provider colleagues or delivered significant improvement in their own right and are continuing to be developed. You will have received previous reports on the above. This report will focus on work underway since April 2014.

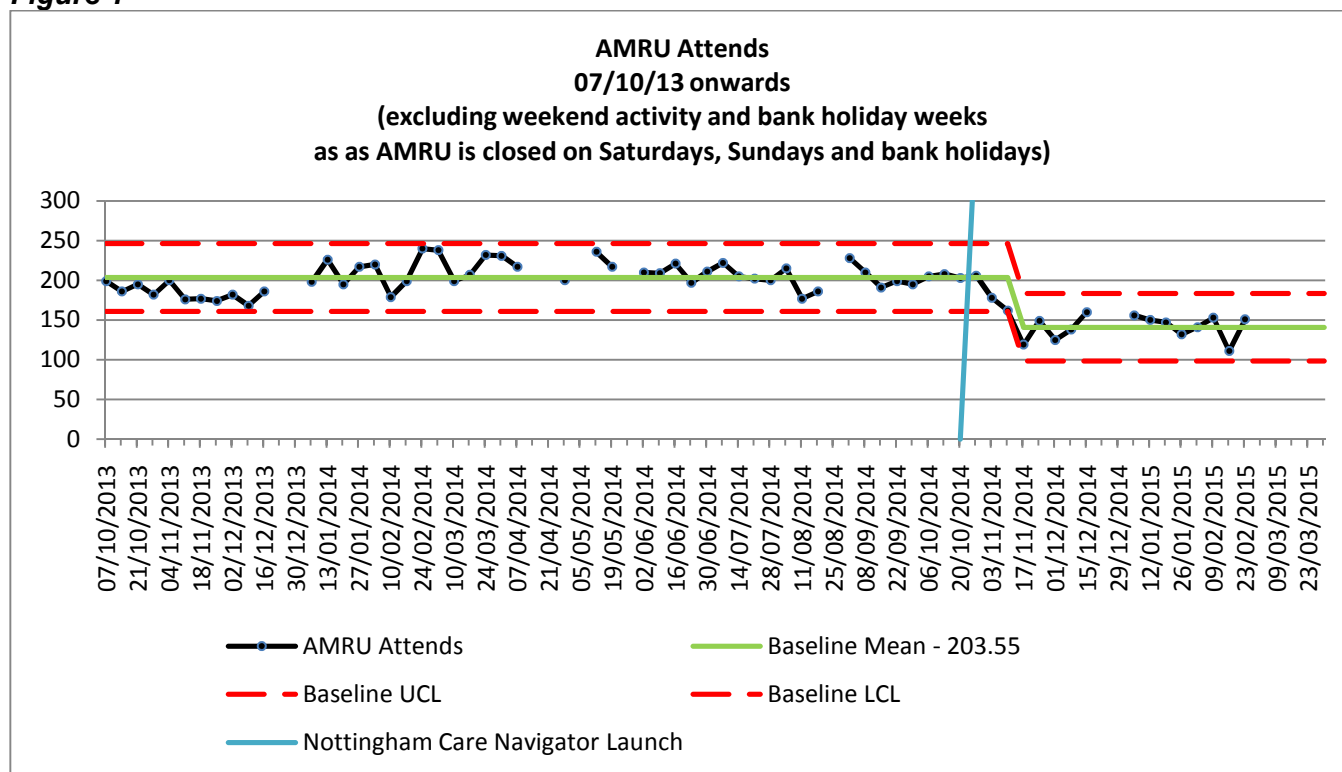
In April 2014 we focused on a broader range of initiatives that included Navigation, Transfer of Care and Readmissions. Work with the care home sector also continued with the 'trial' of the care homes SystemOne module and setting the foundations for the Care Homes Registered Nurse Development Programme.

### Navigation

This programme was set up to ensure that patients were navigated to the right place, first time. The focus has been on the development of urgent telephone advice lines and urgent access clinics within Nottingham University Hospitals in order to reduce GP emergency admissions. In October 2014 the flagship Acute Medicine advice line was launched together with the Nottingham Care Navigator (a web-based navigation portal). All GP referrals to the Acute Medicine Receiving Unit (AMRU) now benefit from a GP to consultant discussion; ensuring only patients requiring ambulatory attendance or admission are referred to hospital (and where possible direct to the appropriate specialty).

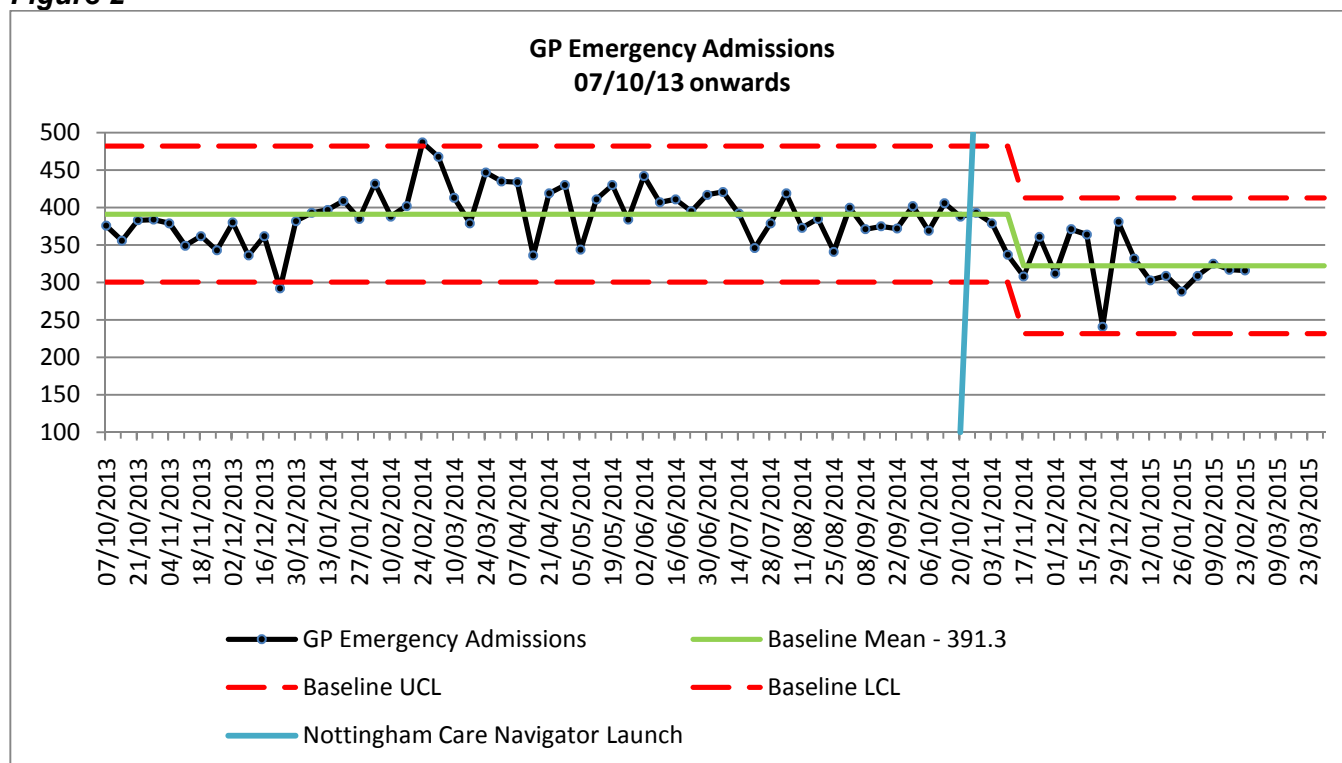
Attendances to AMRU have made a substantial and sustained drop (see figure 1).

**Figure 1**



GP emergency admissions have also reduced (see figure 2)

**Figure 2**



Marginal Rate Emergency Tariff (MRET) funds secured in January 2015 will ensure the team who have delivered this work in 2014/15 will continue to develop, refine, expand and embed this programme during 2015/16.

It is envisaged that the programme will be completed and integrated into 'business as usual' processes by March 2016. The individuals delivering this work will continue to be hosted by NUH under their Better for You Programme.

For additional information please contact: [nottinghamcarenavigator@nuh.nhs.uk](mailto:nottinghamcarenavigator@nuh.nhs.uk)

## Transfer of Care

This programme focused on the implementation of a new, streamlined supported discharge pathway to enable supported discharge patients to be transferred within 24 hours of being declared medically safe. This process was implemented in two stages: Stage 1 was the development of the Streamlined Supported Pathway and Stage 2 was Improved Board Round Adherence to the Discharge Pathway.

The new Streamlined Supported Discharge pathway has been implemented across Queens Medical Centre and City Hospital and all patients that require a supported discharge are taken through the new streamlined process. This ensures that:

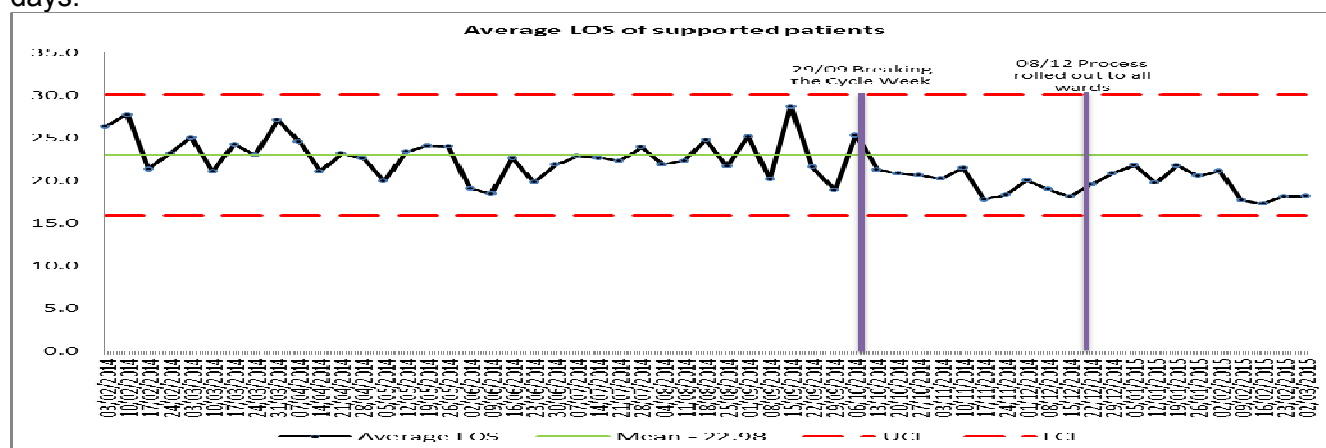
- § Patients do not stay in hospital longer than is medically necessary, reducing length of stay by 3 days
- § Patients return home sooner
- § Risk of hospital acquired infection is reduced
- § Duplication of assessments is removed by the implementation of the 'one referral' approach
- § External organisations can identify appropriate care packages early.

## Average Length of Stay of supported discharge patients (days)

The graph below shows the average length of stay for all supported discharge patients, broken down by discharge week to ensure that we have no time lag within the data.

	Average LOS
LOS Baseline	23
Post Breaking the Cycle	20.5
Post Roll Out to all wards	19.5

The graph below shows a decreasing trend in the LOS for patients that had a supported discharge between September and the end of February – reducing average LOS from 23 days to around 19.5 days.



Key areas for improvement within the Improved Board Round Adherence work are being taken forward by the Improving NUH Ward Processes project within NUH. A Change Agent has been identified from Social Care to help support health colleagues in NUH to:

- § Increase understanding of social care functions and requirements for discharge planning and decrease the pressure on social care resources
- § Build trust and confidence between organisations and teams

- § Improve understanding of the pathway, roles and responsibilities of each team to seamlessly transfer patients through the system

Additionally, to support the above it is proposed that a Long Term Training Package is developed and is made part of the annual refresher training with organisations. It is anticipated that this work will follow on from the work of the Change Agent.

Going forward it is proposed that this work is overseen by Work-stream 2.

For additional information please contact: [Paul.smeeton@nottshc.nhs.uk](mailto:Paul.smeeton@nottshc.nhs.uk)

### **Monitoring Supported Transfers (MST)**

This work focused on the development of a 'proof of concept' spreadsheet that populated appropriate data fields in order to monitor patients who were waiting for a Supported Discharge. This development began in January 2014 and has undergone an iterative process, supported by NUH's Analysis and Intelligence (A&I) Team and the Community Programme. The MST spreadsheet is now in daily use by the CCT including assessment outcomes for all supported discharge (Integrated Health and Social Care Team) referrals. Reports developed within the 'proof of concept' CCT spreadsheet allow for operational performance reporting as well as system level reporting.

Going forward the proof of concept package will be handed over to NUH's Better for You Team (Nicky Ogden) for further development into the single dataset for Transfer of Care, which will be available within NUH to track patients. Operationally, the CCT will need to continue to input and monitor activity.

For additional information please contact: [Carol.foster@nottinghamcitycare.nhs.uk](mailto:Carol.foster@nottinghamcitycare.nhs.uk)

### **Work-stream 2 Co-ordination**

The aim of this work-stream is to develop an improved, effective discharge process for patients that require support following their acute episode, ensuring high quality clinical care and patient experience is continually provided. The support provided to this work-stream included programme management, development and monitoring of the tactical improvement plan, co-ordination and administration of the work-stream meetings and weekly project reporting on updates, risks and issues to System Resilience Implementation Group (SRIG).

The Work-stream currently focuses on 6 work areas to create an effective discharge process:

1. Long Stay Patient Reviews
2. Streamlined Supported Discharge Process
3. Improving NUH ward processes
4. Care Co-ordination Team redesign
5. Improving Information Systems to support the discharge process
6. Leaving Hospital Policy

The Work-stream has also picked up additional work areas as issues have been identified:

- § Trusted Care Home Assessments from Hospital
- § Home Care improvements
- § Continuing Healthcare process

Going forward the project/programme management role for Work-stream 2 will be handed over to the new Urgent Care Project Manager (Nottingham City CCG).

For additional information please contact: [Paul.smeeton@nottshc.nhs.uk](mailto:Paul.smeeton@nottshc.nhs.uk)

## Readmission Reduction

This programme was set up to improve patient care and experience through reducing avoidable readmissions. Our aim is to reduce the Nottingham University Hospitals NHS Trust (NUH) readmit rate from a 2013/14 baseline of 8.7% to a sustained position of 8.1% by end of 2015.

To date the programme has:

- § Agreed a single, shared definition of a readmission that considers all patients that return to hospital as an emergency within 28 day (no exclusions)
- § Developed timely, accessible and robust readmissions datasets that are shared across the local health and social care community to provide factual information and one version of the truth
- § Supported NUH directorates and specialties to set readmission reduction targets and develop readmission reduction action plans
- § Built performance dashboards to track current position against our baseline
- § Supported NUH directorates in the development and implementation of improvement schemes and developed a programme approach to readmission reduction within NUH
- § Provided support to community providers in reviewing and analysing the effectiveness of readmission reduction projects e.g. County Health Partnerships post discharge follow up service
- § Developed, tested, refined and currently rolling out a patient centred readmission review process in order to identify 'avoidable' readmissions and why these have occurred. Approximately 250 reviews are now complete and the process is being expanded over more clinical areas at QMC and City Hospital.
- § Engaged with stakeholder through a blend of communication methods. This includes:
  - § Readmission reduction champions
  - § Monthly newsletters
  - § Twitter updates (@ReadmissionsNUH)
  - § NUH intranet updates
  - § 'Drop in' sessions
  - § Attending key meetings within NUH and the community
  - § Answering ad hoc enquiries.

The year to date readmission rate has reduced from the baseline position of 8.7% to 8.5%. There is still work to do and initiatives are launching that we believe will see further improvement to move towards our target position in 2015.

The Readmissions Reduction Programme has received funding from the Readmissions Fund and looks forward to maintaining focus and driving a reduction in readmissions in 2015/16, building on the foundations established to date.

For additional information please contact [readmissions@nuh.nhs.uk](mailto:readmissions@nuh.nhs.uk).

## TPP SystmOne in Care Homes

SystmOne launched a national pilot for care homes across the country to be able to access their resident's shared electronic patient records. The Community Programme submitted an application to TPP (developers of this healthcare software) and was successful in piloting it across Nottinghamshire. The aim was to improve the timely transfer of factual information about the health needs (past and present) of care home residents to support the delivery of effective care. The use of SystmOne would ensure care home staff have readily available, up-to-date health information on their residents whose GP practices use SystmOne software.

The achievements of this work include:

- § Buy in from CCGs across Nottinghamshire



- § Engagement with GP's and care homes to participate in the pilot – 10 homes across Nottinghamshire have been set up with the demo system ready to go live with their own units.
- § Identified a clear process for the set-up of care home units to go live for roll out per CCG.
- § Encouraged GP practices and care homes to work together to agree the level of access the care homes would have e.g. read-only or read-write access.
- § Overcome a number of obstacles and challenges within the set-up process. Unanticipated information governance and technical operational issues were resolved.
- § Identified that the 'go-live' process is not as simple as SystmOne describe.
- § The approval process covered all participating care home residents and GP practices in order to comply with Information Governance requirements.
- § Registration Authorities' between the Parent and Host organisations were identified.
- § Once the download of the care homes module was complete, staff were trained on its use.

Some of the key challenges with this work included the lack of technical support from TPP, the lack of trust between care homes and GP practices and finding care homes whose residents were registered with a GP whose practice was on SystmOne.

Looking ahead, this work will be handed over to leads within the individual Clinical Commissioning Groups. Currently, leads have been identified in City (Jason Mather), Rushcliffe (Steve Murdock), Nottingham North and East (Candice Lau), Newark and Sherwood (Sue Cox) CCGs. The remaining CCG's have yet to identify a lead.

For additional information please contact the appropriate lead in the relevant CCG.

All the above work has been or shortly will be either concluded, handed over to the identified individuals or organisations or will continue with the support of the identified funding streams.

Anita Astle intends to continue to deliver the Registered Nurse Development Programme for Care Home staff in her capacity as a care owner/manager. Support for this may be required by the local health and social care sector should you wish to provide it. Below is a brief overview of this work.

### **Registered Nurse Development Programme for Care Home Staff**

The aim of this project is to create a Professional Development Programme for registered nurses working in care homes. There is support amongst key stakeholders to create a programme similar to that created for Practice Nurses – this programme is available at Masters and Degree level. Creation of this programme has increased nurses interest in working in general practice.

Nationally there is a recognised issue with the recruitment of nurses in nursing homes. Anita Astle (Care Homes Lead) has been offered a seat on a national working party which is being set up under the auspices of the Department of Health to address this issue.

The key performance indicators for this work will be to:

- § increase the knowledge, skills and competence of registered nurses working in nursing homes
- § and reduce the number of admissions from nursing homes to hospital.

Key accomplishments to date include:

- § The development of a care home forum to help drive this work.
- § The completion of a questionnaire by care homes. To date the responses received show that clinical skills are lacking by nurses working in nursing homes.

- § The areas/topics/skills to be covered in the proposed development programme have been identified.
- § Care home nurses and managers, universities, key clinicians, researchers, Health Education East Midlands, Local Education and Training Council, Royal College of Nursing (RCN), Skills for Care have been involved in the developments to date.
- § Links have also been made with York University who are undertaking research funded by RCN Foundation regarding the development needs of nurses working nursing homes.

Anita Astle will continue to undertake this work in her capacity as a care home owner and manager, supported by Dr Adam Gordon and Sarah Goldberg (University of Nottingham).

CCG leads are asked to continue to support this work in whatever way possible.

For additional information please contact: [anita@wrenhall.com](mailto:anita@wrenhall.com)

### **Closing Remarks**

The work over the past few years has been both challenging and rewarding in the turbulent time being faced by the health and social care sectors.

We are pleased that much of the work we have undertaken is continuing in some shape of form and are proud to have played a part in initiating and progressing significant pieces of work for the benefit of local residents and patients/service users.

Sandra Hynes.

**End of Document.**

## **AUTISM TRAINING & AWARENESS ONLINE TRAINING RESOURCES**

The Department of Health funded a series of on-line training resources and booklets to increase awareness and understanding of autism across all public services. Working with the Royal College of Nursing, Royal College of Psychiatrists, the Social Care Institute for Excellence, the British Psychological Society, the Royal College of General Practitioners, Health Talk Online, Skills for Health and Skills for Care and the National Autistic Society, these organisations have produced a range of quality materials to enable frontline staff to better recognise and respond more effectively to the needs of adults with autism. For more information, follow the links below.

### **ROYAL COLLEGE OF NURSING**

This link is available as a free download for all healthcare professionals that may come into contact with people who have autism, highlighting key issues to consider.

<http://nursingstandard.rcnpublishing.co.uk/guides/autism-poster>

### **ROYAL COLLEGE OF GP'S**

The Autism in General Practice course enables you to improve the care you and your practice provide for patients with Autistic Spectrum Conditions (ASC). Using video clips of real patients and carers recounting their experiences, this course helps you to understand the challenges that people with ASC face on a daily basis.

If you encounter any difficulties opening these links, please contact Membership Services on 020 3188 7766 or via e-mail [membership@rcgp.org.uk](mailto:membership@rcgp.org.uk)

[www.elearning.rcgp.org.uk](http://www.elearning.rcgp.org.uk)

<http://elearning.rcgp.org.uk/course/view.php?id=78>

### **ROYAL COLLEGE OF PSYCHIATRISTS**

The Royal College of Psychiatrists aims to engage in expanding knowledge about the psychiatry of learning disability and autism.

If you encounter any difficulties opening these links, please contact the Royal College of Psychiatrists on Tel: 020 7235 2351.

[www.rcpsych.ac.uk/training/aboutthecetc/aspergerssyndrome.aspx](http://www.rcpsych.ac.uk/training/aboutthecetc/aspergerssyndrome.aspx)

<http://www.rcpsych.ac.uk/default.aspx?page=0>

### **SKILLS FOR HEALTH & SKILLS FOR CARE**

Skills for Health and Skills for Care have developed a framework to guide the delivery of autism training for the mainstream health and social care workforces.

### **SKILLS FOR HEALTH**

[www.skillsforhealth.org.uk/service-area/autism/](http://www.skillsforhealth.org.uk/service-area/autism/)

#### **SKILL FOR CARE**

[http://www.skillsforcare.org.uk/developing\\_skills/autism/autism\\_skills\\_and\\_knowledge\\_list.aspx](http://www.skillsforcare.org.uk/developing_skills/autism/autism_skills_and_knowledge_list.aspx)

### **AUTISM TRAINING & AWARENESS ONLINE TRAINING RESOURCES**

#### **SOCIAL CARE INSTITUTE FOR EXCELLENCE**

This link looks at the techniques and skills that care workers and social workers need to support people with autism and help them achieve their goals.

[www.scie.org.uk/socialcaretv/topic.asp?guid=36fd44de-5a56-4a18-9224-18f23b72c7c5](http://www.scie.org.uk/socialcaretv/topic.asp?guid=36fd44de-5a56-4a18-9224-18f23b72c7c5)

#### **BRITISH PSYCHOLOGICAL SOCIETY**

The Society has developed three e-learning modules on autism, which appeal to a range of learners by delivering knowledge and understanding from introductory to specialised levels. The e-learning modules are delivered via the [BPS Learning Centre](http://www.bps.org.uk/learning-centre). The BPS have worked in partnership with psychologists with expertise in autism and an e-learning provider to produce and deliver these modules. Two modules are freely available to both members and non-members of the BPS and the third is aimed principally at psychologists and all professionals working in this field.

[http://bps-learning-centre.bps.org.uk/e-learning/e-learning\\_home.cfm](http://bps-learning-centre.bps.org.uk/e-learning/e-learning_home.cfm)

[www.bps.org.uk/cpd](http://www.bps.org.uk/cpd)

#### **UNIVERSITY OF OXFORD**

The Healthtalkonline website lets you share in other people's experiences of health and illness. This information is based on qualitative research into patient experiences led by experts at the University of Oxford.

[www.healthtalkonline.org/Autism/](http://www.healthtalkonline.org/Autism/)

#### **NATIONAL AUTISTIC SOCIETY**

The National Autistic Society website provides increased awareness and understanding of autism. It also details some of the examples of autism awareness training that currently exist.

[www.autism.org.uk/autismstrategy](http://www.autism.org.uk/autismstrategy)

**3 June 2015****Agenda Item: 13****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND  
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Board's work programme for 2015.

**Information and Advice**

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

**Other Options Considered**

4. None.

**Reason/s for Recommendation/s**

5. To assist the Board in preparing its work programme.

**Statutory and Policy Implications**

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

**RECOMMENDATION/S**

- 1) That the Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

**Jayne Francis-Ward**  
**Corporate Director, Policy, Planning and Corporate Services**

**For any enquiries about this report please contact: Paul Davies, x 73299**

**Constitutional Comments (HD)**

1. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

**Financial Comments (NS)**

2. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

**Background Papers**

None.

**Electoral Division(s) and Member(s) Affected**

All

## Health and Wellbeing Board & Workshop Work Programme 2014 - 16

The latest template can always be found on the intranet - <http://intranet.nottscg.gov.uk/departments/chiefexecutives/democratic-services/report-writing/reporttemplates/>

	Health & Wellbeing Board (HWB)
1 July 2015	Pre-meeting autism awareness training (Civic Suite)
	<b>Update on leaving hospital policy</b> (update requested at HWB 1.10.14)
	<b>Peer challenge action plan</b> ( <i>David Pearson/Cathy Quinn</i> )
	<b>Vanguard sites briefing</b> (Lucy Dadge/Vicky Bailey)
	<b>Winterbourne View Two Years On and Transforming Care</b> (David Pearson/Cath Cameron-Jones) TBC
2 September 2015	<b>Health inequalities</b> (John Tomlinson/Helen Scott)
	<b>Dental Public Health &amp; Fluoridation</b> (Kate Allen)
	<b>Excess Winter Deaths</b> (Mary Corcoran/Joanna Cooper)
	<b>Nottinghamshire County Wellbeing@Work</b> (Mary Corcoran/Cheryl George) requested March HWB meeting
	<b>Crisis Care Concordat – action plan &amp; process</b> (Mark Jefford/Karon Glynn) requested HWB Dec 14 and deferred from June HWB on 30 April)
7 October 2015	Pre-meeting workshop(Civic Suite)
	<b>CYP Public mental health/academic resilience/CAMHS Review update</b> (Kate Allen) Follow up to paper Dec 2014
	<b>Dementia Care in Nottinghamshire</b> (Mary Corcoran/Gill Oliver/Jane Cashmore)
	<b>Update on the Tobacco Declaration</b> (John Tomlinson)

## Health and Wellbeing Board & Workshop Work Programme 2014 - 16

<b>4 November 2015</b>	
<b>2 December 2015</b>	