

Health and Wellbeing Board

Wednesday, 01 October 2014 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 3 September 2014 | 3 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Tobacco Control | 11 - 22 |
| 5 | Leaving Hospital Policy | 23 - 30 |
| 6 | Peer Challenge | 31 - 34 |
| 7 | Chair's Report | 35 - 40 |
| 8 | Work Programme | 41 - 44 |

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, 3 September 2014 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Kate Foale
A Stan Heptinstall MBE
Martin Suthers OBE
Muriel Weisz

DISTRICT COUNCILLORS

Jim Aspinall - Ashfield District Council
Simon Greaves - Bassetlaw District Council
A Jacky Williams - Broxtowe Borough Council
Henry Wheeler - Gedling Borough Council
Debbie Mason - Rushcliffe Borough Council
A 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
Dr Steve Kell OBE - Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A Dr Judy Jones - Mansfield and Ashfield Clinical Commissioning Group
Dr Mark Jefford - Newark & Sherwood Clinical Commissioning Group
Dr Guy Mansford - Nottingham West Clinical Commissioning Group

A Dr Paul Oliver - Nottingham North & East Clinical
Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

A Helen Pledger - Nottinghamshire/Derbyshire Area Team,
NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Paddy Tipping - Police and Crime Commissioner

SUBSTITUTE MEMBERS IN ATTENDANCE

Jon Wilson - Adult Social Care and Health Department

OFFICERS IN ATTENDANCE

Paul Davies	-	Democratic Services
Alison Fawley	-	Democratic Services
Claire Grainger	-	Healthwatch
Kim Molloy	-	Nottinghamshire Police
Nicola Lane	-	Public Health
Kristina McCormick	-	Public Health
Cathy Quinn	-	Public Health
Susan March	-	Public Health

MINUTES

The minutes of the last meeting held on 2 July 2014 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Simon Greaves, Councillor Stan Heptinstall, David Pearson, Helen Pledger, Councillor Tony Roberts, Councillor Phil Shields and Councillor Jacky Williams.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

AGENDA ORDER

The Board agreed to take the Better Care Fund item later on the agenda.

CARE ACT 2014 – LOCAL IMPLEMENTATION PLAN AND THE IMPLICATIONS FOR NOTTINGHAMSHIRE COUNTY COUNCIL AND PARTNER ORGANISATIONS

Jane North, Programme Manager, Care Act Implementation Team, updated the Board on the changes that were required by the Care Act 2014 and highlighted the implications for the Council and partner organisations.

The Care Act which consolidated all previous legislation into one single statute would extend the responsibilities of the County Council and its partners for social care, health and housing and whilst this gave an opportunity to review and improve services and practice, it also had significant financial and resource implications. Implementation would be in two tranches: social care elements from April 2015 and financial aspects from April 2016. A national minimum eligibility criteria threshold based on the impact to wellbeing rather than risk to independence would be introduced to help achieve fairness and consistency. The County Council would have a duty to meet carer needs and this would increase the number of assessments made. The Care Act also made changes to who and how people paid for their care. Thresholds had been extended and a cap on lifetime costs would be introduced, and it was estimated that current assessment activity for self-funders could double.

There was discussion about the possible financial impact of implementing the Care Act and concern that the Government had significantly under estimated the cost of the reforms and that the current funding allocation would be insufficient. This was supported by early modelling outcomes from the County Council and other local authorities who have found the numbers of self-funders and carers have been underestimated. Board members also discussed the potential impact on the workforce. It was explained that district councils were involved through a work stream led by Ruth Marlow, Chief Executive of Mansfield District Council.

Members of the Board were reminded that a workshop session on the Care Act would be held on 5 November 2014.

RESOLVED: 2014/035

- 1) That the implications of the new and extended responsibilities for local authorities and partners arising from the Care Act including the financial and resource demands be noted.
- 2) That the inclusion of regular reports on the Care Act in the Board's work programme be noted.

HEALTH & WELLBEING STRATEGY DELIVERY PLAN

Nicola Lane, Public Health Manager, gave a presentation to update the Board on progress to develop an online delivery plan for the Health and Wellbeing Strategy and demonstrated the web pages available on the County Council's website. Further development would continue to ensure that there were links to relevant pages within the County Council's website as well as links to sections of the JSNA and to partner

plans and strategies and websites. Integrated Commissioning Groups would be responsible for ensuring that the web pages on the 20 priorities were maintained and updated.

During discussion the following points were noted:

- work was in progress to ensure that all priorities have actions/targets which were SMART to enable better reporting and this would be brought to the Board in December
- 4 – 5 priorities would be brought to each Board meeting to allow for full discussion
- a summary of the Strategy on a page would be useful
- the Chair encouraged everyone to volunteer to be a champion for a priority of particular interest. A brief 'job description' and list of the priorities would be circulated and members asked to state their preferences.

RESOLVED: 2014/036

- 1) That the report be noted.
- 2) That the internet based Delivery Plan for the Health and Wellbeing Strategy for Nottinghamshire be released.
- 3) That information be circulated to enable Board members to put themselves forward to be Health and Wellbeing champions for each of the priorities within the strategy.

FINAL SUBMISSION OF THE BETTER CARE FUND PLAN

Jon Wilson introduced the report on the final version of the Better Care Fund Plan and the changes made since the previous meeting. The Plan had been submitted on 29 August 2014 and the outcomes of the submission would be known during week commencing 8 September 2014.

The Chair thanked everyone who had been involved with this work.

RESOLVED: 2014/034

That the further revised process and submission for Better Care Fund plan following delegated approval by the Chief Executive of Nottinghamshire County Council (as chair of the Nottinghamshire BCF Working Group) in consultation with the co-chair of the BCF Working Group, and the Chair and Vice-Chair of the Board be noted.

ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2014

Kristina McCormick, Public Health Intelligence Analyst, presented information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottinghamshire 2013/14 and the plans for further development in 2014/15.

Members viewed the information available on Nottinghamshire INSIGHT web pages and how it linked to JSNA. Work over the past year had included strengthening of governance, standardising templates, quality assurance and refreshing more than 46 topics. Development was ongoing and the next stage would look at organising

information in themes, supporting user groups and ensuring that the JSNA was referenced appropriately. An audit would be carried out next year to assess impact.

RESOLVED: 2014/037

- 1) That the report be noted.
- 2) That members be invited to express an interest in being involved in the development of the JSNA.
- 3) That the proposed plans for the development of the JSNA be approved.

HEALTHWATCH ANNUAL REPORT 2013/14 AND BUSINESS PLAN 2014/16

Joe Pidgeon presented the Healthwatch Annual Report 2013/14 and Business Plan 2014/16.

During discussion the following points were raised:

- a critical review should be made on the use of voluntary workers to ensure that they are used to full advantage
- the links between Healthwatch and Patient Reference Groups and Patient Participation Groups should be developed
- it was important to tap into existing resources and structures to avoid duplication. It was noted that different structures existed in each district.

RESOLVED: 2014/038

- 1) That the report be noted.
- 2) The contribution of Healthwatch to the Health and Wellbeing Board be noted.

COMMUNICATIONS AND ENGAGEMENT ACTIVITY PLAN

Anthony May and Cathy Quinn introduced the report to update the Board on communications and engagement activity since the approval of the plan in January 2013. All of the elements had been completed and an update to the plan proposed to build on work to identify key stakeholders, communications channels and a proposed communications strategy.

Members observed that there was more work to do with engaging the public and raising the profile/awareness of the Board.

RESOLVED: 2014/039

- 1) That the Communication and Engagement Activity plan be approved.
- 2) That work be undertaken to coordinate communications and engagement activity across the County Council and with key partners under this overarching plan.

NO HEALTH WITHOUT MENTAL HEALTH: NOTTINGHAMSHIRE'S MENTAL HEALTH STRATEGY AND DRAFT SUICIDE PREVENTION STRATEGY 2014/17

Susan March, Senior Public Health Manager, gave a presentation on the final version of No Health without Mental Health: Nottinghamshire's Mental Health Strategy 2014/17.

The five priorities in the strategy were closely aligned to national priorities and had clear, ambitious aims to improve Nottinghamshire residents' mental health and wellbeing. For each objective a number of key areas for action would be developed through a review of the evidence base and highlighted by stakeholders.

During discussion it was noted that:

- there continued to be issues with CAMHS, and that they had been the focus of a review which would report to the Board in December
- some final proof reading of the strategy was required
- the Strategy could reference the Police Mental Health Concordat and Prevent Strategy
- Mental Health had previously been the topic of a Board workshop session and a stakeholder event. It was therefore agreed to endorse the strategy subject to the above amendments, with a further report to the Board in December.

RESOLVED: 2014/040

- 1) That the final No Health without Mental Health: Nottinghamshire's Mental Health Strategy 2014/17 be endorsed.
- 2) That the proposed public consultation on the draft Nottinghamshire Suicide Prevention Strategy 2014/17 be noted.
- 3) That the next steps in the development of these strategies be endorsed.

CHAIR'S REPORT

Board members agreed that The Leaving Hospital policy should be discussed fully at the October meeting.

The Board discussed the Stakeholder Network event and the need to work more thematically with voluntary groups to develop, strengthen and build capacity.

RESOLVED: 2014/041

- 1) That the report be noted.
- 2) A report on the Leaving Hospital Policy be presented to the next meeting.

WORK PROGRAMME

RESOLVED: 2014/042

That the work programme be noted subject to the following amendments:

- 1) Leaving Hospital Directive Policy and Guidance be added to the programme for October 2014.
- 2) CAMHS be in the programme for December 2014 instead of October.
- 3) A report on appointments of Health & Wellbeing Champions.

The meeting closed at 5pm.

CHAIR

1 October 2014**Agenda Item: 4****REPORT OF DIRECTOR OF PUBLIC HEALTH****TOBACCO CONTROL****Purpose of the Report**

- 1 The purpose of this report is to set out a proposal that Nottinghamshire County Council Health and Wellbeing Board endorses and signs the Nottinghamshire County and Nottingham City Declaration on Tobacco Control. (Appendix 1). The Nottinghamshire County and Nottingham City Declaration is an innovative development of the national Local Government Declaration on Tobacco Control. (Appendix 2) which will enable the whole Nottinghamshire community to be involved. It is a commitment to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence through an organisational action plan.

Information and Advice**The Context****What is the Local Government Declaration on Tobacco Control?**

- 2 Based on Nottinghamshire's Declaration on Climate Change, the Local Government Declaration on Tobacco Control has been developed by Newcastle City Council and is a response to the enormous and ongoing damage smoking causes to our communities.
- 3 The Local Government Declaration is a commitment to take action, a statement about a local authority's dedication to protecting their local communities from the harms caused by smoking, a demonstration of local leadership and an acknowledgement of best practice. At the time of writing, 70 local authorities have already signed the Declaration.

What is the NHS Statement of Support for Tobacco Control?

- 4 The Statement has been developed nationally following the creation of the Local Government Declaration on Tobacco Control in May 2013. (Appendix 3)

The Statement commits NHS organisations to:

- Actively support local work to reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Play a role in tackling smoking through appropriate interventions such as 'Make Every Contact Count'

- Protect tobacco control work from the commercial and vested interests of the tobacco industry
 - Support government action at national level
 - Participate in local and regional networks for support
 - Join the Smoke Free Action Coalition (SFAC).
- 5 Tackling smoking is both an important public health intervention and an important clinical intervention. The Statement provides a visible opportunity for NHS organisations to publicly acknowledge the considerable role that addressing smoking can play in improving clinical outcomes and preventing ill health.

What is the Nottinghamshire County and Nottingham City Declaration on Tobacco Control?

- 6 The Nottinghamshire County and Nottingham City Declaration on Tobacco Control is an extension of the original Local Authority document and the NHS statement of support. This locally developed, innovative document will enable organisations across the whole of the county and city to also sign up to the principles of the Local Authority Declaration and be supported to develop an action plan. Including organisations in the public, private and voluntary sectors will significantly extend the scope and impact of the initiative. This opportunity to develop the work has been identified uniquely by Nottinghamshire County and Nottingham City Councils and offers the chance for local innovation and leadership across the whole community.
- 7 Several local organisations have already made commitments to sign the Nottinghamshire County and Nottingham City Declaration on Tobacco Control and have started work on individual action plans to support this, including District Councils, Clinical Commissioning Groups (CCGs), Secondary Care Trusts and Public Health England (PHE). Each organisation is offered a package of support by the Public Health Tobacco Control teams which includes:
- Examples of 10 core actions (Appendix 4)
 - A full toolkit to support implementation of the action plan
 - Training for staff in skills to motivate healthy behaviour
 - Regular meetings/support/advice from the Tobacco Control Team.

Why is Tobacco Control a Public Health issue?

The National Context

- 8 Tobacco use remains one of the most significant public health challenges. Smoking causes more deaths in England each year than any other preventable cause:
- Smoking; 80,000 deaths (Health & Social Care Information Centre(HSCIC),2013)
 - Obesity; 34,100 deaths (HSCIC, 2014)
 - Alcohol; 6,495 deaths (Office for National Statistics, 2012).
- 9 In the UK about 8 in 10 non-smokers live past the age of 70, but only about half of long-term smokers live past 70. Stopping smoking improves the health and wellbeing of smokers, their families and their communities. Through successful tobacco control measures, reductions in smoking can be achieved resulting in:

- short, medium and long term health benefits to individuals
- reductions in the difference in life expectancy between the most and least deprived areas across the country
- reductions in smoking attributable deaths from major diseases including cancer, respiratory, cardiovascular and digestive deaths
- reductions in smoking related hospital admissions
- reductions in the number of children starting to smoke

Table 1 – The short, medium and long term benefits of stopping smoking on health

Time after stopping smoking	Improvements to your health
20 minutes	Blood pressure and pulse return to normal.
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.
24 hours	Carbon monoxide is eliminated from the body.
48 hours	There is no nicotine in the body. Ability to taste and smell is greatly improved.
72 hours	Energy levels increase and breathing becomes easier.
2-12 weeks	Circulation improves.
3-9 months	Coughs, wheezing and breathing problems diminish as lung function increases by up to 10%.
5 years	Risk of heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to half that of a smoker and risk of a heart attack falls to the same as someone who has never smoked.

Source: <http://smokefree.nhs.uk/why-quit/timeline/>

The Local Context

The Economic Cost of Smoking for Nottinghamshire

- 10 Smoking costs billions of pounds each year. Using national data it is estimated that **the annual cost of smoking for Nottinghamshire is approximately £203.7m.** (Appendix 5)
- In 2013/14 smokers in Nottinghamshire paid approximately £140.4m in duty on tobacco products
 - The cost to Nottinghamshire County was £203.7m
 - This means that there is an annual shortfall of £63m every year across Nottinghamshire

A Picture of Nottinghamshire

- 11 The percentage of people who smoke across Nottinghamshire County is 19.4%, compared to an England average of 19.5%. This figure masks differences across the county with 14.6% of the population of Rushcliffe smoking whilst this figure is 26.3% for the population of Mansfield. Smoking rates for routine and manual workers¹ have a national average of 29.7% for England. However rates vary across the county.
- 12 Smoking is responsible for approximately 1,300 deaths across Nottinghamshire County every year, with 200 more deaths in males than females. The main causes of death are cardiovascular disease, cancers and respiratory disease. Smoking related hospital admissions are also above regional and national averages in Bassetlaw, Mansfield and Ashfield. All these are underpinned by tobacco.
- 13 **The difference in life expectancy across the county is approximately 8.5 years for men and 6.5 years for women and half of this difference is due to smoking.**
- 14 Last year, 10, 518 adults set a quit date across Nottinghamshire County. 6,858 of those people were reported as successful quitters at four weeks.

What is Tobacco Control?

- 15 Tobacco control is an evidence-based approach to tackling the harm caused by tobacco use and smoking. The hexagon diagram below highlights the holistic model of tobacco control with multi-agency partnership working at its heart. Even though there are several elements to tobacco control the majority of interventions are achieved through partnership working.
- 16 The Nottinghamshire Strategic Tobacco Alliance Group (STAG) was set up with the aim to support a coordinated approach to tobacco control across the county, built on effective partnership working to de-normalise smoking. Illegal (fake or smuggled) tobacco undermines all tobacco control measures.

¹ Definition of a Routine and Manual (R/M) smoker is a smoker whose self-reported occupational grouping is of a R/M worker, as defined by the National Statistics Socio-Economic Classification – R/M occupations includes;

Lower supervisory and technical occupations, Semi-routine occupations and routine occupations



Source: *Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control, 2008*

The Rationale

- 17 The Local Government and the Nottinghamshire Declarations reinforce existing tobacco control work in the County and support the achievement of the national target to reduce adult smoking prevalence to 18.5% by 2015/16 and the vision of a smokefree Nottinghamshire.
- 18 A reduction in smoking prevalence year on year across the county would have significant benefits to the local economy by:
 - Improving people's health and their quality of life, particularly in deprived wards
 - Increasing household incomes when smokers quit
 - Improving the life chances of young children by reducing their exposure to second hand smoke and reducing their chances of taking up smoking
 - Reducing the costs of dealing with smoking related fires
 - Reducing the costs of tobacco related litter
 - Reducing serious and organised crime linked to the sale of illegal tobacco

Signing The Declarations

- 19 Signing the Nottinghamshire County and Nottingham City Declaration on Tobacco Control commits the Health and Wellbeing Board to:
 - Becoming local leaders and setting standards for tobacco control.
 - Reducing smoking prevalence and health inequalities by raising the profile of harm caused by smoking to communities.
 - Supporting the development of action plans by local organisations that have signed up to the Declaration where applicable.
 - Declaration where applicable.
 - Protecting tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services offered by the tobacco industry.

Statutory and Policy Implications

20 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.

Implications for Service Users

The local population of Nottinghamshire will be increasingly protected from the harms caused by tobacco.

RECOMMENDATIONS

- 1) That the Board endorse and sign the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
- 2) That the Board members take the Nottinghamshire County and Nottingham City Declaration on Tobacco Control to their organisations for sign up.

Report Authors:

**Dr John Tomlinson, Deputy Director of Public Health,
Lindsay Price, Senior Public Health Manager**

For any enquiries about this report please contact:

Lindsay Price
Senior Public Health Manager
Lindsay.price@nottscc.gov.uk
Tel: 01623 433098

21 Constitutional Comments (SG 17/09/2014)

The proposals in this report fall within the remit of this Health and Wellbeing Board.

22 Financial Comments (KAS 22/09/14)

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.

Electoral Divisions and Members Affected - All

Nottinghamshire County & Nottingham City Declaration on Tobacco Control

..... (Insert
name of organisation) acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18; in Nottinghamshire County and Nottingham City approximately 3,800 11-15 years olds take up smoking each year;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 1,700 people its products kill locally every year; and
- The illegal trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders with an interest in health we welcome the:

- Opportunity for local government and partners to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment and leadership across Nottinghamshire County and Nottingham City in recognising the importance of reducing tobacco use harm across our communities
- Commitment by the government to protect the development of public health policy from the vested interests of the tobacco industry (the World Health Organisation Framework Convention on Tobacco Control (FCTC); and
- Endorsement of this declaration by the local Health and Wellbeing Boards and partners.

From this date.....we commit to:

- Declare our commitment to reducing smoking in our communities;
- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop individualised actions plans to address the causes and impacts of tobacco use; and
- Share actions plans and commitments with communities and partners;
- Support action at a local level to help reduce smoking prevalence and health inequalities in our communities;
- Recognise and where possible protect our tobacco control work from the commercial and vested interests of the tobacco industry; and
- Regularly monitor the progress of our plans and commitments and share results.

Signatory:

Position:

**Endorsed by:
Nottinghamshire County's Health &
Wellbeing Board**

**Nottingham City's Health & Wellbeing
Board**

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this dateto:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories

Leader of Council

Chief Executive

Director of Public Health

Endorsed by

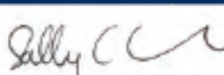
Anna Soubry, Public Health Minister,
Department of Health



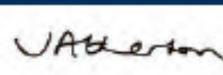
Duncan Sefton, Chief Executive,
Public Health England



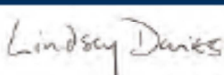
Professor Dame Sally Davies, Chief Medical
Officer, Department of Health




Dr Janet Atherton, President, Association
of Directors of Public Health



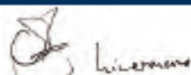
Dr Lindsey Davies, President, UK Faculty
of Public Health



Graham Jones, Chief Executive, Chartered
Institute of Environmental Health



Leon Livemore, Chief Executive, Trading
Standards Institute




NHS Statement of Support for Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people; two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

We welcome the:

- Commitment from local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Opportunity to support partnership working with local government as part of delivering local tobacco control in line with NICE guidance;
- Endorsement of this statement by central government, Public Health England, NHS England and others.

We,, commit from the date to:

- Continue to actively support work at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco;
- Work with our partners and local communities to address the causes and impacts of tobacco use, according to NICE guidance on smoking and tobacco control;
- Play our role in tackling smoking through appropriate interventions such as 'Make Every Contact Count';
- Protect our work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities; and
- Participate in local and regional networks for support.

Signatories



Local NHS leader



Chair of the Health and Wellbeing Board



Director of Public Health

Endorsed by

Jane Ellison,
Public Health Minister,
Department of Health



Dr Janet Atherton,
President, Association of Directors
of Public Health



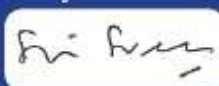
Duncan Selbie,
Chief Executive,
Public Health England



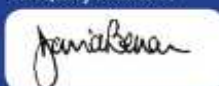
Professor John Ashton CBE,
President,
UK Faculty of Public Health



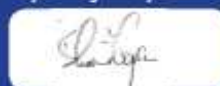
Simon Stevens,
Chief Executive,
NHS England



David Behan,
Chief Executive,
Care Quality Commission



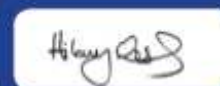
Sir Richard Thompson,
President,
Royal College of Physicians



Baroness Hollins,
Chair,
BMA Board of Science



Dr Hilary Cass, President,
Royal College of Paediatrics
and Child Health

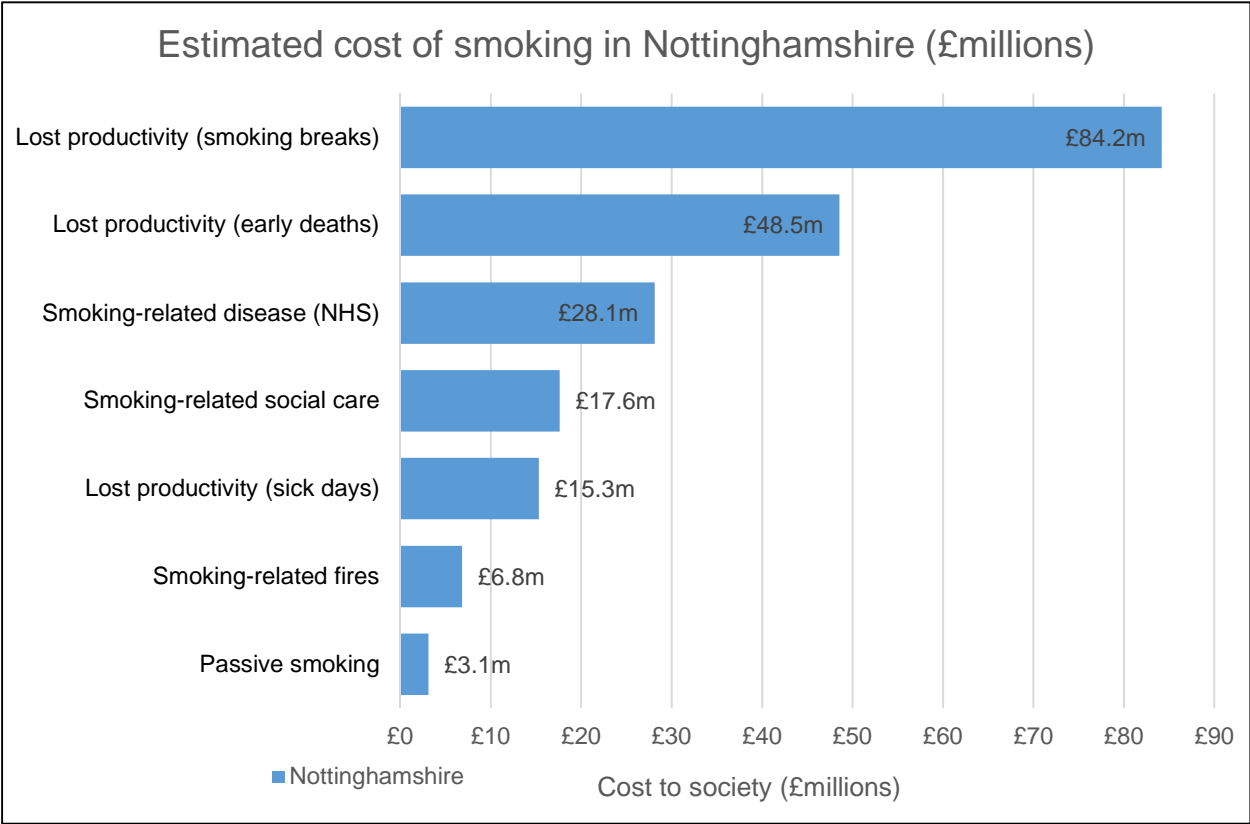


Dr Maureen Baker,
Chair, Royal College of General
Practitioners




**10 Example Actions for Nottinghamshire County/
Nottingham City Organisations.**

- 1** Sign the Nottinghamshire Declaration on Tobacco Control.
- 2** Identify a senior colleague within your organisation who is willing to support the Declaration and make it happen
- 3** Introduce a smokefree workplace policy that takes all possible steps to protect the health and safety of all employees during working hours
- 4** Encourage employees to become smokefree workplace champions. Provide training to equip them with the skills they need to direct smokers who want to quit to the best sources of support.
- 5** Ensure information is available to all employees on where to access stop smoking support
- 6** For those employees who don't want to stop smoking, provide easy access to nicotine replacement therapy (NRT). Consider use of subsidised NRT-This would be for use during working hours and for a defined period.
- 7** Consider introducing smokefree outdoor areas – for example around your workplace, (NB – unless privately owned property smokefree outdoors is not enforceable)
- 8** *For companies and organisations that have contact with the tobacco industry– ensure you have guidelines in place to govern contact with the industry to protect policies and working practices from influence. This follows the World Health Organisation Framework Convention on Tobacco Control Article 5.3 (the world's first health treaty which was signed by the British government and came into force in 2005). See <http://www.who.int/fctc/about/en/>*
- 9** *For companies and organisations commissioning or contracting – develop drivers within contracts to extend tobacco control, for example contractors or commissioned services must adopt your smokefree workplace policy.*
- 10** Be an advocate for national and local tobacco control measures – in other words, publicly support local and national action to make smoking history, such as encouraging other local companies to sign the Nottinghamshire Declaration, lobbying local MPs to adopt tobacco control measures.



1 October 2014**Agenda Item: 5****REPORT OF THE CLINICAL LEAD, RUSHCLIFFE CLINICAL
COMMISSIONING GROUP****LEAVING HOSPITAL POLICY****Purpose of the Report**

1. To provide members with information about the Leaving Hospital policy being applied across the south of the County.

Information and Advice

2. The Leaving Hospital policy (see Appendix A) has been developed as a joint strategy between the NHS organisations and the local authorities across the south of the county, including the city. The purpose of the policy is to ensure that patients in an acute hospital, their families and carers, and members of the public are aware of the expectation that the patients will be required to leave hospital once they have been deemed medically fit for discharge.
3. At times, patients seek an extended stay in hospital whilst they are recovering from an illness or whilst their ongoing care and support is being arranged or if they are waiting for a place at a care home of their choice. However, it is widely recognised that an acute hospital is not the most appropriate place for patients once they have received the required treatment and are clinically medically fit for discharge. Evidence shows that patients have a higher level of success of recovery, and for regaining their independence, once they are out of hospital and in another setting such as a community hospital, nursing or residential care home or are back in their own home with the appropriate level of care and support from health and social care services.
4. Over the past few years emergency services, including acute hospitals, have experienced a significant increase in demand. Demographic pressures arising from an aging population and increasing numbers of people with complex health and care needs means that the demand for these services will continue to increase.
5. Within Nottingham University Hospitals, and particularly at QMC, there are a number of factors which, when combined, result in their having to operate at near-full capacity for long periods of time and experiencing difficulties in meeting the increased demand within existing resources. One of the areas of concern is the ability to move patients out of hospital once they are medically fit for discharge. Without timely discharges, a hospital is not able to maintain patient flow, which then impacts on its ability to meet its performance targets within its emergency department. South Nottinghamshire is under considerable

performance scrutiny from NHS England and the Trust Development Agency (TDA) due to the national 95% Early Discharge target (seen and discharged within 4 hours) being consistently missed.

6. In order to alleviate some of the pressures within the hospital, Nottingham West Clinical Commissioning Group (CCG), Nottingham North and East CCG and Rushcliffe CCG have made additional funding available to invest in some interim care provision, both in terms of short term placements within care homes for up to two weeks at a time, and in additional home care services which are being provided by Crossroads. The services are accessed for elderly patients where they are deemed medically fit for discharge but are in need of further care and support to enable them to recover. The services are also being provided for patients who are awaiting the availability of a long term placement in a care home of their choice. This is enabling the timely discharge of a number of frail elderly people who would otherwise remain in an inpatient bed unnecessarily.
7. The aim of the South Nottinghamshire Leaving Hospital policy is to reduce the length of stay of patients where they are ready to be discharged from hospital. The policy will provide clear information for patients and their families and carers in relation to their hospital stay. They will be provided with information about the timely discharge from acute care to community care, including the availability of alternative or interim care where required, whilst they wait for their care package to be set up or whilst they wait for a care home of their choice if not immediately available. The individuals will have their needs met in an appropriate community setting in which care is focussed on supporting people to regain their independence and to return home wherever possible. The impact will be to improve the health and social care outcomes for individuals once they are medically fit for discharge from acute care.
8. Effective communication is central to the success of managing choice on hospital discharge and is being supported by the whole health and social care community. Regular communication across health and social care services in the form of leaflets, posters and verbal communication will reinforce the message that once patients are clinically ready for discharge they will not be able to continue to occupy an inpatient bed. If they require further care, they will be moved to an alternative community setting where their care needs can most appropriately be met. A communication strategy will be initiated by all partner agencies to reduce the potential for misunderstanding or failure to adhere to this policy and to ensure it is implemented effectively and fairly.

Statutory and Policy Implications

9. 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 members note the report.

Dr Jeremy Griffiths
Clinical Lead, Rushcliffe Clinical Commissioning Group

For any enquiries about this report please contact:

Nicola Lane, Public Health Manager. Tel: 0115 977 2130. Email: nicola.lane@nottscg.gov.uk

Constitutional Comments

10. This report is for noting only.

Financial Comments

11. 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

SOUTH NOTTINGHAMSHIRE HEALTH AND SOCIAL CARE COMMUNITY

LEAVING HOSPITAL DIRECTIVE POLICY & GUIDANCE

1. BACKGROUND

Most people return home after a period of acute care, some after a period of intermediate care. Increasingly, in line with the policy of supporting independent living, those who are immediately unable to return to their previous place of residence are offered more appropriate extra care housing or other provision.

The South Nottinghamshire health and social care community is working together to develop a model of 'transfer to assess'. The objective of this is to ensure that patients who are having a supported transfer of care from the hospital move within 24 hours of being medically safe for transfer to a suitable environment for them to receive further assessment of their long term needs.

Where a place is not available in the individual's preferred residential or nursing care home or there is a wait whilst packages that will support the citizen from returning home are put in place, remaining in an acute hospital setting is undesirable both for the patient and for other patients trying to access care within that hospital. There are particular risks of increasing dependency and acquiring infections. In addition the acute care provision is needed for those with acute care needs.

This policy is needed to support the timely, effective transfer of care of medically fit patients, ready for discharge from an NHS inpatient setting who need to move into a care home. It is to be used in conjunction with the Hospital Discharge Policy and is for use by all staff with responsibility for arranging the transfer of care for patients. It is based on direction given by the Department of Health in the document, 'Discharge from Hospital: Pathway, process and practice (2003) and 'NHS Responsibility for meeting Continuing Health Care Needs' (HSG (95)5)

2. AIM AND OBJECTIVES

The aim of this policy is to reduce the length of time a patient waits in an acute hospital bed whilst waiting to be transferred to a care home of choice. In particular the policy aims to

- a) Be patient centred, aiming to improve the welfare of the patient and minimise frustration and distress.
- b) prevent the development of expectation that a person may stay in the hospital indefinitely
- c) offer guidance to staff who have responsibility in arranging the transfer of care from hospital of those patients who need to move to a care home
- d) ensure that there is a clear escalation process in place for when patients remain in hospital longer than is clinically required
- e) ensure NUH inpatient beds will be used appropriately and efficiently for those who require that service.

3. PATIENT GROUP

The policy needs to apply to patients who meet the following criteria:

1. The patients' needs cannot be adequately provided for in their usual place of residence
2. The agreed initial assessment shows that the patient can be discharged from hospital, requires a nursing home or residential care home (and this placement will be funded by either a patient, Adult Social Services or the NHS) or requires care at home, but is waiting for the package to be ready
3. The patient has identified a preferred home, or is having difficulty in identifying one.
4. The patient is unwilling to be discharged until a preferred placement is available
5. An interim, or alternative long term placement exists which meets the patients assessed needs.

4. UNDERLYING PRINCIPLES / STANDARDS

- All patients should be treated fairly and without discrimination
- Patients, relatives and carers should be fully involved from the beginning in the discharge planning process which should be initiated when the patient is admitted to hospital. This adheres to the Hospital Discharge Policy.
- If the patient is unable to contribute to the assessment the wishes and views of their relatives and carers must be sought.
- The patient, their relatives, carers or advocate should be informed at the outset of planning that while every effort will be made to transfer the patient to the home of choice, if the home has no vacancy an interim arrangement will need to be made.
- Patients would only be expected to make one move before entering the care home of their choice
- If the patient is awaiting a care home, the patients name will remain on the list for their preferred choice whilst they are discharged to an alternative or interim location.

5. MANAGING CHOICE

5.1 Communication to patients

Communication is central to the policy for managing choice on hospital discharge. This policy should be supported by the whole health and social care community – ensuring regular communication across the system (through posters, leaflets etc.) to reinforce the message that once patients are clinically ready for transfer they cannot continue to occupy an inpatient bed.

Interactions with patients and or representatives will need to acknowledge and offer support with any concerns, whilst reinforcing the message that everyone will work towards the patients discharge from hospital. At the time of admission, all patients must understand that once they are clinically ready for transfer of care they cannot continue to occupy the inpatient bed. See Appendix 1 and 2. All patients must understand that they will be supported by a social worker and given relevant information to help them choose an interim placement (where a choice is available) until a vacancy becomes available in the home of their choice.

5.2 Support for patients who lack capacity to make decisions

If the patient has been assessed as lacking capacity to make decisions around their transfer of care and is unable to contribute to the assessment, a best interests decision must be made. Under the Mental Capacity Act, s4(7), the decision maker has a duty to take into account the views of significant others where it is practical and appropriate to do so (see paragraph 5.49 of Mental Capacity Act Code of Practice (p84) for who should be consulted when working out someone's best interests).

It is essential that staff determine at admission whether the patient has, an Advance Decision to Refuse Treatment (ADRT), statement of wishes and feelings, a Lasting Power of Attorney for Health and Welfare or Property and Affairs or is under a Safeguarding protection plan and the contact details of those persons who manage any of these instruments.

In circumstances where a patient lacks capacity and has no 'significant other' able to contribute to a Best Interests decision, then an Independent Mental Capacity Advocate (IMCA) must be appointed if the decision for transfer of care necessitates a change in the venue of care from that pertaining at admission and is likely to be effective for a period longer than 28 days (Mental Capacity Act 2005; MCA Code of Practice, Chapter 10).

5.3 Escalation process

When the Multi-disciplinary team is certain the key principles have been met, that the patient's eligibility for Continuing Healthcare has not altered and that the patient or their relative/carer/advocate on the patient's behalf refuses to leave hospital to an address other than the care home of choice then the following escalation process must begin.

- Responsible Consultant to meet with patient, family and MDT to advise that the patient no longer requires an Acute Care NHS bed and that an alternative arrangement must be made.

The following points should be confirmed:

- The patient no longer requires the services of an acute hospital and that the MDT decision is to transfer their care
- The inadvisability of remaining in hospital for the patient (i.e. that the acute hospital environment is no longer of benefit)
- Ensure that all necessary information and support is available to the patient and all involved in the selection of appropriate venues of further care.
- Confirm with the Social Worker or advocate that an appropriate placement which is able to meet the person's care needs is available within the area.
- Explain to the patient and carers that a further period of up to seven days from the date of the meeting is available in which to find an appropriate venue for further care.

If, after a further 5 days there are no indications that transfer of care is imminent, the Ward Manager should inform the responsible provider Head of Service.

- The Head of Service should convene the Final Review Meeting and invite the patient, family or advocate attending in order to mandate and action the transfer of care plans. This should be confirmed in writing and posted by recorded first class delivery.
- This meeting should take place within 2 working days of the expiry of the extended period (maximum 2 weeks from completion of assessments).

- The Hospital Adult Services Team Manager (if Social Services are involved) should be invited to attend. It is recommended that a 'minute taker' be appointed.
- If it becomes apparent at this meeting the patient/relative/advocate, do not intend finding a placement immediately, it should be advised that the Trust may instigate legal proceedings to ensure that the patient is transferred to an appropriate placement.
- The details of this meeting must be sent to all attendees including the responsible Consultant, relative/carer/advocate, Trust Legal team, Executive Directors

If there is no agreement to a placement within this meeting, then a meeting should be convened to discuss, assess risk and plan the patients transfer to a care facility which meets their assessed need, where necessary taking legal action to ensure this happens.

Attendees should include Head of Service, Director of Operations, General Manager or Clinical Lead, Adult Services Team Manager and NUH Legal Services Officer.

6. MEETING THE COSTS

For self- funding patients who are waiting for a care home of choice, they will not be required to pay for an interim placement for a maximum of 2 weeks.

Where the cost of interim accommodation is higher than the usual cost paid by Social Services due to a shortage of care homes, market conditions or other commissioning difficulties the person and/or third parties should not be asked to pay more towards their accommodation than s/he would normally be expected to contribute.

7. MONITORING AND REVIEW

This policy will be monitored by an on-going programme of weekly audit of the delayed discharges reported by the ward staff as being delayed due to 'awaiting placement in care home' or 'patient or family choice' by the Care Co-ordination team manager.

1 October 2014

Agenda Item: 6

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

PEER CHALLENGE

Purpose of the Report

1. The Board has been accepted as part of the Peer Challenge for Health and Wellbeing Boards (HWB) led by the Local Government Association. This paper gives some further information for HWB members about the process.

Information and Advice

2. The purpose of the peer challenge is to support councils, their health and wellbeing boards, health and other partners in implementing their new statutory responsibilities. It is a voluntary process which focuses on three elements in particular:
 - Operation of effective HWBs as forums in which key leaders from the health and wellbeing system are coming together to improve the health and wellbeing of their local population and to promote more integrated services
 - Transfer and integration of the Public Health function into councils
 - Establishment and effective operation of a local Healthwatch.
3. The peer challenge will focus on a set of headline questions around which the preliminary review of materials, the interviews and workshops will be framed. They will be discussed and tailored to each council. The headline questions are:
 - i. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
 - ii. Is the HWB at the heart of an effective governance system?
 - iii. Does leadership work well across the local system?
 - iv. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
 - v. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
 - vi. Are there effective arrangements for ensuring accountability to the public?
4. The initial expression of interest submitted identified a number of local issues for consideration within the peer challenge process:
 - Governance arrangements
 - Board member relationships and ownership

- Communication and engagement with stakeholders
 - Reaching a consensus on the strategic direction for health and wellbeing
 - Further development needs of the HWB
5. There will be an initial meeting between representatives of HWB, the Council and the Peer Challenge Programme in October. Members of the HWB are invited to raise other issues which they would like included within the process. Meetings with HWB members will be arranged to understand individual issues. There will also be a survey of HWB members which will be submitted with other documentation including the Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing Strategy, the Better Care Fund Plans, information from Healthwatch and CCGs and information about health scrutiny.
 6. The HWB completed a self-assessment exercise in November 2012 and the results will be included within the background documentation. The self-assessment tool has since been updated and will be repeated as part of the preparation for the Peer Challenge Process.
 7. The timetable for the Peer Challenge Process will be:
 - 23 October 2014 – initial scoping meeting (representatives of HWB and Council)
 - 3 – 6 February on site Peer Challenge (all HWB members)
 - Friday 6 February 2015 initial feedback
 - March 2015 written report to be received
 8. The on site visit will include one-to-one meetings with key individuals from the Council and partner agencies including NHS England, Healthwatch and Public Health England. There will also be a number of group sessions to include wider stakeholders, council officers, and representatives of the voluntary and community sector and service users. There will also be an opportunity for follow up work which could potentially include:
 - Holding an action planning workshop with the Council
 - Organising a workshop on specific themes or areas, involving experts or other peers as appropriate
 - Arranging a follow up visit at a later date to challenge the process.
 9. Intelligence gathered from the process will also be fed back into the LGA to inform planning of future support.

Statutory and Policy Implications

10. 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.

RECOMMENDATIONS

- 1) HWB members to note peer challenge and approve that the preparatory work for the visit should be undertaken.
- 2) All HWB members to ensure their availability for the Peer Challenge 3 – 6 February 2015.
- 3) HWB members to identify issues for the Peer Challenge scoping meeting.

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@nottsc.gov.uk

Constitutional Comments (LM 17/09/14)

11. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

Financial Comments (KAS 22/09/14)

12. 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

1 October 2014

Agenda Item: 7

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 (HWB).

Information and Advice

Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis

2. There is an expectation that support and treatment for people experiencing mental health problems in time of crisis is substantially improved. The concordat sets out the principles and good practice that should be followed by key agencies when working together to help people in a mental health crisis. The Mandate for NHS England expects that: 'every community has plans in place to ensure no one in mental health crisis will be turned away from health services'. The concordat spans all ages and expects local agencies to work together to establish a clear local action plan.
3. A countywide stakeholder event is scheduled for 25 September 2014. Representatives include Nottinghamshire Police, Police Crime Commissioner, CCGs, ASCH, NHS providers, 3rd sector organisations, service users and carers. Local priorities will be identified and from this an action plan will be developed.
4. Key stakeholders are required to sign the concordat pledging a commitment to work together to improve how people are supported in a mental health crisis across Nottinghamshire. A summary of the local actions will be presented to the HWB in December 2014.

For further information contact: Karon Glynn, Assistant Director Mental Health and Learning Disabilities email: karon.glynn@newarkandsherwoodccg.nhs.uk or telephone – 01636 594890

Nottinghamshire County 'Wellbeing@Work' Workplace Award Scheme.

5. Workplace health is a key priority for the Health and Wellbeing Board (HWB) and one of the priorities within the Health and Wellbeing Strategy. Public Health within the Council are currently leading on work in this area to promote good wellbeing at work and reduce absenteeism within the Council and partner organisations.

6. An event was held in April 2014 which focussed on wellbeing in the workplace and the launch of the Nottinghamshire County 'Wellbeing@ Work' Workplace award scheme. It was attended by 85 people from a range of organisations and represented the first step in developing a workplace health strategy for Nottinghamshire to be led by the first Nottinghamshire County 'Wellbeing@Work' Workplace Health Strategic Group.
7. A summary of the event and progress since is attached as Appendix One. Further reports will be made to the HWB on the delivery of the Health and Wellbeing Strategy priority to improve workplace health and wellbeing.

For any further information on the scheme please contact; **Cheryl George; Senior Public Health Manager** cheryl.george@nottsccl.gov.uk or telephone: 01623 433041.

Statutory and Policy Implications

1. 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@nottsccl.gov.uk

Constitutional Comments

2. This report is for noting only.

Financial Comments

3. 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

Appendix 1

Nottinghamshire County 'Well-being@Work' Workplace Award Scheme.

The Nottinghamshire County 'Wellbeing@ Work' Workplace award scheme, led by Nottinghamshire County Council Public Health Department, is being devised in line with the evaluation findings of the Bassetlaw workplace health model, supported by the latest available evidence base.

It aims to work across key partners such as statutory, private, voluntary and community businesses to effectively reduce absenteeism and pre-absenteeism across our workplaces. It is also in line with the national 'Change for Life' programme to engage a key sector of the adult working age population, using the workplace as a setting to promote healthy lifestyle adoption.

In order to engage key stakeholders across the county to both shape and support the establishment and implementation of a workplace health strategy, a conference was held on the 11th of April 2014 at the 'Folk House' in Mansfield. This event was led by public health and supported by the Chair of the Health and Wellbeing Board of the Nottinghamshire County Council, who acted as 'master of ceremonies' for the event. The key note speaker was the renowned national expert on workplace health 'Professor Dereck Mowbray'. Other speakers included the Director of Public Health and the HR lead from Nottinghamshire County Council and a local voluntary sector lead from the Bassetlaw mental health charity 'MIND', who depicted a successful case study deriving from the Bassetlaw model.

Over 85 people attended the event to include representatives from the Bassetlaw Workplace Health network, local businesses, all of the county district councils, fire and rescue, police, voluntary and community sector and private businesses.

The event incorporated a series of presentations to provide background and context, followed by workshops to ensure stakeholders were able to respond to a series of questions. All of the feedback from the workshop was collated and then thematically analysed and is being used to help shape a strategy for the county.

The conference generated a great deal of support, commitment and enthusiasm for developing a workplace health strategy. This was demonstrated through informal feedback from delegates at the event and comments received from the workshops. Examples of this feedback included:

'Renewed Enthusiasm to go back and make a difference in the Health & Wellbeing agenda'
'Inspired motivated, impressed by people/ organisations met today'

'A thought provoking and engaging workshop. We will look to embed award scheme within our organisation and utilise best practice'

'Remind senior management & elected members at every opportunity what a valuable & brilliant workforce they have & that the workforce is vital to everything'

'Awareness of the importance of staff satisfaction and wellbeing in the workplace. Try to allow time to develop wellbeing in the workplace'

'Importance of recognition of psychological wellbeing by organisation and managers'

Progress since the conference:

Since the conference Nottinghamshire County Council was awarded their 'Gold' workplace health award status, which was presented to them at the annual Bassetlaw Wellbeing@Work' awards ceremony in June 2014.

A draft strategy is being developed and the toolkit used for the pilot model has been amended in line with evaluation findings and the best evidence base available. The first Nottinghamshire County 'Wellbeing@Work' Workplace Health Strategic Group has been planned for October the 8th 2014. At this meeting the first draft strategy and the toolkit will be presented to the group in order that they will have the opportunity to feedback and further shape the content.

Key stakeholders will be invited from a selection of people who were at the conference and those who are envisaged to be part of the first phase of the Nottinghamshire County Council scheme.

In order to harness local leaders to help shape and drive forward the scheme and support delivery, district councils and the large emergency services will be targeted initially.

Three local agencies have already signed up to the scheme, these include; Ashfield District Council, Nottinghamshire Fire & Rescue and Nottingham University.

Other organisations are currently considering signing up to the scheme and are at various stages of gaining agreement from their respective boards and committees. These include Mansfield District Council, Rushcliffe District council, Newark & Sherwood District Council and Bassetlaw & Doncaster Hospital Trust. Future agencies to be approached include Broxtowe District Council and Nottingham Police.

The first county wide training sessions for the workplace health leads and champions have been planned for October and November 2014, for the RSPH (Royal Society of Public Health) level 2 accredited health trainer training and 'Basic Counselling skills (to enhance front line delivery and be aware of how to signpost to supporting agencies).

County providers (such as 'New Leaf', dietetics, voluntary sector organisations etc.), are being engaged to help provide support to the workplaces once they are working through the toolkit.

For any further information on the scheme please contact; **Cheryl George; Senior Public Health Manager** cheryl.george@nottsccl.gov.uk

1 October 2014**Agenda Item: 8****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Board's work programme for 2014/15.

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 (PS)

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

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
5 November 2014		Care Act Implementation & Implications
3 December 2014	<p><u>Mental Health:</u></p> <ul style="list-style-type: none"> • Annual Report of Chief Medical Officer on Public Mental Health (Barbara Brady) • Mental Health Strategy (Susan March) • Child & Adolescent Mental Health report (Kate Allen) • Mental Health Concordat (Karon Glynn) • Update on suicide prevention (Susan March) • Mental Health aspects of PREVENT strategy (Kim Molloy) <p>Baseline Health & Wellbeing Strategy report (Anthony May/ Cathy Quinn)</p> <p>Director of Public Health Annual Report (Chris Kenny) TBC</p> <p>Chair's Report:</p> <ul style="list-style-type: none"> • Children's' Disability/Children's Charter (Anthony May/Sue Gill/Sarah Everest) • Peer Challenge on Dementia (Gill Oliver) • Mystery Shopper project TBC 	
7 January 2015		Budget Consultation and the Health & Wellbeing Board TBC
4 February 2015	<p>Approval of the Pharmaceutical Needs Assessment (Cathy Quinn)</p> <p>Approval of the suicide prevention strategy (Susan March)</p> <p><i>Health Inequalities (John Tomlinson) TBC</i></p> <p>Breast Feeding (Kate Allen)</p> <p>Health & Wellbeing Implementation Group report (Anthony May/ Cathy Quinn)</p>	

Health and Wellbeing Board & Workshop Work Programme

	Better Care Fund report (Jon Wilson) <i>Health Scrutiny and the Health & Wellbeing Board TBC</i> Chair's Report: <ul style="list-style-type: none"> • Report on Pharmacy Applications • Care Act Update report 	
4 March 2015		Health Inequalities TBC
1 April 2015	Dental Public Health & Fluoridation (Kate Allen) <i>Public Health Committee Annual Summary (TBC)</i> <i>Annual Statement of Assurance for Health Protection (Jonathan Gribbin) TBC</i> <i>Follow up report on Healthy Child Programme and Public Health Nursing for Children and Young People (Kate Allen) TBC</i> Health & Wellbeing Strategy report (Anthony May/ Cathy Quinn) Chair's Report: <ul style="list-style-type: none"> • Adolescent Health Strategy 	
May 2015	No Meeting due to elections	
3 June 2015	Excess Winter Deaths (Mary Corcoran) Better Care Fund report (Jon Wilson)	