

Health and Wellbeing Board

Wednesday, 09 June 2021 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 To note the appointment by Full Council on 27 May 2021 of Councillor Dr John Doddy as Chairman for the 2021-22 municipal year
- 2 Election of Vice-Chairman
- 3 To note the membership of the Health and Wellbeing Board for the municipal year 2021-22, as follows:
Councillor John Doddy, Councillor David Martin, Councillor Sheila Place, Councillor Tom Smith, Councillor Nigel Turner, Colin Pettigrew, Melanie Brooks, Jonathan Gribbin, Councillor David Walters, Councillor Susan Shaw, Councillor Colin Tideswell, Councillor Henry Wheeler, Councillor Marion Bradshaw, Councillor Neill Mison, Councillor Abby Brennan, Idris Griffiths, Dr Jeremy Griffiths, David Ainsworth, Dr Thilan Bartholomeuz, Lucy Dadge, Fiona Callaghan, Sarah Collis, and Kevin Dennis
- 4 Health and Wellbeing Board - Terms of Reference 1 - 4
- 5 Minutes of the last meeting held on 3 March 2021 5 - 10
- 6 Apologies for Absence
- 7 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 8 Chair's Report 11 - 24
- 9 Presentation on the Implementation of Local Area Co-ordination in Nottinghamshire 25 - 28

10	Population Health Management An Update on How the Local Resilience Forum's Data and Information Cell have Supported the System	29 - 40
11	Retrospective Approval of the 2020/21 Better Care Fund Year End Reporting Template Submission	41 - 74
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13	Work Programme	79 - 86

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 Martin Gately (Tel. 0115 977 2826) 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>

9 June 2021

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE

Purpose of the Report

1. To be aware of the terms of reference of the Health and Wellbeing Board, and to consider whether there are any actions required.

Information and Advice

2. The County Council on 27 May 2021 established the Health and Wellbeing Board with the following terms of reference:
 1. To prepare, publish and maintain a joint strategic needs assessment.
 2. To prepare, publish and maintain a Pharmaceutical Needs Assessment
 3. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
 4. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
 5. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
 6. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.
 7. The Board will be responsible for its own projects and may establish steering groups to consider projects. Where it considers appropriate, projects will be considered by a cross-committee project steering group that will report back to the Board or most appropriate Committee.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To inform the committee of its terms of reference.

Statutory and Policy Implications

6. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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

That the Terms of Reference of the Health and Wellbeing Board are noted.

Marje Toward

Service Director, Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Gately, Democratic Services Officer

E: martin.gately@nottsc.gov.uk

T: 0115 977 2826

Constitutional Comments (LW 27/05/2021)

7. Health and Wellbeing Board is the appropriate body to consider the content of the report.
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Financial Comments (SES 26/05/2021)

8. There are no specific financial implications arising directly from this report..

Background Papers and Published Documents

9. Report to Full Council 27 May 2021 (published).

Electoral Division(s) and Member(s) Affected

10. All.

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 3 March 2021 (commencing at 2:00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Kevin Rostance (Chair)
Joyce Bosnjak
Glynn Gilfoyle
Tony Harper
Francis Purdue-Horan

DISTRICT COUNCILLORS

David Walters	-	Ashfield District Council
Susan Shaw	-	Bassetlaw District Council
Colin Tideswell	-	Broxtowe Borough Council
Henry Wheeler	-	Gedling Borough Council
Abby Brennan	-	Rushcliffe Borough Council
Neill Mison	-	Newark and Sherwood District Council
Marion Bradshaw	-	Mansfield District Council

OFFICERS

A	Melanie Brooks	-	Corporate Director, Adult Social Care and Health
	Colin Pettigrew	-	Corporate Director, Children and Families Services
	Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

David Ainsworth	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
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|---|-----------------------|---|--|
| A | Lucy Dadge | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| A | Idris Griffiths | - | NHS Bassetlaw Clinical Commissioning Group |
| A | Dr Thilan Bartolemeuz | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| A | Fiona Callaghan | - | NHS Nottingham & Nottinghamshire Clinical Commissioning Group |
| | Dr Jeremy Griffiths | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair) |
| | Leanne Monger | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |
| | Hazel Wigginton | - | NHS Nottingham and Nottinghamshire Clinical Commissioning Group |

LOCAL HEALTHWATCH

- | | | |
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| Sarah Collis | - | Healthwatch Nottingham & Nottinghamshire |
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OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

- | | |
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| A | Kevin Dennis - Office of the Nottinghamshire Police and Crime Commissioner |
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OTHER ATTENDEES

- | | | |
|---------------|---|--|
| Allan Breeton | - | Independent Chair, Safeguarding Adults Board |
| Simon Castle | - | Nottingham and Nottinghamshire CCG |

OFFICERS IN ATTENDANCE

- | | | |
|-----------------|---|---|
| Tina Bhundia | - | Public Health and Commissioning Manager |
| Briony Jones | - | Public Health and Commissioning Manager |
| Irene Kakoullis | - | Group Manager, Early Years Services |
| Martin Gately | - | Democratic Services Officer |

MINUTES

The minutes of the last meeting held on 6 January 2021 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Dr Thilan Bartolomeuz (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Melanie Brooks (Nottinghamshire County Council)

Fiona Callaghan (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Lucy Dadge (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Kevin Dennis (Police and Crime Commissioners Office)

Hazel Wigginton substituted for Fiona Callaghan (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

Councillor Bosnjak declared a Private Interest in relation to item 6.

Councillor Gilfoyle declared a Private Interest in relation to item 6.

CHAIR'S REPORT

The Chairman introduced the report and Councillor Gilfoyle raised the issue of BAME communities not coming forward for COVID vaccinations, as well as the high mortality rate for people of colour following infection with coronavirus, and Councillor Bosnjak requested information on whether Community Champions would be working with Syrian refugees.

Members requested that a report on this issue be brought to a future meeting.

RESOLVED: 2021/06

That:

- 1) a report on take-up of COVID vaccinations by BAME communities, the BAME mortality rate and Community Champions work with Syrian Refugees be brought to a future meeting of the Board.

BREASTFEEDING – UPDATE ON PROGRESS, PREVALENCE AND TARGETS FOR LOCAL BREASTFEEDING RATES AND BREASTFEEDING FRIENDLY VENUES

Tina Bhundia, Public Health and Commissioning Manager, Nottinghamshire County Council, the purpose of which was to advise the Board on the public health significance of breastfeeding and provide information on breastfeeding prevalence, and the actions underway to increase breastfeeding prevalence. The Board heard about the benefits of breastfeeding, and UNICEF's recommendation that babies should be fed exclusively on breast milk for the first six months of life. The Board also heard about the UNICEF UK Baby Friendly Initiative, an evidence-based, staged accreditation programme, as well as Breast Feeding Friendly Venues, the accreditation for which is carried out by Nottinghamshire Healthcare NHS Foundation Trust.

Board Members raised concerns about the extent to which the promotion of breastfeeding had been impacted by the pandemic and queried if there were sufficient facilities to allow women to express at work; as well as if Nottinghamshire tourism venues – such as Clumber and Rufford were sufficiently breastfeeding friendly. The Director of Public Health undertook to take forward all the issues raised by Board Members.

RESOLVED: 2021/07

That:

- 1) the information shared in the paper in relation to breastfeeding in Nottinghamshire be considered.
- 2) the role the Board can play in supporting the promotion of breastfeeding locally be considered with a focus on increasing the proportion women breastfeeding at 6 to 8 weeks.
- 3) the efforts to support driving and implementing the local breastfeeding action plan to improve breastfeeding prevalence, specifically targeting areas of the county with the lowest rates be continued.
- 4) Partners be asked to support the expansion of breastfeeding friendly venues in each district, in conjunction with Nottinghamshire County Council.
- 5) District Councils be asked to continue to drive and monitor the implementation of breastfeeding venues in conjunction with Nottinghamshire County Council.

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/2020

Allan Breeton, Independent Chair, Nottinghamshire Safeguarding Board introduced the report, the purpose of which was to update the Health and Wellbeing Board on the work

and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2019/2020.

Dr Jeremy Griffiths raised the issue of safeguarding referrals, particularly the threshold for referrals and partnership working (e.g. with paramedics and care homes).

Councillor Bosnjak raised concerns about the timeliness of the report, and why it had not been brought to the board previously. In addition, Councillor Bosnjak requested that future reports be more detailed and have more teeth.

RESOLVED 2021/08

That:

- 1) the contents of the report be considered and any actions to support the work of the Nottinghamshire Safeguarding Adults Board in protecting adults at risk from abuse or neglect.

LAUNCH OF TARGETED LUNG HEALTH CHECKS PROGRAMME

Simon Castle, Head of Cancer and End of Life Commissioning, Nottingham and Nottinghamshire CCG, introduced the report and stated that NHS England have given £70million to fund 10 project sites throughout the country to implement Targeted Lung Health Checks. These have been chosen based on the mortality rates from lung cancer and Mansfield & Ashfield has been chosen as one of these sites. There are factors which affect this such as smoking prevalence and being an ex-mining community.

The aim of the programme is to identify lung cancer and other lung diseases at an earlier stage when treatment outcomes are more positive which will improve survival rates. Currently, there is a high incidence of lung cancers but few are presented at an earlier stage. There are already some sites in Manchester/Liverpool who are up and running and the evidence coming out of these is that lung health checks can totally turn that around and the majority found are earlier stage.

The One Stop Shop mobile unit will be piloted in Warsop.

Jonathan Gribbin, Director of Public Health commented that he was delighted to see before the Board something likely to have a great impact on health inequalities in Nottinghamshire. In addition, Mr Gribbin undertook to link Simon Castle with the County Council Communications Team so that the Targeted Lung Health Checks Programme could be more widely promoted in the pilot areas.

Councillor Gilfoyle commented that the use of this programme in former mining communities would be a major step forward.

Further to a question from Councillor Shaw, Mr Castle indicated that patients were likely to be asked if they had received the COVID vaccination as part of a general health check.

RESOLVED 2021/09

That:

- 1) the Board be informed of the launch of the Targeted Lung Health Check programme in Mansfield and Ashfield and consider its role in promoting the programme locally.

WORK PROGRAMME

In response to a question from Dr Jeremy Griffiths, Jonathan Gribbin indicated that the Health and Wellbeing Strategy would be reviewed by the Board later this calendar year.

RESOLVED: 2021/010

That:

- 1) The work programme be noted and consideration be given to any changes.

The meeting closed at 15:45

CHAIR



REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.

Information

[Refresh of the Local Outbreak Plan for Nottinghamshire](#)

2. Nottinghamshire County Council first produced its Local Outbreak Control Plan (LOCP) in June 2020 as part of a national strategy to reduce infection from COVID-19. In March 2021, local plans were refreshed, incorporating the learnings of the past nine months and planning for the next phase of the response.
3. For more information, please read the refreshed [Local Outbreak Plan](#).

[Delivering the Domestic Abuse Duty in Nottinghamshire](#)

4. The new [Domestic Abuse Act](#) was signed into law on 29 April 2021. It has created a statutory definition of domestic abuse, established a Domestic Abuse Commissioner along with enhancing legal processes, and has placed a duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation.
5. The Ministry of Housing, Communities and Local Government (MHCLG) have allocated £1,540,091 per annum to Nottinghamshire County Council for the delivery of this domestic abuse duty. They have also allocated a further £223,315 to the districts to deliver their contributions to the delivery of the duty, who are required to work in partnership with Nottinghamshire County Council via the Domestic Abuse Local Partnership Board.
6. Lead authorities, in this case Nottinghamshire County Council, are to convene a multi-agency Board to perform specified functions, as outlined and explained in statutory guidance that include:
 - a) Assessing the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.

- b) Developing and publishing strategies for the provision of support to cover the locality and diverse groups of victims.
 - c) Make commissioning / de-commissioning decisions.
 - d) Meet the support needs of victims and their children.
 - e) Monitor and evaluate local delivery.
 - f) Report back to central Government.
7. Nottinghamshire County Council have already established the Local Partnership Board in conjunction with the Domestic and Sexual Abuse Executive Group and held a workshop in May with stakeholders to review the needs assessment. This engagement will inform the commissioning plan, which is under development and due to be taken to Adult Social Care and Health Committee for approval in July 2021.
8. A report outlining the commissioning plan and needs assessment will be brought to a future meeting of the Health and Wellbeing Board for information. This will contribute to the Board's commitment to tackle domestic abuse and support survivors and their families in Nottinghamshire and the delivery of the Joint Health and Wellbeing Strategy.
9. For more information, please contact Rebecca.Atchinson@nottscc.gov.uk

[Violence against Womens and Girls Strategy, Nottingham and Nottinghamshire 2021 - 2025](#)

10. In April 2021, the Office of the Police and Crime Commissioner published the Violence against Women and Girls Strategy for Nottingham and Nottinghamshire 2021 – 2025, with the vision to *“Working together to end violence against women and girls in Nottingham and Nottinghamshire through a gender-informed approach”*. It aims to:
- a) Improve the joint understanding of VAWG as gender-informed across Nottingham and Nottinghamshire as expressed in our strategic planning and service delivery.
 - b) Increase the effectiveness of our local response to VAWG.
 - c) Maintain specific domestic violence and abuse, sexual violence and abuse, hate crime and other strategies to ensure the detail and specificity of those approaches is retained and to accommodate a wider Consideration of gender in those approaches.
11. For more information, please contact nopcc@nottinghamshire.pnn.police.uk

Funding for substance misuse interventions in Nottinghamshire

12. Nottinghamshire County Council has been awarded £810,472 over a 12 month period to fund substance misuse interventions. This funding is part of the government announced additional £80 million to fund drug treatment in 2021/22, as part of a £148 million funding package for reducing crime. This is the biggest increase in drug treatment funding for 15 years. The £80 million is new funding for one year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths.
13. The £810,472 is split between an ‘universal’ allocation (£549K) and in patient detoxification allocation from drugs and alcohol (£358531.5) for medically managed interventions which is based on a Nottinghamshire County and Nottingham City consortium.

14. The universal allocation aim is to reduce drug related deaths and improvements in access to substance misuse services for those within the criminal justice system and public health are working with Change Grow Live the All age Substance Misuse treatment and Recovery provider to mobilise a series of evidence based interventions over the 12 months.
15. The inpatient detoxification allocation will be awarded to Framework's Edwin house which is the only medically managed detoxification unit regionally and will provide swift access to detoxification for Nottinghamshire county's residents.
16. For more information, please contact sarah.quilty@nottscg.gov.uk

The Nottinghamshire Healthcare NHS Foundation Trust Healthy Family Teams Digital Offer

17. The Healthy Families Programme is commissioned by Nottinghamshire County Council Public Health to deliver the Department of Health 0-19 Healthy Child Programme and provide a range of support for children and young people, from before birth to their late teens, and their families. Nottinghamshire Healthcare NHS Foundation Trust provide this integrated service and there are 20 locally based [Healthy Family Teams](#) across Nottinghamshire.
18. In response to both the Covid 19 pandemic and the changing needs of families, the Healthy Family Teams have been developing their digital offer and local information and advice for children, young people and families in Nottinghamshire is now available on three national websites;
- [Health for Under 5s](http://healthforunder5s.co.uk) (healthforunder5s.co.uk)
 - [Health for Kids](http://healthforkids.co.uk) (healthforkids.co.uk)
 - [Health for Teens](http://healthforteens.co.uk) (healthforteens.co.uk)
19. Interested local services can get in contact with the Healthy Family Teams Media Officer David Godsall at David.godsall@nottshc.nhs.uk to submit new article ideas.
20. The Healthy Family Teams are piloting a Digital Questionnaire with all Year 9 pupils at one Nottinghamshire school in Bassetlaw in May, encouraging pupils to complete a range of questions about their health and wellbeing. This will be followed by approximately six participating schools, with a view to a full rollout across the county from September. The questionnaires will allow young people to engage with the Healthy Family Teams in a confidential manner and cases will be followed up where concerns are raised or identified.
21. For more information, please contact Kate.Whittaker@nottscg.gov.uk

Nottingham & Nottinghamshire Food Insecurity Network

22. The Covid 19 pandemic has shone a light on food inequality and food insecurity. The Nottingham & Nottinghamshire Food Insecurity Network was formed in response to this and aims to improve access to affordable healthy food. This builds on the wider Food Environment work previously undertaken the Healthy and Sustainable Places priority of the Health and Wellbeing Strategy 2018-2022 and the work of the Community Hub of the Local Resilience Forum (LRF).

23. The Network brings together a range of partners from the Community and Voluntary sector, City, County and District/Borough Councils working on food related issues with an inclusive and collaborative approach. Organisations representing food banks, social eating, community allotments/ gardens, School Meals, social supermarkets and more form a wide-reaching membership. The current priorities focus on food growing; food distribution; social eating; food education and food waste. The work also aligns with aspects of the county's Child Obesity Trailblazer project with focuses on improving the food environment as a driver of obesity in the early years.
24. The Network is working to align food priorities with environmental and economic strategies in partner organisations in recognition of the inter connectivity of the food system on wider agendas.
25. For more information, please contact Kathy.holmes@nottsgov.uk

Bassetlaw District Council Health and Wellbeing Update: Partnership Working

26. **Low Intensity Activities Resume in Bassetlaw** - Bassetlaw District Council (BDC) have partnered with Get Out Get Active (GOGA), BCVS, Barnsley Premier Leisure (BPL) and event organisers across the district to produce an [accessible informational poster](#), notifying Bassetlaw residents of the low intensity activities resuming in Bassetlaw. The activities are aimed at building self-confidence and supporting the safe return to outdoor exercise sessions and numerous walking sports activities have already resumed in Retford, Worksop and surrounding areas and all have been welcomed by residents;

Attendee Testimony – ‘The Smiley Milers has given me something to look forward to again and I don’t feel as lonely as I used to. I am glad I saw the poster on social media because I can stay active while meeting up with a great bunch of lads, it’s just what I needed’.

27. **Health and Wellbeing Campaigns** - National, regional and local health and wellbeing campaigns are an integral part of the Health and Wellbeing calendar in Bassetlaw and promoted by partners in The BDC Health & Community Delivery Group every year. The Council has supported numerous campaigns during the pandemic including [Mental Health Awareness Week](#), [Stress Awareness Month](#) and [UK Maternal Mental Health Matters](#).
28. **Mental Health and Smoking** - Research from [Mind](#) found 1 in 6 people in England experience mental health problems, such as anxiety and depression, and approximately only 1 in 8 people seek treatment, with [psychiatric medication](#) being the primary treatment. Recreational drugs such as nicotine can be incorrectly assumed to ‘help cope’ with life’s difficulties and research from [The Mental Health Foundation](#) has shown nicotine increases anxiety and tension.
29. This research reflects the greater risk for people who smoke of developing physical and mental health issues, as well as serious adverse effects from Covid-19 accordant with [WHO](#). BDC discussed mental health and smoking cessation with Your Health Your Way (ABL Health) and has retained resources and [referral forms](#) for the [smoking cessation programme](#). This involves Nicotine Replacement Therapy and Talking Therapy and these self-referral forms are being distributed by BDC to those who wish to stop smoking.
30. **Cycling UK and Bassetlaw District Council Partnership** - BDC are working with [Cycling UK](#) and [Retford Bike Pedlars](#) to provide free Dr Bike sessions at the Worksop and Retford Market

as part of the [Big Bike Revival Programme](#). Exercise is known to reduce anxiety and stress, and cycling can also be a social sport too.

31. Research from [Cycling UK](#) found in 2019 those with a high level of income travel by bicycle more than those in the lowest income bracket. Although the [Office for National Statistics](#) found the weekly expenditure of bicycles to be low, Cycling UK recognises to initially purchase a bike, maintain and repair the bike takes time, money and to some extent skill which affects those with a low income.
32. Dr Bike pop up sessions carry out free maintenance checks and minor repairs to get Bassetlaw back on their bikes and encourage people to cycle more often. After the successful partnership with Cycling UK, BDC are delighted to have applied for a further grant to provide Dr Bike sessions again for 2021 and 2022.
33. For more information, please contact katie.brown@bassetlaw.gov.uk

Mid Nottinghamshire Partnership Update

34. The six Primary Care Networks in Mid Nottinghamshire, Mid Nottinghamshire Locality Team in the CCG and the Integrated Care Partnership have undertaken positive partnership work that is successfully contributing towards the delivery of the Joint Health & Wellbeing Strategy for Nottinghamshire. The work aims to improve health and wellbeing, reduce health inequalities and promote the integration of services and includes:
35. **Virtual Ward** – This provides a step down mechanism to enable earlier and safe discharge initially for COVID positive patients, using home oxygen saturation monitoring. Over 20 people have safely been monitored at home and discharged from home.
36. **Pulse Oximeter at Home** – A step up service to monitor patients at home using pulse oximetry and prevent hospital admission by safely detecting early signs of deterioration. Over 100 patients have now gone through the service and safely discharged.
37. **Care Homes** - 126 care homes are aligned to practices with a designated care home lead and effective multidisciplinary teams (MDT) in place. A monthly Mid Nott's Care Home Operational Group has been established to provide oversight, share intelligence, co-ordinate action and learning.
38. **Social Prescribing** - 21 social prescribing link workers have been embedded into primary care, working with our provider Primary Integrated Community Services Ltd who are delivering some excellent outcomes for patients.
39. **Covid Vaccinations** – There has been continued support to the Covid response, supporting Covid Vaccination Centres, delivery of 'pop-up' clinics located in general practice, vaccinations within the care homes, to housebound patients, as well as supporting uptake in hard to reach groups.
40. **Health Inequalities** – A Mid Nott's Health Inequalities Oversight Group has been launched - The initial focus has been on covid vaccination equity, mobilising coordinated action and community champions, supporting the covid vaccination bus in addition to launching a pilot schemes, to tackle fuel poverty and support disability employment/access to work.

41. **Delivery at PLACE and Neighbourhood level** – Mid Nott's ICP are working with ICP colleagues from the City and South, CCG colleagues and system partners to identify the implications of the White Paper: Integration and Innovation: working together to improve health and social care for all, and to determine how the role of the ICP can support and influence the delivery of place based models that will meet the needs of the local population and contribute to the delivery of joint strategies.
42. **Identifying our Priorities** – Mid Nott's ICP have identified a set of priorities for 2021/22 that will focus on Population Health Management, PCNs and Community Assets, End of Life Services, MSK Services, a care home model for the future, community mental health transformation, and discharge to assess, to further contribute to the Health and Wellbeing Strategy and continue to strengthen the ICPs work around its strategic objectives to build "healthier and happier communities".
43. For more information, please contact:
David Ainsworth, Locality Director, david.ainsworth@nhs.net
Lorraine Palmer, Interim Programme Director, lorraine.palmer2@nhs.net
Leanne Monger, Deputy Locality Director, leanne.monger1@nhs.net

[Public Health England \(PHE\) Vaping in England 2021: Evidence Update Summary](#)

44. In February 2021, Public Health England (PHE) published its seventh annual evidence report into e-cigarettes in England. The report investigates e-cigarette use in adults and young people and examines evidence on the effectiveness of e-cigarettes in helping people to stop smoking.
45. Smoking remains the largest single risk factor for death and years of life lived in ill health and is a leading cause of health inequalities in England and other parts of the world.
46. The findings of the report showed that for both adults and young people (11-18 year olds), the number of people who smoke has continued to fall, while the proportion of people who use e-cigarettes has plateaued since the last report. Most people who use e-cigarettes are current or ex-smokers. Similar to smoking, e-cigarette use in adults was more common among disadvantaged groups.
47. E-cigarettes were also found to be effective at helping people cut-down or stop smoking. E-cigarettes were the most popular stop-smoking aid. For all regions in England, quit rates involving e-cigarettes were higher compared to other methods.
48. The report suggests the combination of e-cigarettes, with stop smoking service support (the most effective type of support) should be available to all people who want to quit smoking. The report recommends that local authorities should continue to fund and provide stop smoking services and all stop smoking services should have a consistent approach to using vaping products.
49. Residents of Nottinghamshire County Council who wish to stop smoking can access free smoking cessation support via Your Health Your Way Telephone 01157722515 or yourhealth.notts@ablhealth.co.uk or <https://yourhealthnotts.co.uk>
50. For more information, please contact Karielle.Webster@nottsccl.gov.uk

Update to the Nottinghamshire Pharmaceutical Needs Assessment 2018 - 21

51. The Pharmaceutical Needs Assessment 2018-2021 (PNA) for Nottinghamshire was published in April 2018 following approval by the Health and Wellbeing Board in March 2018.
52. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population. The PNA is a statutory responsibility of the Health and Wellbeing Board, governed by Regulations issued by the Department of Health. These Regulations require that periodic Supplementary Statements are prepared and published where there are changes to pharmaceutical services which do not warrant a complete review of the PNA.
53. As approved by the Health and Wellbeing Board on 6 January 2021, supplementary statements produced quarterly, are shared with the Health and Wellbeing Board in the form of an update in the Chairs Report and published on Nottinghamshire insight. This will enable supplementary statements to be published as soon as possible, at the end of each quarter.
54. The Supplementary Statement for the last quarter, summarising changes to pharmaceutical services from January 2021 to March 2021, is provided in **Appendix 1**. All the reported changes during this period were in relation to reduction in the supplementary hours. The PNA does not identify any significant gaps in pharmaceutical services for the Nottinghamshire County population.
55. At any point should it be felt that information within the supplementary statement identifies a significant gap in pharmaceutical services, it will be presented as a paper to Health and Wellbeing Board, instead of an update in the Chair's Report.
56. For more information, please contact Mina.fatemi@nottscc.gov.uk

Tackling Loneliness

57. This briefing paper has been published by The House of Commons Library. The Government's Loneliness Strategy was published in October 2018. It set out a wide variety of cross-departmental measures that the Government would take to provide 'national leadership' to tackle loneliness in England. As well as explaining the Strategy and the steps taken so far by the Government, this briefing also looks at research into the causes and impact of loneliness and possible interventions. The impact of the Covid-19 pandemic on loneliness is also considered, alongside the measures introduced by the Government in response.

A connected recovery: Findings of the APPG on loneliness enquiry

58. This inquiry makes the case for a 'connected recovery' from the Covid-19 pandemic. It explored problems and identified solutions within four crucial policy areas, including: translating national policy into local action through local authorities; community infrastructure (including housing, transport and public spaces); how to adequately fund the voluntary and community sector upon which social prescribing depends; and designing and implementing ways to test the implications of government policies on loneliness.

[Preventing suicide in England: fifth progress report of the cross government outcomes strategy to save lives.](#)

59. This report published by the Department of Health and Social Care details the steps taken to reduce deaths by suicide since 2019. It sets out the data and evidence on suicide and self-harm; the progress made against existing commitments designed to prevent suicides and self-harm; and further actions for the government and its agencies, particularly in the context of Covid-19.

[Working together to improve health and social care for all](#)

60. This government White Paper, published by the Department of Health and Social Care, sets out legislative proposals for a Health and Care Bill. The proposals are designed to support the health and care system to work together to provide high-quality health and care, so people can live longer, healthier, active, and more independent lives. Many of the proposals build on the NHS's recommendations in its long-term plan.

[PHE Healthy places](#)

61. This guidance, published by Public Health England, provides an overview of the work completed by a designated team from 2013 to date.

[Places, spaces, people and wellbeing and Community hubs and green spaces](#)

62. These briefings and reports have been published by the What Works Centre for Wellbeing. This resource consists of a systematic review and briefing on social relations: Places, spaces, people and wellbeing. There is also a case study synthesis and briefing: community hubs and green spaces.

[This report comes with a health warning: the impact of climate change on public health](#)

63. This report has been published by the UK Health Alliance on Climate Change. It finds that the health of more than 12 million people is vulnerable to the impacts of climate change, such as heatwaves and floods. It studies the benefit of a net zero economy and active travel on health and the role of the NHS and health professionals on reaching this target.

[The invisible threat: how can we protect people from air pollution and create a fairer, healthier society](#)

64. The invisible threat is a health emergency. It is harmful for everyone, but some groups are being hit hardest – pregnant women, children, older people, those living with lung conditions and those on the lowest incomes. This report published by Asthma UK sets out new analysis that shows that people who are the most susceptible are being exposed in the places that should feel most safe. It calls for politicians to commit to air pollution health protection plans and stronger cleaner air laws.

[Close to home delivering a national Housing First programme in England](#)

65. This report published by the Centre for Social Justice makes the case for a national Housing First programme and draws on recent learning to map out what this should entail. It argues that

Housing First is an effective way of tackling and preventing rough sleeping for people whose homelessness is compounded by serious mental health issues, drug or alcohol dependency, or a history of trauma. The government has recognised the role Housing First can play in tackling rough sleeping, with £28 million invested in three city region Housing First pilots and a commitment to further rollout.

[How transport offers a route to better health](#)

66. This long read, published by The Health Foundation, examines the challenges of shifting towards a transport system that better supports health. It sets out how transport affects health, the difficulties in moving towards greater use of public transport and the effects of Covid-19 on travel patterns.

[Getting our homes in order: How England's homes are failing us](#)

67. The Centre for Ageing Better has recently published this report which highlights that people in their 50s and 60s are living in poor quality homes that are detrimental to their health and mental wellbeing. Common problems include excessive damp, an inability to heat homes properly and poor design and disrepair, which leave people at greater risk of falls and other injuries as they grow older.

[Using the planning system to promote healthy weight environments](#)

68. This document published by Public Health England looks at how local authorities' public health and planning teams can promote healthy weight environments. Set in the context of a whole systems approach to tackling obesity, this document provides a framework and starting point for local authorities to clearly set out in local planning guidance how best to achieve healthy weight environments, based on local evidence and needs.

[Changing the perfect picture: an inquiry into body image](#)

69. This enquiry from the Women and Equalities Committee sought to determine which groups were most at risk of developing poor body image, the factors driving its increased prevalence, and the impact of poor body image on the lives of those affected by it. It considers the impact body dissatisfaction can have on physical and mental health and its relationship with advertising in traditional and social media. It also considers the role the government should play through health, education or digital policy interventions to reduce the prevalence and impact of poor body image in the UK.

[Engaging men earlier: a guide to service design](#)

70. This handbook published by the Samaritans aims to provide a set of principles upon which wellbeing initiatives for men should be based. It is aimed at anyone commissioning, designing, evaluating, or delivering initiatives, services or activities aimed at improving the wellbeing of men.

[Still not safe: the public health response to youth violence](#)

71. This report published by the Children's Commissioner for England, assesses how effectively existing infrastructure within local authorities is being used to deliver a public health approach to preventing gang involvement and youth violence.

[Support for domestic abuse victims](#)

72. This briefing, published by the House of Commons library, outlines support for victims of domestic violence and abuse. It considers social services, housing, social security benefits, health services and preventative actions in education settings.

[The health of people from ethnic minority groups in England](#)

73. This long read published by the King's Fund, examines the differences in health outcomes for ethnic minority groups, highlighting the variation across groups and conditions, and considers what is needed to reduce inequalities.

[Inequalities in oral health in England](#)

74. This report published by Public Health England, describes the current picture of oral health inequalities and oral health services inequalities in England and ways to reduce them. It describes the current picture of oral health inequalities and oral health service inequalities in England by socioeconomic position, geographic area, protected characteristics and vulnerable (disadvantaged) groups. This is the first time that epidemiological data, NHS data and academic literature have been reported in this way.

[Global report on ageism](#)

75. This report published by the World Health Organisation outlines a framework for action to reduce ageism including specific recommendations for different actors (e.g. government, UN agencies, civil society organizations, private sector). It brings together the best available evidence on the nature and magnitude of ageism, its determinants, and its impact. It outlines what strategies work to prevent and counter ageism, identifies gaps and proposes future lines of research to improve our understanding of ageism.

[The best start for life: a vision for the 1,001 critical days](#)

76. This publication for the Department of Health and social Care sets out the findings of the Early Years' Development Review, which was asked to review the first 1,001 critical days from pregnancy through to the age of two. The review sets out a vision for best practice across the health system to ensure babies and children get the best possible start.

[The cost of smoking and the social care system](#)

77. A report published by Action on Smoking and Health (ASH) finds that on average smokers in England need care when they are 63, 10 years sooner than non-smokers. It estimates that £1.2 billion a year is spent on people who have care needs as a result of smoking. It calls for more comprehensive tobacco control strategies to ease the pressure on the social care system.

Papers to other local committees

78. [Promoting and Improving the Health of Children and Young People who are Looked After](#)
Children and Young People's Committee
15 March 2021
79. [Covid-19: Update Report](#)
Covid-19 Resilience, Recovery and Renewal Committee
16 March 2021
80. [Covid-19 Situational Update and Planned Refresh of the Local Outbreak Plan](#)
Covid-19 Resilience, Recovery and Renewal Committee
16 March 2021
81. [Youth Violence and Criminal Exploitation](#)
Policy Committee
17 March 2021
82. [Developing the Adult Social Care and Health Approach to Prevention and Early Intervention](#)
Adult Social Care and Public Health Committee
29 March 2021
83. [The UK Community Renewal and Levelling Up Funds](#)
Policy Committee
21 April 2021
84. [Nottinghamshire County Council approach to the Prevention of Modern Slavery](#)
Policy Committee
21 April 2021

Integrated Care Systems / Integrated Care Partnerships

85. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care System
6 May 2021

Other Options Considered

86. None

Reasons for Recommendation

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

Statutory and Policy Implications

88. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of

children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

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

RECOMMENDATION

The Health and Wellbeing Board is asked-

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

Councillor Dr John Doddy
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (CEH 17/05/21)

90. The report falls within the remit of the Health and Wellbeing Board under its terms of reference.

Financial Comments (DG 17/05/21)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire Pharmaceutical Needs Assessment 2018 - 2021
Supplementary Statement for January 2021- March 2021 (Q4)

The information contained in this supplementary statement supersedes some of the information provided in the original [pharmaceutical-needs-assessment 2018-2021](#) and should be read in conjunction with that document.

number	Date of effect	Pharmacy name and address	Details of change	Other details
1	1 st February 2021	Rowlands Pharmacy 1 Salop Street, Daybrook, Nottingham, Nottinghamshire. NG5 6HP	Change of Supplementary Hours From: Mon, Tue, Wed & Fri 13:20-14:15 Thu 13:20-14:30 & 17:30-18:30 To: Mon, Tue, Wed & Fri 13:20-14:15 Thu 13:20-14:30	Reduction in weekdays opening hours
2	1 st February 2021	Rowlands Pharmacy 112 Chesterfield Road North, Mansfield, Nottinghamshire. NG19 7HZ	Change of Supplementary Hours From: Mon-Fri 17:30-18:00 Sat 11:30-13:00 To: Mon-Fri Nil Sat 11:30-12:00	Reduction in weekdays and weekends opening hours
3	1 st February 2021	Rowlands Pharmacy 6 Sherwood Street, Warsop, Nottinghamshire. NG20 0JN	Change of Supplementary Hours From: Mon-Fri 14:20-15:00 To: Mon-Fri 14:20-15:00 Sat 11:30-12:00 Sat 11:30-14:00 & 14:20-17:00	Reduction in Weekends opening hours
4	1 st February 2021	Rowlands Pharmacy 36 High Street, Mansfield Woodhouse, Nottinghamshire. NG19 8AN	Change of Supplementary Hours From: Mon, Tue, Thu & Fri 14:20-15:00 & 17:30-18:00 Wed 14:20-15:00 Sat 11:30-14:00 & 14:20-17:30 To: Mon-Fri 14:20-15:00 Sat 11:30-12:00	Reduction in weekdays and weekends opening hours

5	1 st February 2021	Rowlands Pharmacy Shop 3, Ossington Close, Meden Vale, Nottinghamshire. NG20 9PZ	Change of Supplementary Hours From: Mon & Tue 13:20-14:00 Wed 13:20-13:30 Thu & Fri 13:20-13:45 To: Mon & Tue 13:20-14:00 Wed 13:20-13:30 & 17:00- 18:00 Thu & Fri 13:20-13:45	Reduction in weekdays opening hours
6	1 st February 2021	Rowlands Pharmacy 123 Newgate Lane, Mansfield, Notts NG18 2LG	Change of Supplementary Hours From: Mon, Tues, Thurs & Fri 13:20-14:00 & 17:30- 18:00 Wed 13:20-14:00 Sat 11:30-13:00 To: Mon - Fri 13:20-14:00 Sat 11:30-12:00	Reduction in Weekends opening hours
7	20 th February 2021	Orina (UK) Ltd 40 Earlswood Drive, Edwalton, Nottinghamshi re. NG12 4AZ	Change of Supplementary Hours From: Mon-Fri 13:00-14:00 Sat 09:00-13:00 To: Mon-Fri 13:00-14:00 Sat 09:00-12:00	Reduction in Weekends opening hours

Please note that due to covid-19 pharmacies should be following [Standard Operating procedures \(SOP\) guidance](#) which advises pharmacies to reduce operating hours to maintain safety. Following this and other individual circumstances such as a staff sickness, pharmacies opening hours are likely to be frequently changing during this current time and these supplementary statements will not be able to reflect this. During this time individual pharmacy websites are likely to provide the most up to date information regarding opening hours.

9 June 2021**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE & HEALTH****PRESENTATION ON THE IMPLEMENTATION OF LOCAL AREA COORDINATION IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide a presentation on the implementation of Local Area Coordination (LAC) in Nottinghamshire.
2. To approve an additional workshop on Wednesday 28th July 2021 for the Health and Wellbeing Board's work programme on the LAC approach in Nottinghamshire.

Information

3. A prevention approach which supports individuals to stay as independent as possible within their own communities and to ensure that all interventions seek to maximise their independence is enshrined in the Care Act 2014, and the Health and Social Care Act 2012. This establishes a model of place based care and is at the heart of Public Health policy with its focus on addressing the wider determinants around health and wellbeing in order to address health inequalities.
4. A key aspect of the use of place based care is both the availability of and access to community assets in terms of commissioned, and non-commissioned, voluntary and community sector services. A key national initiative is the use of community link workers, which are established across Primary Care Networks.
5. Adult Social Care & Health is piloting the Local Area Co-ordination approach in Nottinghamshire, for an initial period of 18 months, to establish ways of better co-ordinating community-based initiatives to.
 - a. Help communities to become inclusive, welcoming and self-supporting places.
 - b. Support people to stay strong and prevent a need for service intervention by building on personal strengths and finding support through local relationships.
 - c. Support people facing crisis to get a person-centred service, within the context of a supportive community network.
 - d. Help public services to transform so they are integrated, person centred, and co-produced with communities.
 - e. Reduce costs to the system as a result of people requiring less assessment, intervention and ongoing care.

6. Linzi Adams (Project Manager), Clare Gilbert (Group Manager, Strategic Commissioning), alongside a representative from Community Catalysts, will provide the Health and Wellbeing Board with a presentation on the Local Area Coordination approach and role of coordinators in supporting individuals with their health and care needs in Nottinghamshire.
7. It is then anticipated that a workshop will be held in late July 2021 to discuss piloting this approach in Nottinghamshire in more detail with members of the Board. This was published in the Council Diary for 27th July but it is proposed that the workshop is held on Wednesday 28th July 2021.

Reason/s for Recommendation/s

8. The recommendation aims to support continued partnership working and its statutory duty to promote integrated working to improve health and care services.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION(S)

The Health and Wellbeing Board is asked-

- 1) To receive a presentation on the implementation of Local Area Coordination (LAC) in Nottinghamshire.
- 2) To agree to receive a workshop on the LAC approach on Wednesday 28th July 2021.

Melanie Brooks

**Corporate Director, Adult Social Care and Health
Nottinghamshire County Council**

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Project Manager

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Constitutional Comments (AK 20/05/2021)

11. This report falls within the remit of Health and Wellbeing Board under its terms of reference.

Financial Comments (DG 17/05/21)

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

Background Papers and Published Documents

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

- [Developing the Adult Social Care and Health approach to Prevention and Early Intervention](#) Report to Adult Social Care and Public Health Committee (29 March 2021)

Electoral Division(s) and Member(s) Affected

- All

9 June 2021**Agenda Item: 10****REPORT OF THE NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED
CARE SYSTEM****POPULATION HEALTH MANAGEMENT: AN UPDATE ON HOW THE LOCAL
RESILIENCE FORUM'S DATA AND INFORMATION CELL HAVE
SUPPORTED THE SYSTEM THROUGHOUT COVID-19.****Purpose of the Report**

1. The report summarises how the Nottingham and Nottinghamshire Population Health Management (PHM) approach has been adopted system wide to support its population during the pandemic, addressing the direct and indirect effects of COVID-19 and identified health inequalities as part of the response.

Information

2. The Population Health approach aims to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across the Nottingham and Nottinghamshire population.
3. This includes focusing on the wider determinants of health and includes segmentation, risk stratification and impact ability modelling to identify local 'at risk' cohorts. It is designed to target impactable interventions to prevent ill-health and to improve care and support for people with on-going health conditions and reducing unwarranted variations in health outcomes.
4. Population Health Management (PHM) is a partnership approach across the NHS and other public services including councils, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing. The Health and Wellbeing Board received a presentation introducing the Nottingham & Nottinghamshire Integrated Care System's approach to population health management at its Board meeting in March 2020. A presentation summarising this approach and progress to date will be provided at the Board's meeting in June.
5. The approach uses a range of data resources (historical and current data) to understand what factors are driving poor outcomes in different population groups. This is then used to design new proactive models of health/care which will improve health and wellbeing in the short medium and longer term.
6. One of the key achievements and core enabler for PHM has been the use of eHealthscope. eHealthscope is a shared intranet system that facilitates data intelligence extracted from a

data warehouse, a GP repository for clinical care (GPRCC). GPRCC holds 1.7 billion records, of which millions of records are updated daily. 100% of GPs in Nottinghamshire are signed up to the data sharing protocols and it can provide not only integrated records, but also pseudonymised data for direct patient care.

7. The eHealthscope system is one of its kind in the UK, and although with limited resources it continues to be the central repository for building, integrating system partner's data and understanding the future potential data/digital intelligence requirements needed to deliver PHM at a population level.
8. In early January 2020, the PHM team was approached and merged into the Data and Information Cell as part of the Nottingham Nottinghamshire's system wide emergency response to COVID – 19. This Cell integrated health and care analysts from across all areas of the system including representation from the Nottingham/Nottinghamshire Integrated Care System (ICS), Public Health, Sherwood Forest Hospital Trust, Nottingham University Hospital Trust, Nottinghamshire Healthcare Trust Nottingham County Council and Nottingham City Council.
9. By collaborating these key analytical partners, the Data and Information Cell has been able to overcome traditional data sharing barriers to understand the local impact of COVID -19 and offer reliable, actionable data intelligence to the system and inform the response to COVID-19.

High Level Briefings

10. The Data and Information Cell has produced high level briefings weekly and more frequently, when necessary, to support the system in understanding COVID and the impact of COVID – 19 across Nottinghamshire. It has been the main source of information for Executive Officers and utilised by system partners to inform local decision making and planning purposes. The report is based on locally held data intelligence and covered the following key areas:

<ul style="list-style-type: none"> • Deaths, Excess Deaths • Local COVID-19 Surveillance System • Apple and Google Mobility Reports • Laboratory Confirmed Cases (PHE Data) • Bed model output • NHS 111 Data • East Midlands Ambulance Service (EMAS) 999 Calls • Weekly A&E Data (Emergency Care Dataset: ECDS) • Positive cases in the last 7 Days • Positive Cases by Lower-Tier Local Authority in Nottinghamshire • PPE allocation 	<ul style="list-style-type: none"> • Hospital Deaths • Trends in Positive Cases in Nottingham and Nottinghamshire (Pillars 1 and 2) • Pillar 1 and 2 cases by Age Group and Pillar • Positivity Rate in Nottingham and Nottinghamshire • Estimated R number in Nottingham and Nottinghamshire • New COVID-19 Hospital Admissions/Inpatients at NUH, SFH and BH • ITU/HDU Beds Occupied by COVID-19 confirmed Patients • COVID-19 Hospital Deaths at NUH, SFH and DBH • Nottinghamshire Healthcare NHS Trust Beds Occupied by COVID-19 confirmed Patients • Registered Deaths in Nottingham and Nottinghamshire
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Mental Wellness Rapid Review

11. As the pandemic progressed, the Data and Information Cell were approached to produce a 'Rapid Response to Mental Wellness'. The initial response to COVID-19, was that of a health crisis, but it was becoming more apparent that this pandemic could lead to a significant mental health crisis. Mental health is the second highest cause of disability and illness. Globally and in Nottinghamshire, 14% or 1 in 7 of quality life years lost to disability or illness can be attributed to mental illness.
12. In Nottinghamshire there is already a significant prevalence of mental health conditions and this is aligned to areas of deprivation. Since the COVID-19 pandemic and the associated measures that have been introduced, for example social distancing and lockdowns, the longer-term socioeconomic impacts are highly likely to intensify the inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health across the system.
13. Therefore the Data and Information Cell extended its partnership working across the system utilising expertise from external organisations such as Nottingham Trent University, Experian and Imperial College London to produce this rapid assessment focusing on what can be done quickly to support those with a mental health condition to cope during and after COVID-19.
14. The assessment identified seven areas that could prevent escalation of a mental health episode. The aim being to collectively use resources, skills and expertise to support Nottinghamshire's population through the pandemic, looking at impactable interventions to support:
 - Shielded/isolated or vulnerable population
 - Unemployed or those experiencing financial difficulties
 - Families and their infrastructure
 - People who have suffered a bereavement
 - BAME Groups
 - People with multiple long term conditions
 - The workforce in Nottinghamshire
15. This review and its recommendations are being used to inform the Health and Wellbeing Board workshop on mental health in July 2021.

Flu Vaccination Program

16. As the second wave of COVID – 19 became more apparent, the team continued to support the system with winter pressure planning, such as modelling capacity and demand. In addition to this, the team used locally held data intelligence to help identify and plan the flu vaccination program. Historically flu vaccination programmes have been shown to improve outcomes in 'at-risk' groups, and in doing so reduces health inequalities, with the benefits of immunization openly shared year on year. Coverage and uptake varies widely across the Nottinghamshire population.
17. Utilising integrated data and intelligence the analytical team were able to identify and reduce variation in those profile groups by: -

- a. Identifying at risk (eligible) population cohorts
 - b. Baseline previous years uptake
 - c. Recommend interventions to improve uptake
 - d. Profile population profiles at Place and System
18. By applying the local Population Health Management approach, the system adopted a more targeted approach based on insightful data combined with focussed delivery, which has empowered the system to deliver a challenging target and protect at least 75% of the at risk population in Nottinghamshire.

Emergent Alliance

19. Throughout the pandemic the Data and Information Cell used a variety of resources to help inform the decision making across the system. Working with the Emergent Alliance, a not-for-profit partnership, had the ability to take a broad set of economic, behavioural and sentiment data that share invaluable insights back to the system.
20. A video of the work completed with the Alliance can be found on the following link:
<https://www.connectednottinghamshire.nhs.uk/population-health-management/phm-videos>

COVID-19 Vaccination Program

21. The data and information Cell has spent much of 2021 supporting the COVID - 19 Vaccination Cell Program.
22. A Joint Strategic Needs Assessments (JSNAs, 2020) for both Nottinghamshire County and Nottingham City highlights an increasing number of adults who have a diverse need and may require considerable input from health and social care services. This includes mental health, long term conditions, vulnerable, housing, physical and/or sensory impairment and learning disabilities. Amongst Nottinghamshire's diverse local communities' data intelligence has identified that there are areas of inequalities:
- a. Increasing numbers of older people living alone, including those without a car in more rural areas of the county.
 - b. Disability affects a large proportion of the population - Approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities and approximately one in five people aged 65+.
 - c. Within Nottinghamshire and Nottingham there are communities with some of the highest levels of deprivation in the country and some of the lowest levels of deprivation.
23. The Data and Information Cell have reconciled, local insights in addition to the JCVI guidance and Equalities Act requirements and have identified groups for whom additional focus must be given in order to prevent inequalities in access to the vaccination within their priority cohort. These groups have been identified as:
- Over 80s
 - Carers
 - Deprived communities
 - Clinically extremely vulnerable people (CEVPs)

- People from black and minority ethnic communities (BAME)
 - People who are homeless
 - People with severe and multiple disadvantage (SMD)
 - Those living in rural and isolated areas
 - Those who are not digitally literate
 - People with learning difficulties and disabilities
 - People with physical and mental health disabilities and mobility issues
24. The ability to use population modelling to stratify and plan for the needs of different population groups through GPRCC (General Practice Repository for Clinical Care) and e- Healthscope has provide daily vaccination data updates to the system. Interventions have been tailored and targeted to specific cohorts and groups in Nottinghamshire.
25. At the time of compiling this report the Data and Information Cell were producing numerous dashboards to support the COVID – 19 vaccine program, along with providing ad-hoc localised reports. In addition to this, a weekly report is also produced (at present for Cohort 6 and CEV uptake) and will extend across all JVCI cohorts as and when released.
26. **Appendix 1** provides samples of the data supplied to support the vaccine delivery, uptake and targeting of the population.

Ageing Well

27. The PHM Program of work has been continuing throughout COVID – 19 with a full PHM Blueprint Pack on Ageing Well due to be launched in early June 2021.
28. Utilising the PHM approach to ageing well required ambition and collaboration across the system with health, social care, voluntary and third sector organisations being integral to its success. The program has a system wide, outcomes focus; driven by data intelligence, need and not by existing services. It considers the whole life course and addresses the wider determinants of health to early intervention, primary, secondary and tertiary disease prevention, and aims to understand and address any health/care inequalities, including wider determinants to have a positive impact on health outcomes overall.
29. The PHM analytical team have utilised numerous data sources; health/care and wider determinant data to understand the ageing well population's health and care needs. The aim is to identify variants, addresses any health inequalities and produce ageing well local population profiles. It offers evidence based impactable intervention recommendations to assist the system in fulfilling both local and national priorities and to achieve further improved outcomes for the ageing population in Nottinghamshire.
30. The pack will offer an executive summary of the key high level data and intelligence findings, multivariate regression analysis, combined with a high level overview of some of the headline areas where impactable interventions can be applied to achieve the outcomes for this population.
31. The Blueprint Ageing Well Pack will be available to download on the Connected Nott's website (<https://www.connectednottinghamshire.nhs.uk/>).

Next Steps to address Health Inequalities

32. The Data and Information Cell continues to support the Nottingham/Nottinghamshire ICS with analytical support for data intelligence, logistic regression modelling that follows the PHM program, but also allows 'ad-hoc' requests to be made, reviewed and prioritised in response to system requirements. The next program of work for PHM remains very much focused on Mental Wellness and Long Term Conditions and will include and address any health/care and wider determinant inequalities as part of this work.
33. Recruitment of a senior Health Inequality Analyst is currently underway and expected to be in position over the next couple of months, it is intended that this post will support the current team and system on all aspect of health inequalities and offer evidence based impactable interventions to reduce any identified inequity across out population.
34. To support the Integrated Care Partnerships Primary Care Networks, the ICS is advertising for a PHM Training Co-ordinator. It is intended that this position will offer training to support clinical/non clinical staff to utilise the data intelligence within e-Healthscopes profiling tools to better understand the populations we serve, and to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across the entire Nottingham and Nottinghamshire population.
35. The team are and will continue to work closely across the system, aligned with the newly agreed Health Inequalities Strategy. As part of the recommendations of this report and commitment to address health inequalities in Nottinghamshire, the Population Health Management team can contribute to future discussions at the Health and Wellbeing Board on how the PHM approach can be used to support this ambition.

Other Options Considered

36. None

Reason/s for Recommendation/s

37. The recommendation aims to support continued co-ordination between the Nottingham & Nottinghamshire Integrated Care System and the Health & Wellbeing Board on the approach to population health management.

Statutory and Policy Implications

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

Financial Implications

39. There are no financial implications arising from the contents of this report.

RECOMMENDATION(S)

The Health and Wellbeing Board is asked-

Amanda Robinson

Programme Manager (Population Health Approach)

NHS Nottingham & Nottinghamshire Integrated Care System

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Constitutional Comments (CEH 19/05/2021)

40. The recommendation falls within the remit of the Health and Wellbeing Board under its terms of reference.

Financial Comments (DG 17/05/2021)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

IMS Reporting (NIMS)

21/04/2021

COVID VACCINATION FIRST DOSE UPTAKE - PRIORITY COHORTS 1 to 9									
PCN	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+	Clinically Extremely Vulnerable	COVID19 at risk: Cohort 6
ASHFIELD NORTH PCN	87.7%	90.6%	91.9%	94.4%	95.5%	96.3%	96.8%	93.0%	84.9%
ASHFIELD SOUTH PCN	89.2%	91.2%	92.6%	95.1%	95.8%	96.5%	95.4%	93.7%	87.0%
MANSFIELD NORTH PCN	87.4%	90.5%	93.2%	94.4%	96.7%	96.3%	94.9%	93.2%	87.0%
ROSEWOOD PCN	82.4%	87.3%	89.6%	93.1%	95.1%	95.8%	96.1%	89.8%	80.6%
NEWARK PCN	87.2%	90.0%	91.7%	94.0%	96.4%	97.2%	97.2%	93.4%	85.0%
SHERWOOD PCN	90.5%	92.6%	93.5%	95.4%	96.1%	97.0%	95.7%	93.5%	88.0%
BACHS PCN	76.1%	79.9%	83.8%	86.9%	90.1%	90.3%	92.7%	83.0%	73.4%
BESTWOOD AND SHERWOOD PCN	79.0%	81.9%	86.5%	90.8%	93.3%	93.3%	93.8%	84.9%	75.9%
BULWELL AND TOP VALLEY PCN	79.8%	83.7%	87.8%	89.7%	92.8%	93.8%	93.8%	84.7%	74.7%
CITY SOUTH PCN	81.0%	84.3%	86.7%	90.9%	93.3%	95.0%	94.1%	83.7%	77.6%
CLIFTON & MEADOWS PCN	79.7%	82.7%	87.5%	92.1%	93.1%	96.5%	95.9%	88.5%	76.1%
NOTTINGHAM CITY EAST PCN	71.3%	77.0%	79.5%	85.9%	90.2%	90.5%	90.8%	78.9%	68.0%
RADFORD AND MARY POTTER PCN	64.1%	66.1%	71.9%	77.9%	85.6%	85.8%	87.6%	74.8%	60.6%
UNITY (NOTTINGHAM) PCN	61.1%	68.1%	71.0%	91.2%	80.9%	90.6%	94.5%	76.0%	63.3%
ARNOLD AND CALVERTON PCN	90.3%	92.1%	93.2%	94.7%	97.0%	97.3%	97.0%	93.4%	87.2%
ARROW HEALTH PCN	88.4%	90.9%	92.8%	94.7%	95.2%	97.2%	96.9%	93.4%	86.8%
BYRON PCN	88.4%	91.1%	91.9%	94.1%	96.0%	96.6%	96.4%	93.5%	85.6%
SYNERGY HEALTH PCN	88.2%	89.5%	92.2%	94.1%	95.5%	96.4%	97.1%	93.5%	86.0%
NOTTINGHAM WEST PCN	87.7%	90.3%	91.8%	94.4%	96.3%	97.0%	97.0%	92.8%	86.1%
RUSHCLIFFE PCN	91.4%	92.7%	94.6%	95.7%	96.9%	97.2%	96.7%	94.3%	88.4%
Nottingham & Nottinghamshire ICS	84.9%	87.9%	90.3%	93.2%	95.2%	96.0%	95.8%	89.5%	81.8%

2) All Clinically Extremely Vulnerable Patients (CEV)

Note: Numbers may not add up due to rounding to nearest multiple of 5

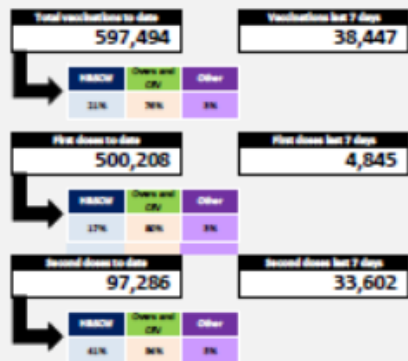
Not Vaccinated Yet	Age Group						Sex		Ethnicity						Deprivation					CEV		Booking	Declined
Neighbourhood	Under 65	65-69	70-74	75-79	80+	Grand Total	Female	Male	White	Black	Asian	Mixed	Other	Not Recorded	1 = Most Deprived	2	3	4	5 = Least Deprived	CEV 1st Group	CEV 2nd Group	Future Appt Booked	Not Vacc Declined
Bassettlaw - Larwood	155	10	10	5	20	200	120	80	170	5	0	0	0	25	55	40	30	30	10	140	60	0	140
Bassettlaw - Newgate	155	10	5	10	20	305	150	155	135	0	0	5	10	50	155	60	45	25	15	225	75	0	20
Bassettlaw - Retford villages	185	15	10	5	30	250	145	105	205	5	5	0	0	30	30	65	60	70	5	150	100	0	15
Mid Notts - Ashfield North	210	15	15	15	40	295	165	130	250	5	15	5	5	10	165	80	40	15	5	180	135	0	30
Mid Notts - Ashfield South	140	10	15	10	30	205	115	90	185	5	0	5	5	5	90	45	60	15	0	90	120	0	10
Mid Notts - Mansfield North	105	10	10	20	50	295	165	130	155	5	5	10	5	15	160	70	25	20	15	140	155	0	20
Mid Notts - Newark	220	20	20	10	45	315	160	155	240	10	10	10	10	40	95	50	85	60	25	170	145	0	20
Mid Notts - Rosewood	220	15	10	5	20	270	160	115	215	10	15	10	10	15	100	35	35	15	5	125	150	0	5
Mid Notts - Sherwood	170	20	15	20	65	290	155	135	260	5	0	10	0	10	55	130	60	25	20	145	140	0	15
City - Bulwell & Top Valley	120	25	15	15	40	415	270	145	325	95	15	40	5	30	310	50	45	5	5	200	215	0	10
City - BACHS	605	35	30	55	155	875	585	290	465	170	140	45	15	65	460	145	35	5	30	310	570	0	35
City - Radford & Mary Potter	245	10	10	5	10	280	165	115	80	50	90	15	20	20	220	50	10	0	0	125	155	0	55
City - Bestwood & Sherwood	395	15	15	10	50	480	300	180	240	130	40	30	5	35	260	145	60	5	10	285	195	0	80
City - Nottingham City East	690	20	20	20	60	810	460	350	305	285	130	60	30	55	435	95	60	20	5	280	530	0	40
City - Nottingham City South	170	15	10	10	40	345	195	150	115	70	100	20	20	20	145	55	40	50	25	140	205	5	35
City - Clifton & The Meadows	260	15	5	10	35	325	210	115	180	70	55	20	5	15	255	55	10	0	5	110	215	0	25
City - Unlity	20	0	0	0	0	20	10	10	5	5	0	0	5	0	5	5	5	5	5	20	0	0	5
South Notts - Arnold and Calverton	110	15	10	10	40	180	105	75	125	15	5	5	5	30	15	60	35	45	25	125	55	0	20
South Notts - Arrow Health	150	5	15	10	40	220	130	90	135	20	15	10	0	30	40	55	50	45	30	120	100	0	35
South Notts - Byrn	140	10	10	5	20	190	115	75	150	15	5	5	0	15	55	80	40	5	15	105	85	0	10
South Notts - Synergy Health	95	5	10	5	10	130	80	50	95	10	5	5	5	15	15	45	40	20	15	85	45	0	10
South Notts - Beeston	145	10	5	10	35	225	140	85	145	25	30	10	5	10	20	50	45	50	60	85	140	0	20
South Notts - Eastwood	100	5	10	15	25	155	85	70	130	5	5	5	0	10	35	30	40	25	20	80	75	0	10
South Notts - Stapleford	80	5	0	5	15	100	55	45	70	5	10	5	0	10	5	25	45	15	10	40	60	0	5
South Notts - Rushcliffe Central	120	5	5	0	25	155	85	70	80	15	30	10	0	20	5	10	25	35	80	65	90	0	5
South Notts - Rushcliffe North	90	0	10	5	20	125	75	50	95	5	5	5	0	15	0	10	20	25	70	65	60	0	0
South Notts - Rushcliffe South	55	5	5	5	35	100	55	45	85	5	5	0	0	10	0	5	0	25	65	60	40	0	5
Grand Total	5,670	340	285	295	945	7,540	4,400	3,140	4,700	1,000	750	345	165	605	3,705	1,580	1,040	465	545	3,635	3,925	20	480

% Uptake	Age Group						Sex		Ethnicity						Deprivation					CEV	
Neighbourhood	Under 65	65-69	70-74	75-79	80+	Grand Total	Female	Male	White	Black	Asian	Mixed	Other	Unknown	1 = Most Deprived	2	3	4	5 = Least Deprived	CEV 1st Group	CEV 2nd Group
Bassettlaw - Larwood	90%	97%	97%	98%	97%	94%	93%	95%	94%	80%	100%	100%	100%	90%	92%	93%	95%	96%	96%	94%	92%
Bassettlaw - Newgate	85%	94%	98%	97%	97%	91%	92%	90%	91%	100%	100%	75%	60%	90%	88%	92%	91%	95%	95%	91%	90%
Bassettlaw - Retford villages	88%	95%	97%	98%	97%	93%	92%	94%	93%	67%	83%	100%	100%	93%	90%	93%	94%	93%	94%	94%	91%
Mid Notts - Ashfield North	89%	96%	97%	97%	95%	93%	92%	94%	94%	83%	73%	75%	50%	90%	91%	92%	95%	96%	97%	94%	89%
Mid Notts - Ashfield South	90%	96%	96%	97%	96%	93%	92%	94%	93%	83%	100%	75%	50%	90%	90%	94%	93%	95%	100%	94%	91%
Mid Notts - Mansfield North	90%	97%	98%	95%	94%	93%	92%	93%	93%	88%	93%	67%	50%	83%	91%	94%	94%	96%	93%	93%	90%
Mid Notts - Newark	89%	95%	96%	98%	97%	93%	93%	94%	94%	78%	78%	67%	67%	88%	88%	90%	93%	95%	97%	94%	92%
Mid Notts - Rosewood	84%	94%	97%	98%	96%	90%	89%	91%	91%	72%	79%	67%	60%	80%	86%	93%	91%	96%	96%	93%	83%
Mid Notts - Sherwood	92%	95%	97%	95%	94%	93%	93%	94%	94%	83%	100%	60%	100%	93%	93%	91%	94%	95%	94%	95%	92%
City - Bulwell & Top Valley	79%	90%	93%	94%	92%	85%	82%	88%	89%	67%	84%	73%	67%	79%	83%	82%	82%	84%	80%	88%	82%
City - BACHS	76%	88%	90%	88%	79%	79%	77%	82%	84%	65%	75%	64%	73%	72%	76%	78%	84%	84%	83%	85%	79%
City - Radford & Mary Potter	73%	85%	88%	90%	92%	78%	75%	78%	83%	64%	80%	63%	63%	63%	73%	80%	83%	100%	100%	77%	75%
City - Bestwood & Sherwood	77%	93%	93%	95%	91%	84%	82%	86%	88%	66%	80%	70%	83%	74%	82%	84%	85%	94%	82%	84%	83%
City - Nottingham City East	72%	92%	92%	89%	89%	78%	76%	80%	85%	64%	77%	64%	67%	72%	76%	79%	84%	88%	92%	82%	79%
City - Nottingham City South	76%	88%	93%	93%	91%	82%	81%	84%	90%	63%	74%	67%	60%	75%	78%	81%	83%	83%	82%	87%	77%
City - Clifton & The Meadows	81%	93%	97%	95%	95%	88%	86%	90%	92%	68%	76%	67%	67%	85%	88%	84%	91%	100%	88%	91%	86%
City - Unlity	73%				100%	73%	75%	71%	88%	67%	100%		9%		30%	75%	75%	75%	67%	78%	100%
South Notts - Arnold and Calverton	89%	94%	97%	96%	95%	93%	93%	94%	94%	67%	90%	80%	50%	93%	88%	92%	92%	94%	96%	94%	91%
South Notts - Arrow Health	88%	96%	95%	97%	95%	92%	91%	94%	94%	75%	86%	83%	100%	90%	86%	93%	90%	93%	95%	94%	89%
South Notts - Byrn	89%	96%	96%	98%	97%	93%	92%	94%	94%	70%	88%	67%	100%	93%	91%	91%	94%	94%	96%	94%	91%
South Notts - Synergy Health	90%	96%	95%	97%	98%	93%	92%	95%	94%	75%	86%	83%	100%	92%	90%	93%	92%	95%	93%	93%	93%
South Notts - Beeston	87%	94%	98%	96%	96%	92%	91%	94%	94%	67%	84%	78%	75%	95%	89%	86%	91%	93%	95%	94%	91%
South Notts - Eastwood	90%	96%	96%	95%	96%	93%	93%	94%	94%	67%	83%	75%		87%	91%	94%	93%	95%	94%	95%	91%
South Notts - Stapleford	87%	94%	100%	96%	95%	92%	92%	92%	94%	67%	80%	67%	100%	60%	88%	93%	88%	93%	96%	95%	89%
South Notts - Rushcliffe Central	86%	96%	97%	100%	96%	92%	92%	92%	94%	73%	88%	72%	100%	88%	80%	75%	88%	91%	94%	94%	90%
South Notts - Rushcliffe North	89%	100%	96%	98%	97%	94%	94%	95%	95%	67%	80%	67%	100%	92%	100%	88%	90%	96%	94%	95%	93%
South Notts - Rushcliffe South	93%	97%	98%	98%	95%	95%	95%	95%	95%	67%	89%	100%	100%	93%	100%	94%	100%	95%	95%	96%	94%
Grand Total	85%	94%	94%	96%	95%	90%	89%	91%	92%	67%	80%	69%	68%	87%	85%	90%	92%	94%	95%	92%	86%

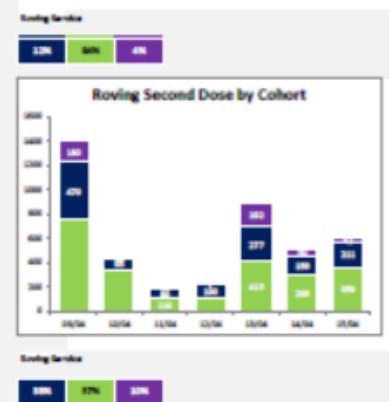
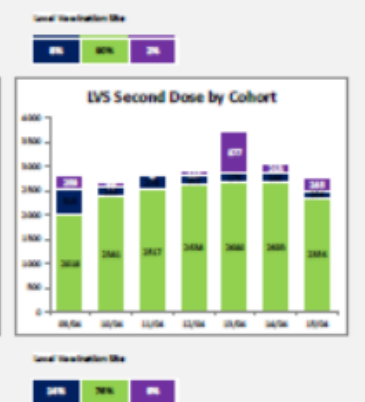
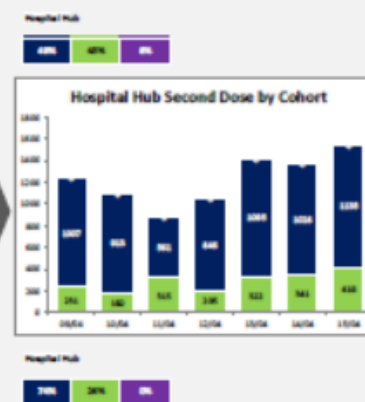
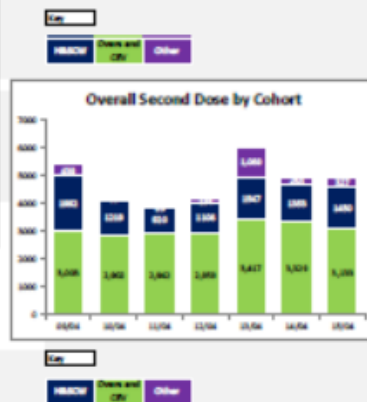
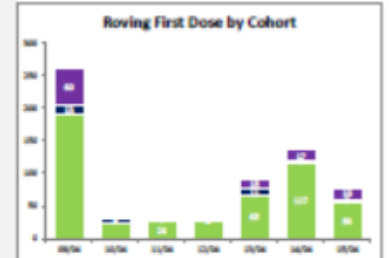
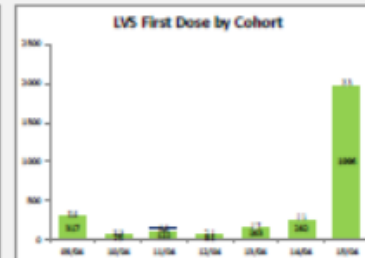
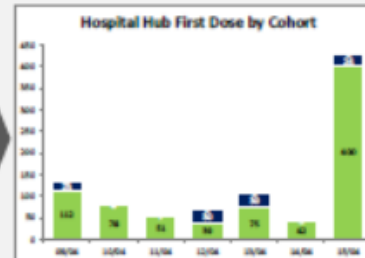
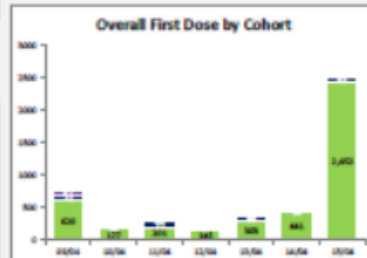
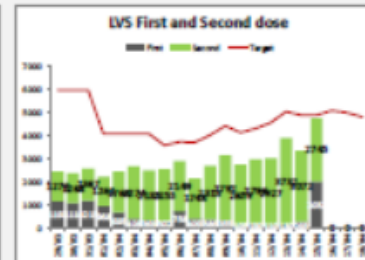
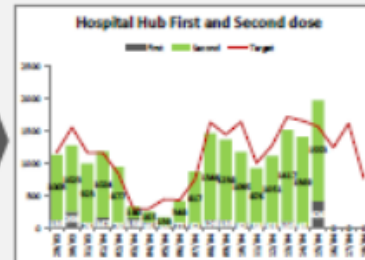
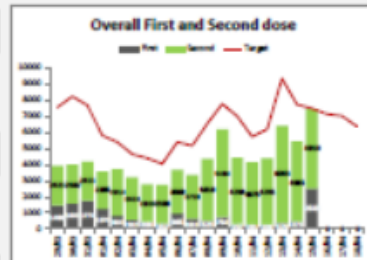
Appendix 1

Nottingham, Nottinghamshire COVID-19 Vaccination Programme

Summary Dashboard: Vaccination Programme (reporting period to 15 April 2021)



- First Dose Headline**
- 95% (previous report 95%) of the over 65 population have received their first vaccination
- 89% (previous report 89%) of clinically extremely vulnerable population have received their first vaccination (85% (previous report 84%) first vaccination for CEV <70 years old)
- 90% (previous report 90%) of the 60-64 population have received their first vaccination
- 88% (previous report 87%) of the 55-59 population have received their first vaccination
- 85% (previous report 84%) of the 50-54 population have received their first vaccination
- 48% of the 40-49 population have received their first vaccination
- Second Dose Headline**
- 70% (previous report 69%) of the over 80 population have received their second dose of the vaccination
- 33% of the 75-79 population have received their second dose of the vaccination



9 June 2021**Agenda Item: 11****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE &
HEALTH****RETROSPECTIVE APPROVAL OF THE 2020/21 BETTER CARE FUND (BCF)
YEAR END REPORTING TEMPLATE SUBMISSION****Purpose of the Report**

1. To approve the Nottinghamshire 2020-21 Better Care Fund Year End reporting template that was submitted to NHS England on 24 May 2021.

Information**Summary of progress during 2020-21**

2. During the emergency response to COVID-19 there was no BCF planning guidance released for 2020-21. As a result, the BCF programme plan for 2019 – 2020 has continued unchanged into 2020-21.
3. COVID 19 placed significant pressures on the population and the local health and care system in Nottinghamshire. In response, system governance and leadership were enhanced, particularly through the close alignment between all partners in the Local Resilience Forum (LFR) throughout the pandemic. This has led to a long-term joint approach to supporting and managing quality and workforce issues in an integrated way for the home care and care home sectors.
4. A joint approach to using data during COVID has enabled identification of the most vulnerable people requiring support and has informed an integrated approach to providing support using a preventative approach going forward.
5. Particular pressures were seen in acute hospital flow and increased waiting times for planned care. System leadership has also been demonstrated through the development of a shared Discharge to Assess (D2A) model, which includes innovative approaches to discharge pathways. There is an agreed model across health and social care, with a shared vision, scope and timeline, working to delivery of the shared model in October 2021.

Reporting

6. The 2020-21 Better Care Fund reporting requirements were paused during the emergency response to COVID-19. In recognition of the disruption and reduced resource caused by the pandemic, the resumed reporting requirements have been significantly reduced.

7. The requirements were set out to provide essential information relevant to accountability and delivery at the end of year 2020-21. Specifically, the reduced requirements were:

Tab 3: National Conditions, which are:

- Agree plan and section 75 pooled fund
- CCG minimum contribution to social care is in line with BCF policy
- Agreed investment in NHS commissioned out of hospital services
- CCG and LA confirmed compliance to the HWB

Tab 4: Income

Tab 5: Expenditure

Tab 6: Income & Expenditure: confirming the BCF allocation has been invested according to the plans

Tab 7: Year End Feedback: the key areas of progress and challenge in the last 12 months

Tab 8: iBCF: Detail of payment to external social care providers

8. In relation to Tab 3 'National Conditions' and Tab 5 'Expenditure' it should be noted that there is a small underspend of £9,158 reported against the CCG minimum contribution to social care. This is due to partners having agreed the contribution to social care at the start of the year based on announced % uplift, which is reflected in the signed S75 partnership agreement but has a slight discrepancy to the minimum required spend in this template.

9. The report template was agreed for submission to NHSE by the following, subject to formal ratification at the Health and Wellbeing Board on the 9th June 2021:

- Chair of the Nottinghamshire Health & Wellbeing Board
- Melanie Brooks (Corporate Director: Adult Social Care & Health)
- Lucy Dadge (Nottingham & Nottinghamshire CCGs Chief Commissioning Officer)
- Idris Griffiths (Bassetlaw CCG Accountable Officer)

9. Subsequently, the Health and Wellbeing Board are asked to formally ratify the template.

10. The Nottinghamshire 2020-21 Better Care Fund End of Year reporting template submission is shown in full at **Appendix 1**.

Next steps

11. In readiness for the release of the BCF planning guidance for 2021 -22, a review into the approach to programme areas and partnership governance arrangements for greater integration is being undertaken. This review will consider the positive progress made to establish system response during the pandemic and the direction of travel outlined in the NHS White Paper: 'Integration and Innovation: working together to improve health and social care for all', published in February 2021.

Other options considered

12. None.

Reasons for Recommendation

13. To ensure the Health & Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

Statutory and Policy Implications

14. 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

15. The 2020-21 Better Care Fund pooled budget has been agreed as £96,123,648 after inflation and is summarised in Appendix 1.

Human Resources Implications

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

Legal Implications

17. The Care Act facilitates the establishment of the Better Care Fund 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.

RECOMMENDATION

The Health and Wellbeing Board is asked-

- 1) To approve the Nottinghamshire 2020-21 Better Care Fund End of Year reporting template that was submitted to NHS England on 24th May 2021.

Melanie Brooks

Corporate Director: Adult Social Care & Health

Nottinghamshire County Council

For any enquiries about this report please contact:

Naomi Robinson

Senior Joint Commissioning Manager

Nottingham and Nottinghamshire Clinical Commissioning Group

E: Naomi.Robinson2@nhs.net

Clare Gilbert

Group Manager, Strategic Commissioning

Nottinghamshire County Council

T: 0115 8045527

E: clare.gilbert@nottsccl.gov.uk

Constitutional Comments (EP 18/05/21)

18. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (OC 24/05/2021)

19. The Financial implication are contained within paragraph 15 and appendix 1

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.

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Nottinghamshire 2019-20 Q4 Better Care Fund Reporting Template

Electoral Division(s) and Member(s) Affected

- All.

Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For an optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

Year End Feedback

This section provide an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing

Better Care Fund 2020-21 Year-end Template**2. Cover****Version 1.0****Please Note:**

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Naomi Robinson
E-mail:	Naomi.Robinson2@nhs.net
Contact number:	MS Teams
Is the template being submitted subject to HWB / delegated sign-off?	Yes, subject to sign-off
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	
Name:	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	Yes
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. IBCF	Yes

[<< Link to the Guidance sheet](#)

Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Nottinghamshire

Confirmation of Nation Conditions	
National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	No
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes

--

If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
Partners agreed contribution to social care at the start of the year based on announced % age uplift, this is reflected in the signed S75 partnership agreement but has a slight discrepancy to the minimum required spend in this template.

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

Nottinghamshire

Local Authority Contribution	
	Gross Contribution
Disabled Facilities Grant (DFG)	
Nottinghamshire	£7,886,632
DFG breakdown for two-tier areas only (where applicable)	
Ashfield	£1,047,045
Bassetlaw	£1,324,693
Broxtowe	£983,969
Gedling	£1,189,210
Mansfield	£1,425,589
Newark and Sherwood	£1,159,270
Rushcliffe	£756,856
Total Minimum LA Contribution (exc iBCF)	£7,886,632

iBCF Contribution	Contribution
Nottinghamshire	£30,011,229
Total iBCF Contribution	£30,011,229

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	No
--	----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Mansfield and Ashfield CCG	£14,585,020
NHS Nottingham North and East CCG	£10,546,723
NHS Newark and Sherwood CCG	£9,324,536
NHS Bassetlaw CCG	£8,601,300
NHS Rushcliffe CCG	£8,148,100
NHS Nottingham West CCG	£7,020,108
Total Minimum CCG Contribution	£58,225,787

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£58,225,787	

	2020-21
Total BCF Pooled Budget	£96,123,648

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

Nottinghamshire

Running Balances	Income	Expenditure	Balance
DFG	£7,886,632	£7,886,632	£0
Minimum CCG Contribution	£58,225,787	£58,225,787	£0
iBCF	£30,011,229	£30,011,229	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£96,123,648	£96,123,648	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£16,546,118	£33,334,984	£0
Adult Social Care services spend from the minimum CCG allocations	£22,603,477	£22,594,319	£9,158

Planned spend is less than the minimum required spend

Checklist

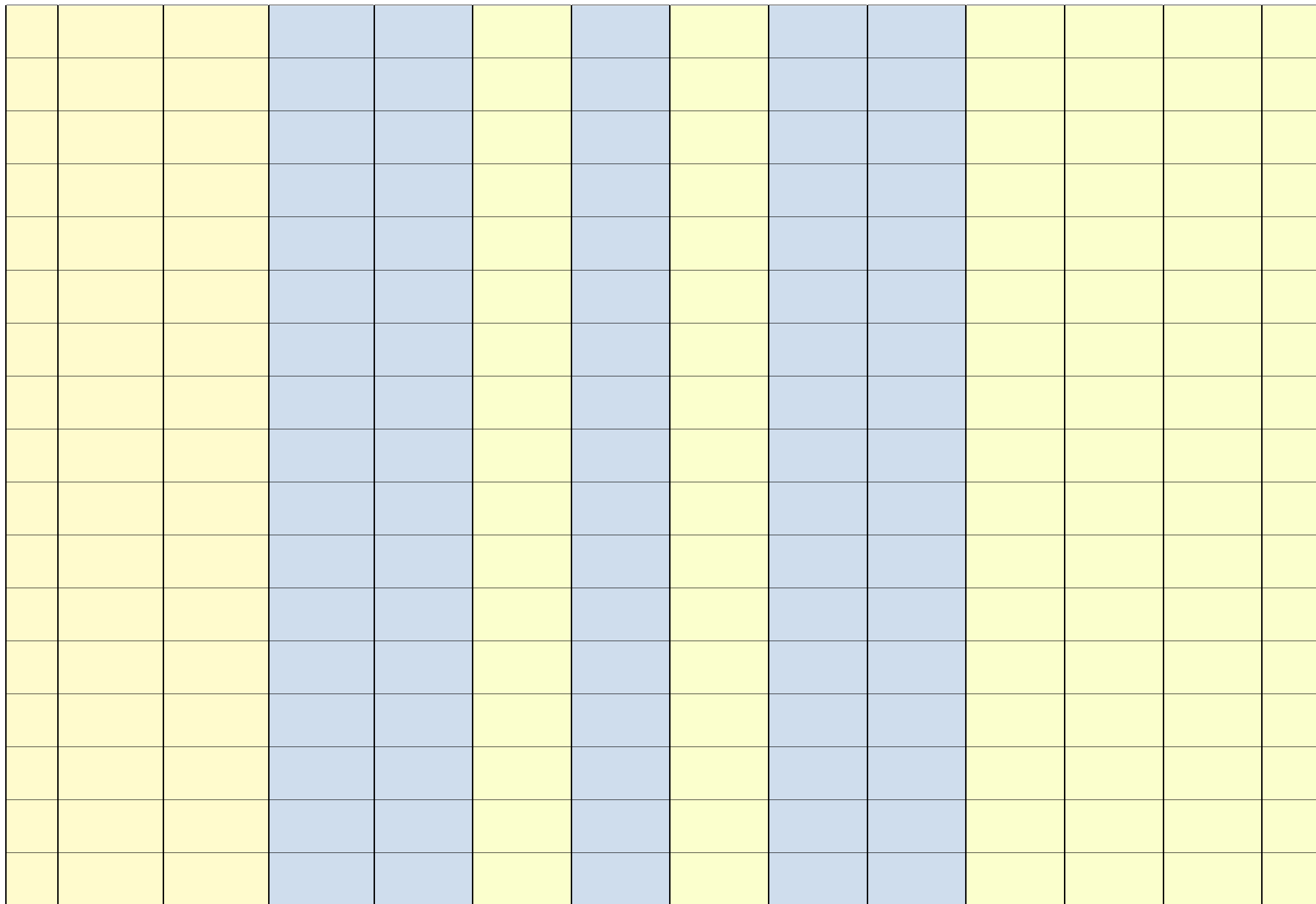
Complete:

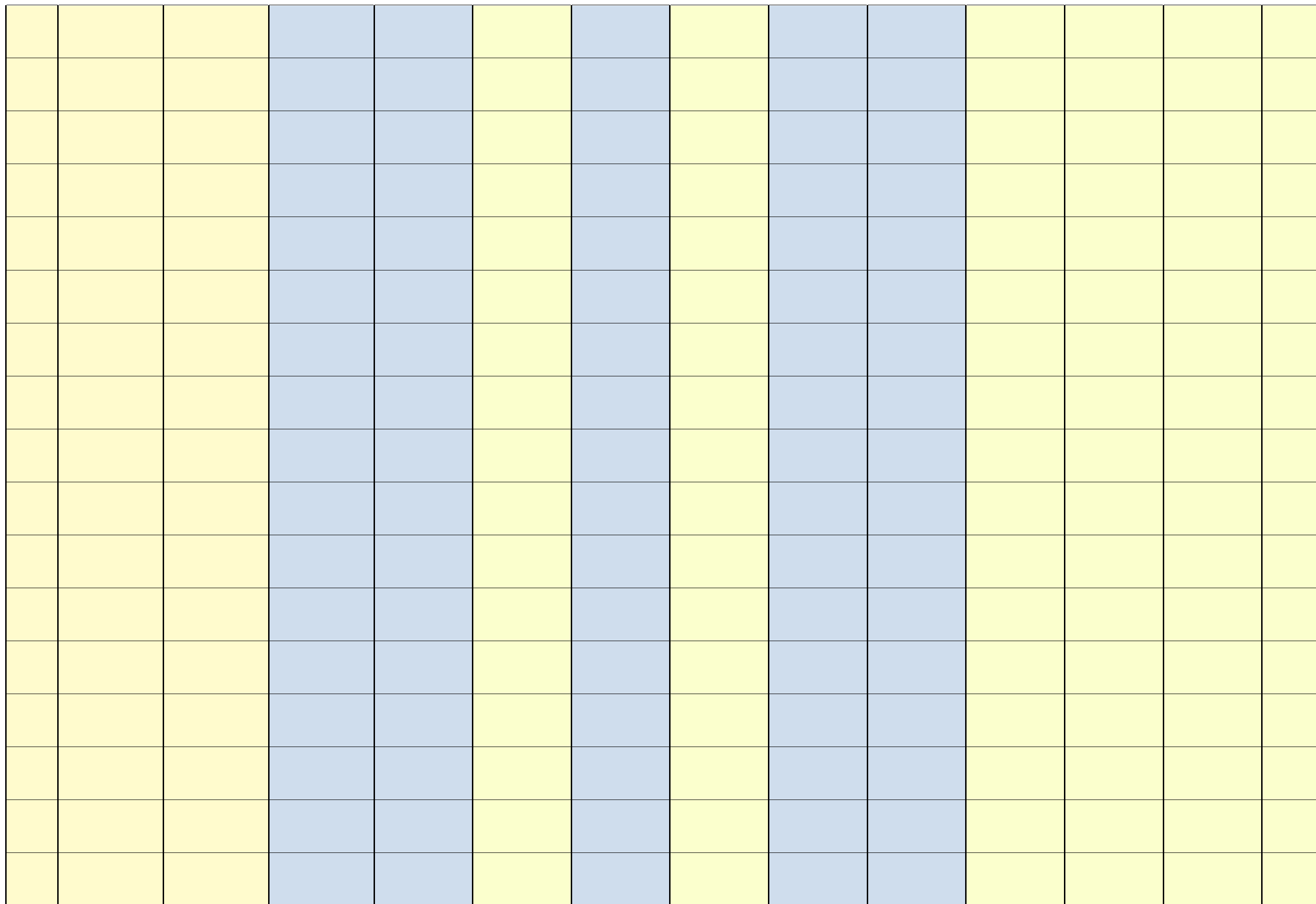
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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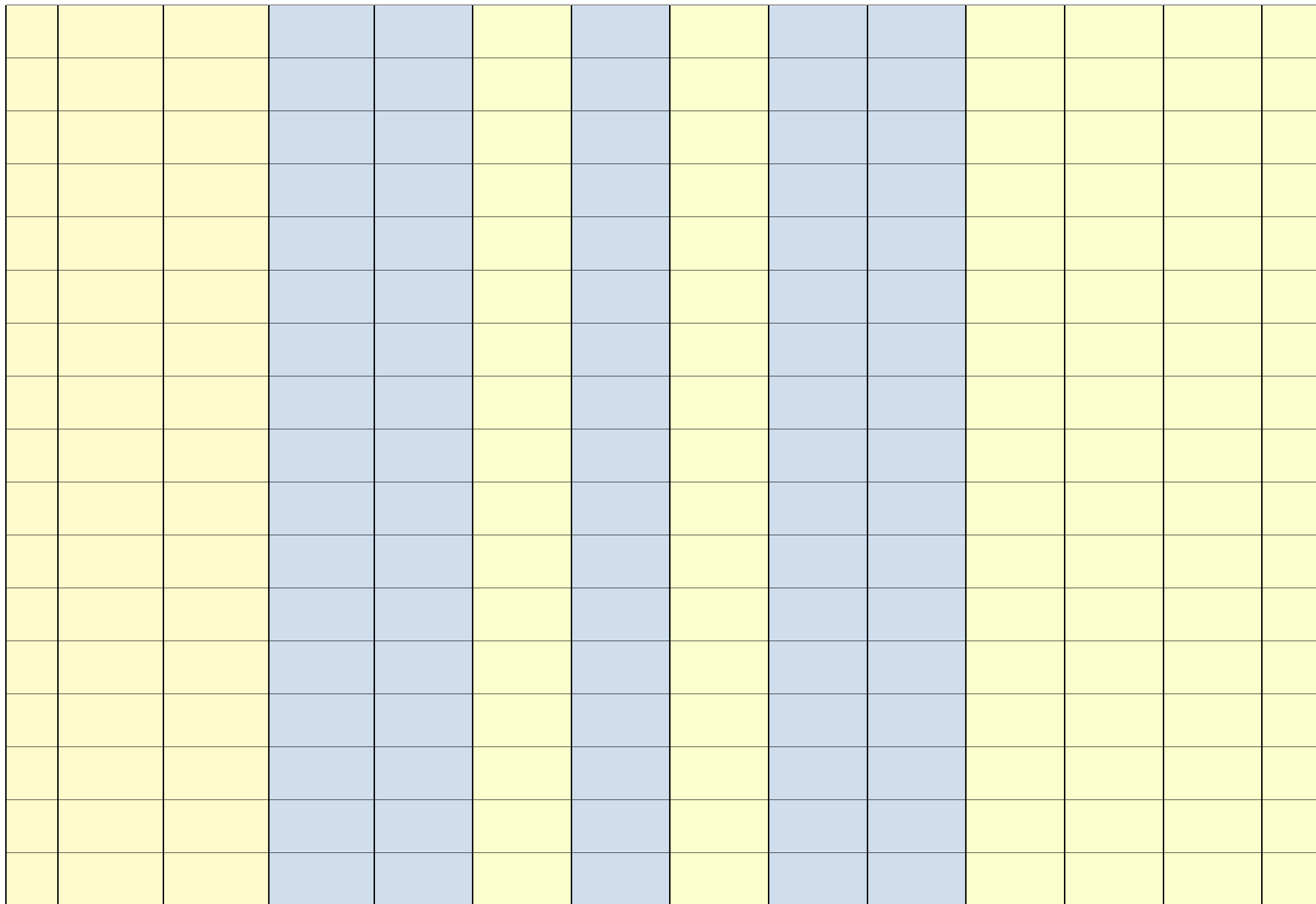
Link to Scheme Type description					Expenditure								
Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	A. Seven Day Working	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£790,347	Existing
2	B. Delayed Transfers of Care	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,052,970	Existing
3	C. Reducing non-elective admissions	Other		geriatrician input pre & post discharge	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£113,838	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,903,365	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,024,540	Existing
3	C. Reducing non-elective admissions	Other		Pysychological medicine scheme	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£170,756	Existing
3	C. Reducing non-elective admissions	Community Based Schemes			Other	Charity / Voluntary Sector	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£1,583,483	Existing

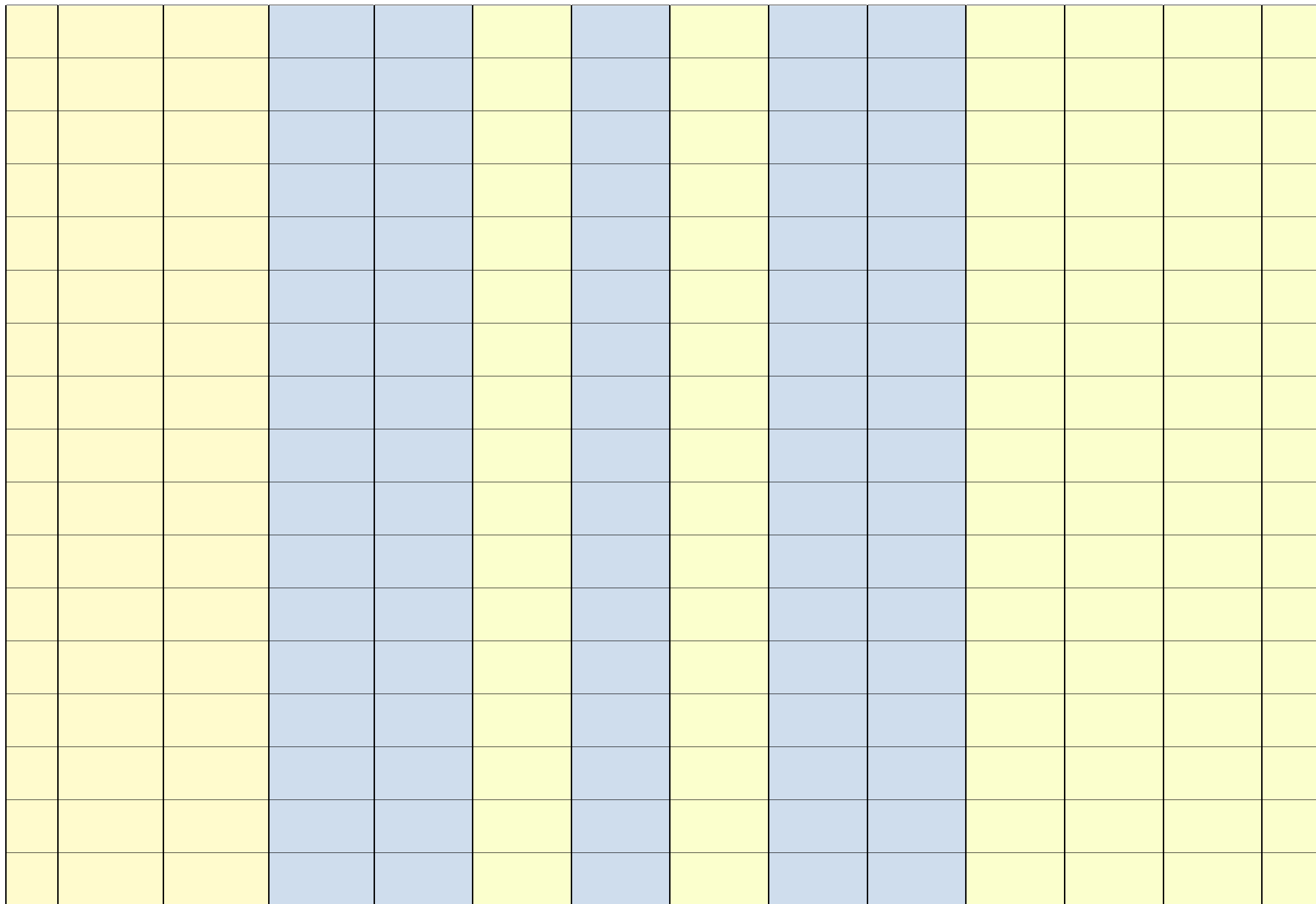
3	C. Reducing non-elective admissions	Community Based Schemes			Primary Care		CCG			CCG	Minimum CCG Contribution	£2,892,617	Existing
4	D. Support to social care	Carers Services	Respite Services		Other	Carers	CCG			CCG	Minimum CCG Contribution	£288,276	Existing
5	E. Enabling	Other		Enabling	Other	Enabling	CCG			CCG	Minimum CCG Contribution	£457,384	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£11,535,971	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Private Sector	Minimum CCG Contribution	£903,549	Existing
6	F. Proactive care (community based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£129,549	Existing
6	F. Proactive care (hospital based)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,118,363	Existing
7	G. Patient and carer support	Personalised Care at Home			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£81,508	Existing
7	G. Patient and carer support	Personalised Care at Home			Primary Care		CCG			CCG	Minimum CCG Contribution	£190,027	Existing
8	H. Better Together Implementation Support	Other		Enabling	Other	Enabling	CCG			CCG	Minimum CCG Contribution	£92,358	Existing
9	I. 7 day access to services	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,070,000	Existing
10	J. Mental Health Liaison	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£502,000	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,108,699	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£505,018	Existing
11	K. Discharge / Assessment incl. Intermediate Care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£64,283	Existing
12	L. Respite services	Carers Services	Respite Services		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£21,000	Existing
13	M. Improving Care Home quality	Other		Improving Healthcare services to care	Other	Care Homes	CCG			Private Sector	Minimum CCG Contribution	£31,567	Existing

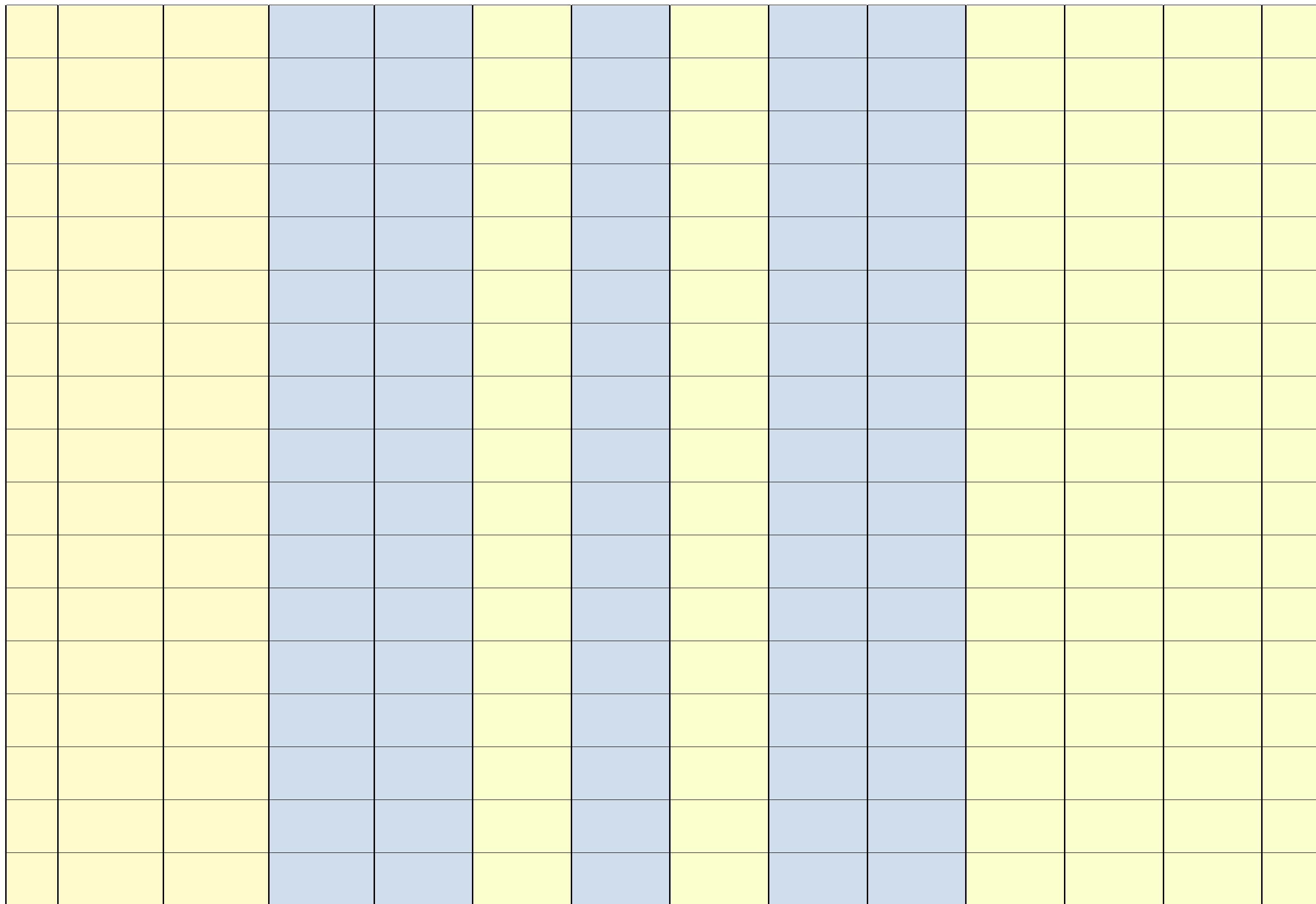
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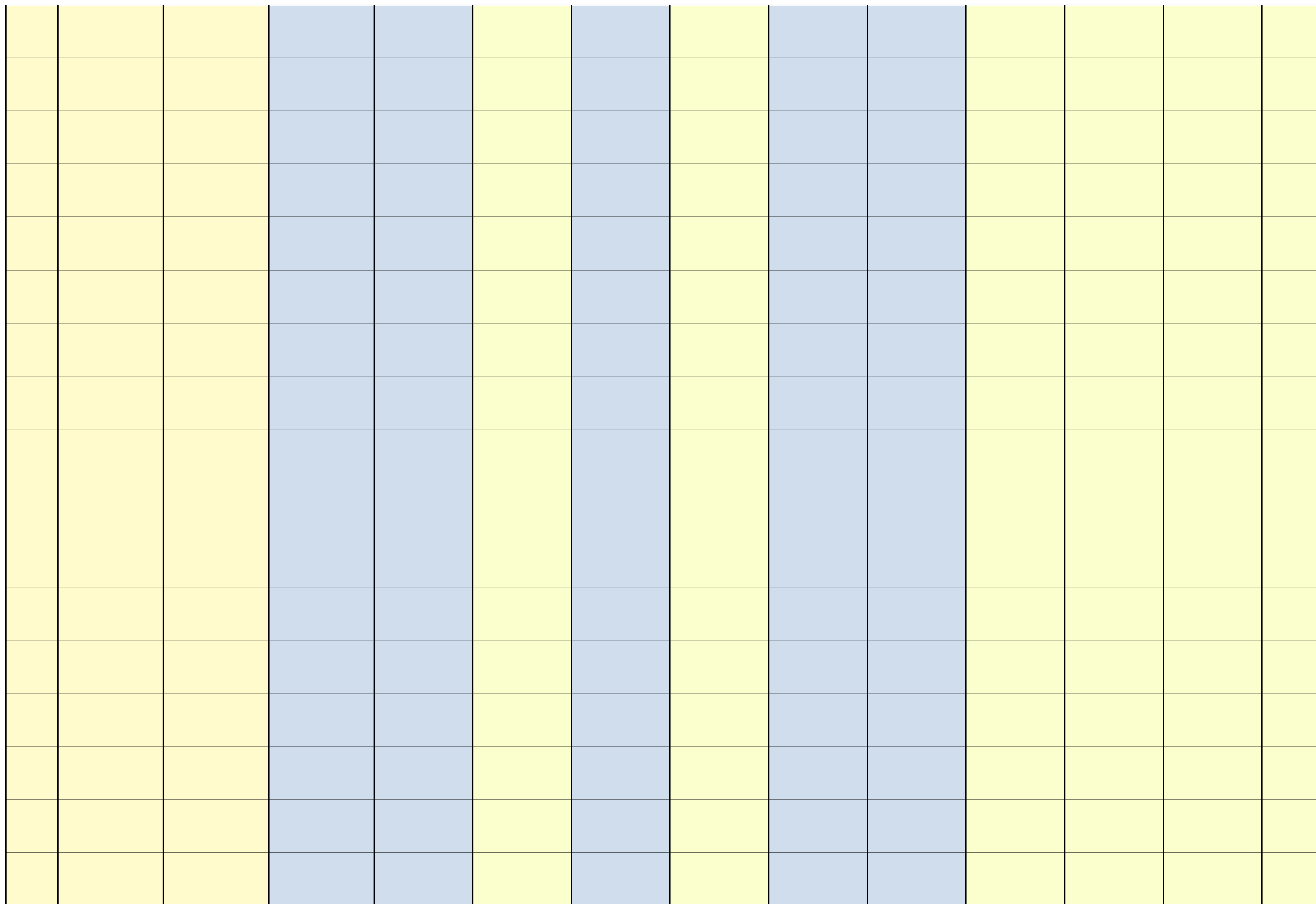


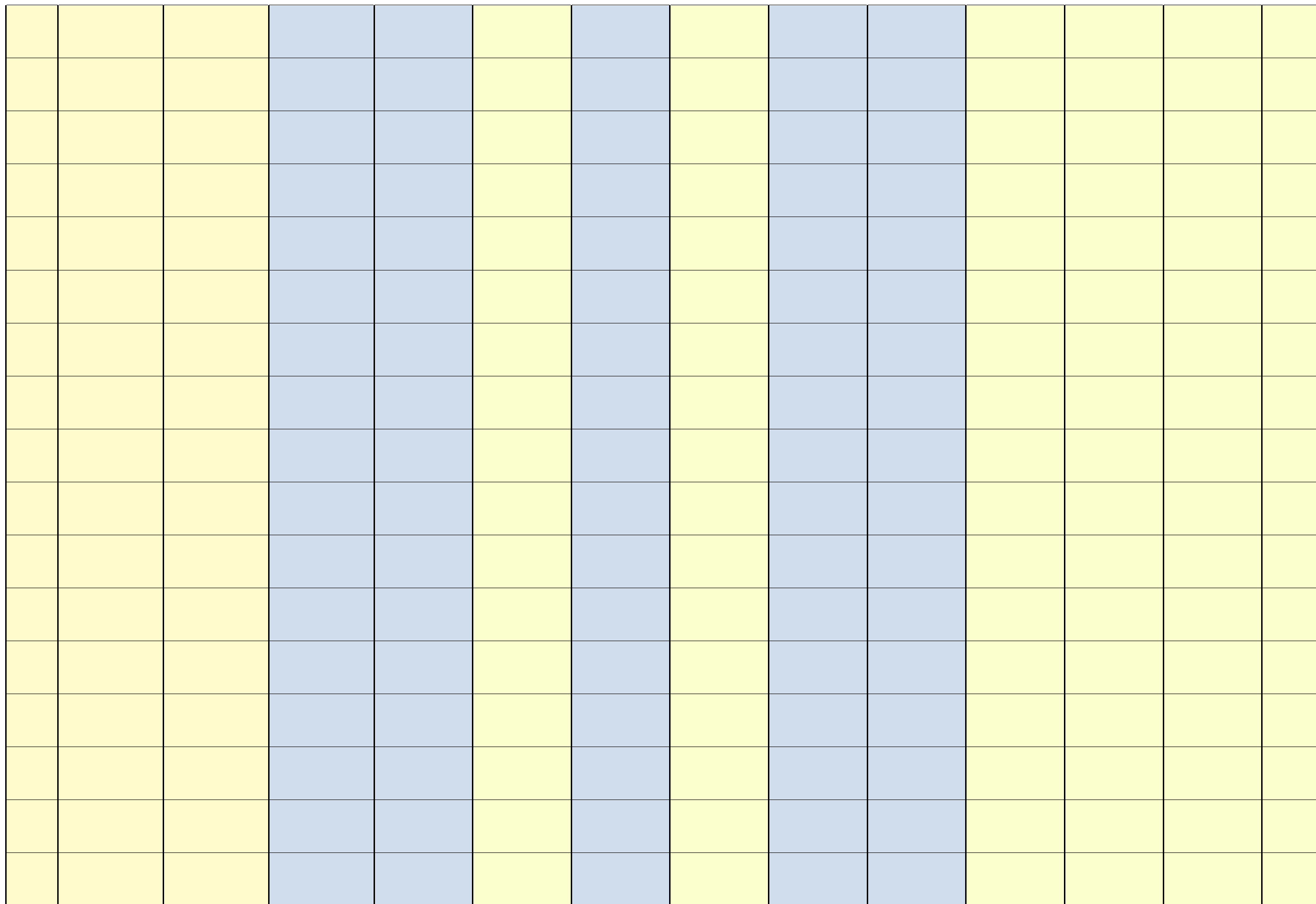


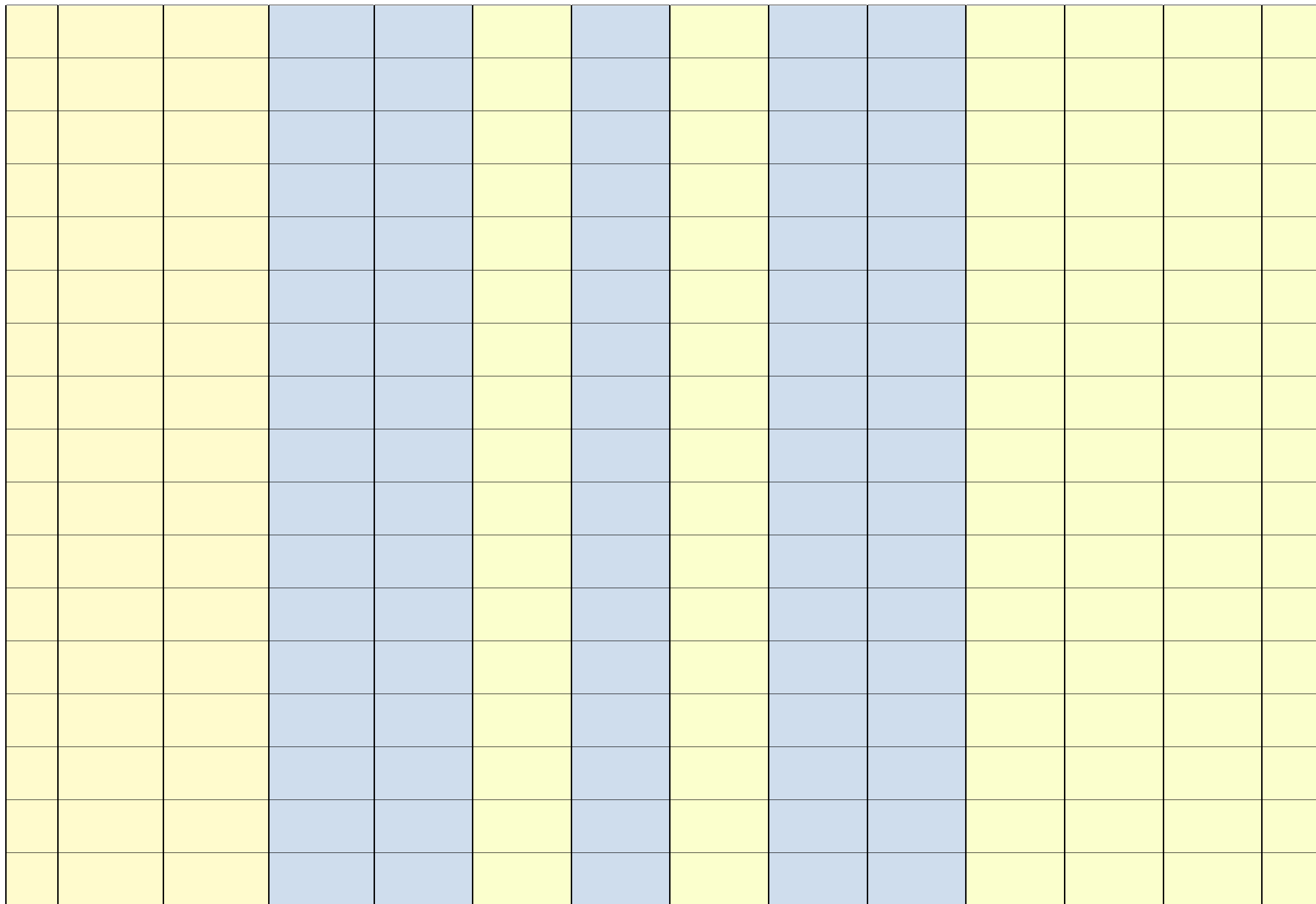


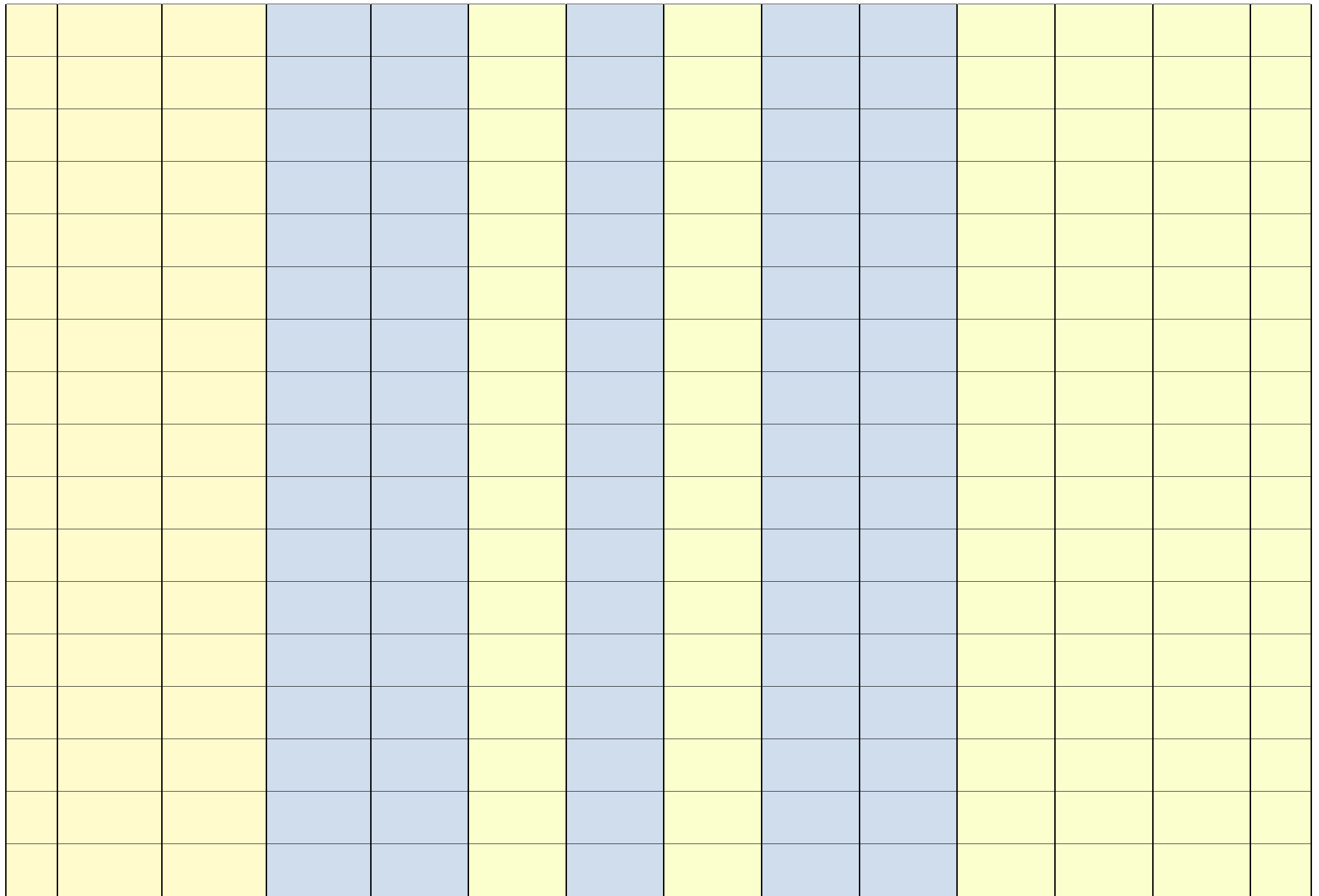


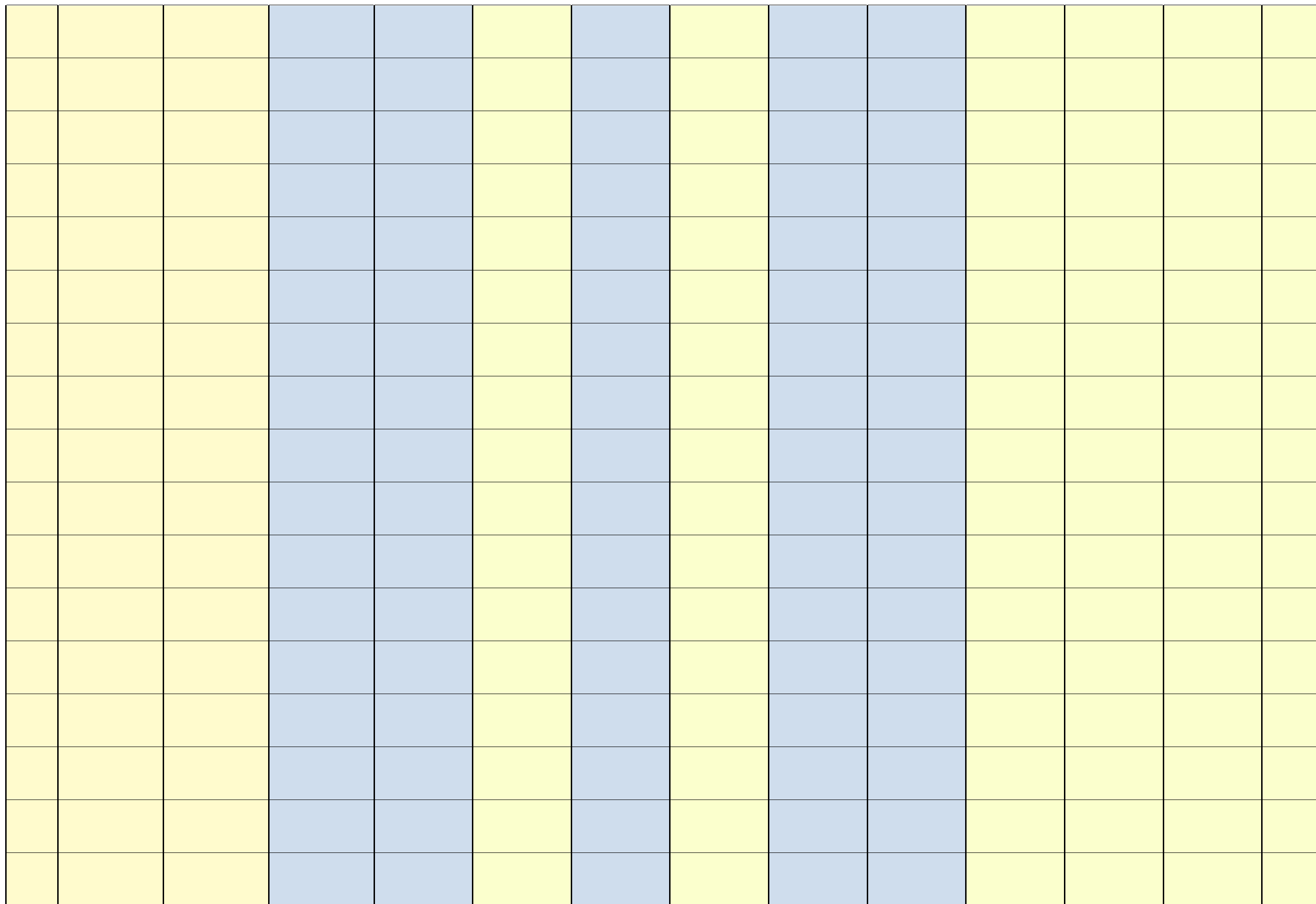


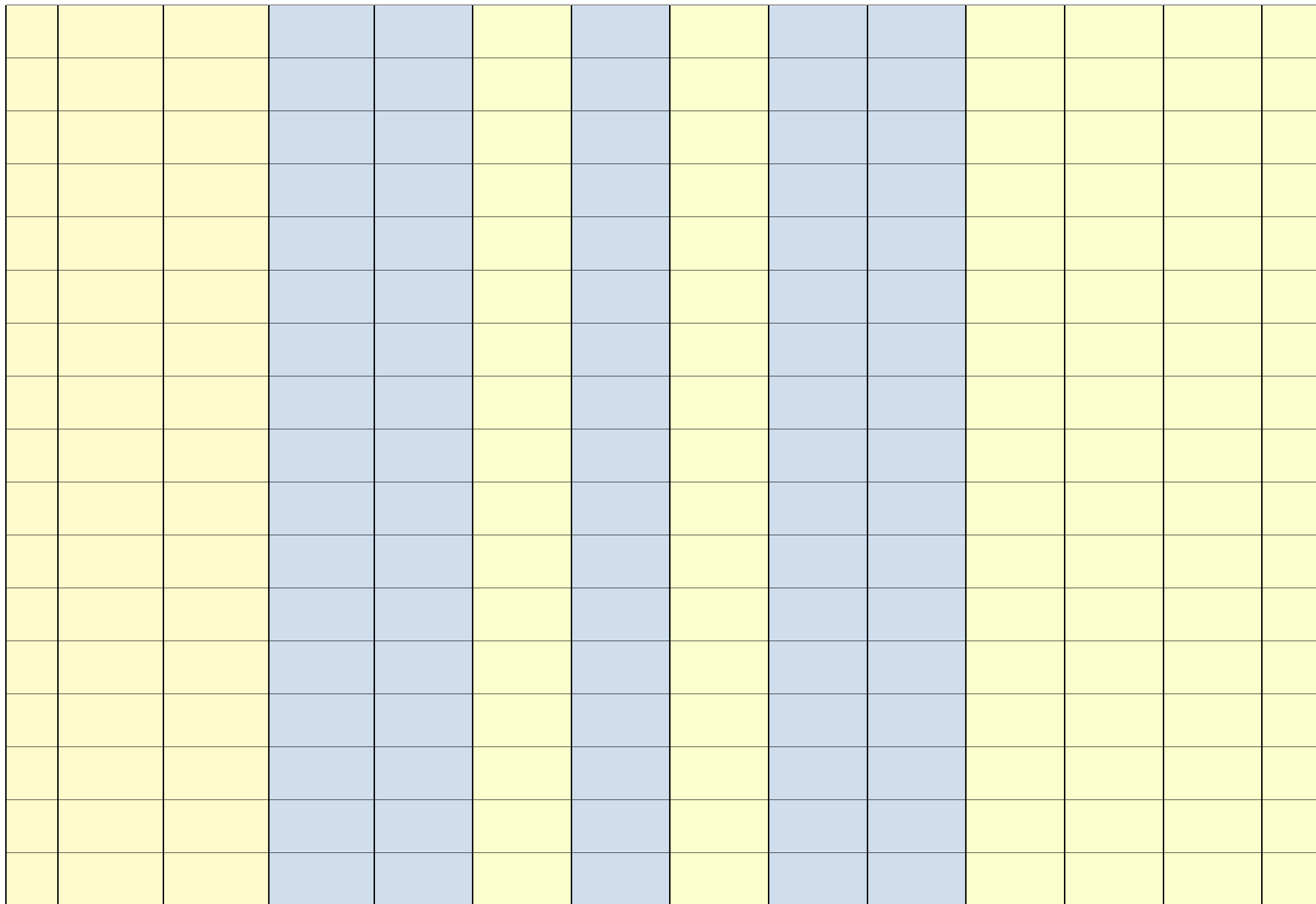


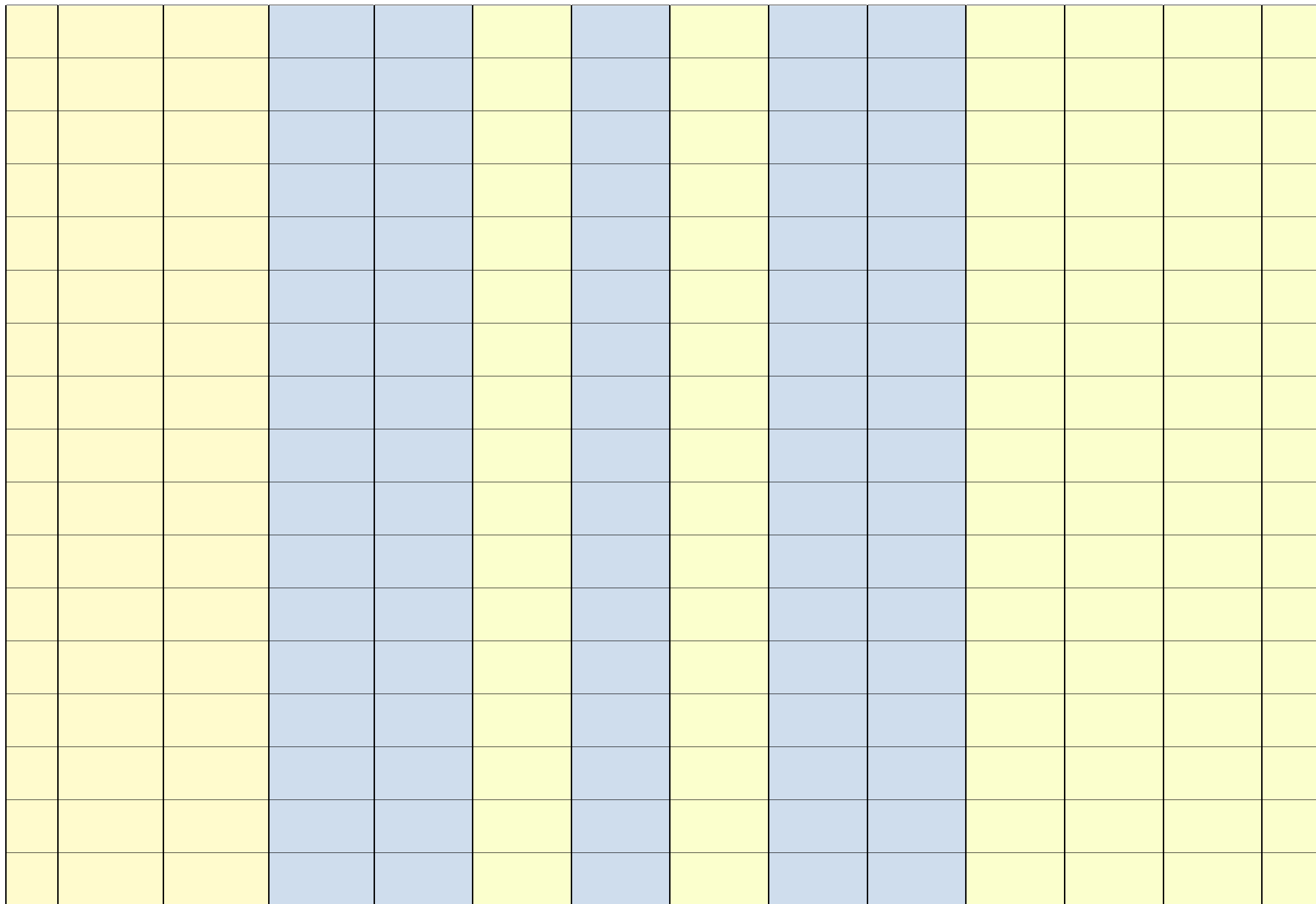












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[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

9 June 2021**Agenda Item: 12****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****UPDATE ON THE NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS
ASSESSMENT 2022-25 REFRESH****Purpose of the Report**

1. To provide an update on the requirement to produce a refreshed Nottinghamshire Pharmaceutical Needs Assessment (PNA), which had been delayed from April 2021 to April 2022 and then subsequently granted a further extension to October 2022 due to the Covid-19 pandemic.
2. To provide an update on the external commissioning of the Nottinghamshire Pharmaceutical Needs Assessment 2022-2025 to Primary Care Commissioning Community Interest Company (PCC CIC), due to Covid-19 pressures impacting on Public Health capacity.

Information

3. The Pharmaceutical Needs Assessment 2018-2021 (PNA) for Nottinghamshire was published in April 2018 following approval by the Health and Wellbeing Board in March 2018.
4. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population.
5. Pharmaceutical services include contracted 'essential services' such as providing prescription medicines and safe disposal of medicines. In addition, community pharmacies are important providers of supplementary health services to their communities such as medicines reviews, health promotion and self-care services (such as emergency hormonal contraception and minor ailments).
6. The PNA provides NHS England with robust and relevant information to support decisions around new and altered pharmaceutical services. The Health & Wellbeing Board is included in the consultation for these pharmacy applications.
7. The PNA is governed by Regulations issued by the Department of Health. These Regulations require that periodic Supplementary Statements are prepared and published where there are changes to pharmaceutical services, which do not warrant a complete review of the PNA.

8. In November 2020, the Board agreed that PNA Supplementary Statements are published in the Chairs Report. Therefore the most recent changes to pharmaceutical services from January 2021 until March 2021 are summarised in the Chairs Report.

Pharmaceutical Needs Assessment Refresh suspended until October 2022

9. The current Pharmaceutical Needs Assessment (PNA) was due to be refreshed and published by April 2021. However, as a result of COVID-19, in May 2020, this was postponed to April 2022. This has now recently been followed by another 6-month extension to October 2022 after the Department of Health and Social Care made the following statement:

*“Pharmaceutical Needs Assessments (PNAs) are due to be renewed and published by Local Authority Health and Wellbeing Boards in April 2022. Due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed Pharmaceutical Needs Assessments will be **suspended until October 2022**. Local Authority Health and Wellbeing Boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. Updated PNAs guidance will be published this summer. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 will be updated to reflect this change in due course”.*

10. Due to the impact of Covid-19 on Public Health capacity for the project management of the refreshed PNA, in March 2021 both Nottinghamshire County Council and Nottingham City Council signed agreements with Primary Care Commissioning Community Interest Company (PCC CIC) to commission this external provider for the refresh of their respective PNAs. This provider has been approached due to their extensive experience in developing PNAs and similar work at local, regional and national level.
11. PCC CIC will be responsible for full project management and development of the refreshed Nottinghamshire PNA, including managing the required public consultation and producing the final PNA that will be presented to the Health and Wellbeing Board.
12. A Nottinghamshire County and Nottingham City multi-agency PNA Steering Group will still be established to inform and guide the work PCC CIC undertakes, meetings will start in late 2021 to align with the new October 2022 timescale.
13. A paper outlining the approach to the Nottinghamshire 2022-25 PNA refresh in more detail, will be presented to the Health and Wellbeing Board towards the end of 2021 once the PNA Steering Group has resumed meetings and a revised project plan has been developed. Quarterly Supplementary Statements will continue to be produced and published in the Chairs Report until the PNA refresh is published in October 2022.

Other Options Considered

14. An assessment of need was undertaken during the preparation of the PNA 2018-21.

Reason/s for Recommendation/s

15. The Pharmaceutical Needs Assessment is a statutory responsibility of the Health and Wellbeing Board. Supplementary Statements are a requirement of the Regulations for PNA to update the assessment where changes do not warrant a refresh of the PNA.

Statutory and Policy Implications

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

Financial Implications

17. There are no financial implications arising from the contents of this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked-

- 1) To approve the revised planned approach to the Nottinghamshire Pharmaceutical Needs Assessment 2022-25 refresh and identify any further points to consider in progressing the work.
- 2) To receive a more detailed paper towards the end of 2021, including the full Nottinghamshire Pharmaceutical Needs Assessment project plan developed by the PNA Steering Group, in order for the Board to review and suggest any further actions.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Mina Fatemi
Public Health and Commissioning Manager
E: mina.fatemi@nottscc.gov.uk

Constitutional Comments (EP 18/05/21)

18. The recommendations fall within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 17/05/21)

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

Background Papers and Published Documents

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

[Nottinghamshire Pharmaceutical Needs Assessment](#)

Nottinghamshireinsight.org.uk

[Approval of the Pharmaceutical Needs Assessment](#)

Report to the Health and Wellbeing Board, March 2018.

[Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards](#)

Department of Health and Social Care, May 2013.

Electoral Division(s) and Member(s) Affected

- All

**REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health & Wellbeing Board's work programme for 2021.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board'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 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.

Reasons for Recommendation

5. To assist the Health & Wellbeing 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

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

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Gately
Democratic Services Officer
Nottinghamshire County Council
T: 0115 977 2826

Constitutional Comments (HD)

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

Financial Comments (NS)

8. 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

WORK PROGRAMME: 2021

Please see Nottinghamshire County Council's website for the [papers](#), [membership](#), [work programme](#) and [strategy](#) of the Health & Wellbeing Board. Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 9 June 2021 (2pm)				
Chair's report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr John Doddy	Briony Jones	
Population Health Management and the impacts of COVID-19 on health inequalities.	To inform on how Population Health Management (PHM) approach has been adopted system wide to address the direct and indirect effects of COVID -19 and health and care inequalities during the pandemic.		Amanda Robinson	
Local Area Coordination in Nottinghamshire	To provide the Board with a presentation on the implementation of the Local Area Coordination approach in Nottinghamshire.	Melanie Brooks	Clare Gilbert Linzi Adams	
Better Care Fund update (a year-end report for 2020-21)	To update on the Better Care Fund and seek approval of the Better Care Fund Year End Template.	Melanie Brooks	Clare Gilbert Naomi Robinson	
Pharmaceutical Needs Assessment Project Plan	To outline the plan to refresh the Pharmaceutical Needs Assessment for Nottinghamshire.	Jonathan Gribbin	Amanda Fletcher Mina Fatemi	

Report title	Purpose	Lead officer	Report author(s)	Notes
WORKSHOP: Wednesday 7 July 2021 (2pm)				
Prevention Concordat: Mental Health Prevention & Protection	To reconsider partnership commitment to the Prevention Concordat and to discuss actions to support mental wellness in Nottinghamshire, reflecting the impact of the covid-19 pandemic.	Jonathan Gribbin	Catherine Pritchard Lucy Jones Jane O'Brien Ainsley Macdonnell	
ADDITIONAL WORKSHOP: Wednesday 28 July 2021 (2pm)				
Local Area Coordination	To introduce Local Area Coordination concept on how to better support people within communities in Nottinghamshire and align with associated workstreams.	Melanie Brooks	Clare Gilbert Linzi Adams	

Please note that work is underway to confirm specific deadlines for the following items.

Report title	Purpose	Lead officer	Report author(s)	Notes
Future items (dates to be confirmed)				
Plans to deliver the NHS Long Term Plan in Nottinghamshire	To include the strategies of the Nottingham & Nottinghamshire Integrated Care System, and the South Yorkshire & Bassetlaw Integrated Care System.	Idris Griffiths / Alex Ball	Joanna Cooper / Helen Stevens	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Indirect impacts of COVID-19 on health outcomes and access to healthcare	A report from NHS Nottingham & Nottinghamshire Clinical Commissioning Group, and NHS Bassetlaw Clinical Commissioning Group, on their overall assessment of the impact of COVID-19 on the provision of healthcare and especially in terms of the impact on health inequalities.	David Ainsworth / Idris Griffiths	Simon Castle / Dr Victoria McGregor-Riley / Nina Ennis	Requested at the Health & Wellbeing Board meeting on Friday 24 July.
The return of children to school and associated health and wellbeing issues		Colin Pettigrew	Charles Savage	Requested at the Health & Wellbeing Board meeting on Friday 24 July.
Nottinghamshire's Local Offer for Care Leavers		Colin Pettigrew	Marion Clay	Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.
COVID-19 housing update		Melanie Brooks		Requested at the Health & Wellbeing Board meeting on Friday 24 July.
Update on BCF governance and utilisation of Reserves	An update on the establishment of the new BCF governance arrangements and utilisation of BCF Reserves.	Melanie Brooks	Clare Gilbert	

Report title	Purpose	Lead officer	Report author(s)	Notes
Nottinghamshire Tobacco Declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all Health & Wellbeing Board partner organisations.		Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Wellbeing at Work Scheme		Jonathan Gribbin	Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Annual report from the Healthy & Sustainable Places Coordination Group	An update on the priorities within the 'healthy & sustainable places' ambition of the Joint Health & Wellbeing Strategy, including progress in implementing the health in all policies approach.	Jonathan Gribbin	Dawn Jenkin	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Children and Young People's Emotional & Mental Health	Update on progress on the recommendations from the JSNA Chapter on Children and Young People's Emotional & Mental Health, including the impact of the covid-19 pandemic.	Jonathan Gribbin	Rachel Clark	Requested at the Health & Wellbeing Board meeting on Wednesday 6 January 2021.
Integration and Innovation: Working together to improve health and social care for all	To consider the white paper published by the Department of Health and Social Care in February 2021 and the implications for the Health and Wellbeing Board and health systems in Nottinghamshire.			Requested at the Health & Wellbeing Board meeting on Wednesday 3 rd March 2021.
Future workshops (dates to be confirmed)				
Health & Work		Melanie Brooks	Dawn Jenkin	Originally due to take place on Wednesday 3 June 2020 but suspended due to COVID-19.
Population Health Management			Amanda Robinson Sandra Pooley	Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.

Report title	Purpose	Lead officer	Report author(s)	Notes
Health Inequalities				Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.

