

Health and Wellbeing Board

Wednesday, 06 January 2016 at 14:00

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

AGENDA

1	Minutes of the last meeting held on 2 December 2015	3 - 10
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Election of Vice Chair	
5	Care Act 2014 - Update on First Six Months	11 - 24
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Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 2 December 2015 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Mrs Kay Cutts MBE
Martin Suthers OBE
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

	Jim Aspinall	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Vacancy	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Debbie Mason	-	Rushcliffe Borough Council
	Tony Roberts MBE	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

Vacancy - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Chris Cutland - Deputy Police and Crime Commissioner

ALSO IN ATTENDANCE

Councillor Jim Anderson, Bassetlaw District Council
Joanna Cooper, Better Care Fund Programme Manager (Nottinghamshire)
Chris Few, Chair, Nottinghamshire Safeguarding Children Board
David Mitchell, Rushcliffe Borough Council

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Paul Davies	-	Democratic Services
Gary Eves	-	Public Health
Cathy Harvey	-	Community and Voluntary Sector Team
Kristina McCormick	-	Public Health
Cathy Quinn	-	Public Health
John Tomlinson	-	Public Health

VICE-CHAIR

The Chair referred to discussions with CCG representatives, and hoped that the Board would elect a new Vice-Chair at the next meeting.

MINUTES

The minutes of the last meeting held on 7 October 2015 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Mark Jefford, Councillor Debbie Mason, Dr Paul Oliver and Councillor Susan Shaw.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2015

Kristina McCormick introduced the report on progress of the Joint Strategic Needs Assessment during 2014/15 and plans for its development. She drew attention to the review of topics in the Children and Young People's section, stakeholder engagement, the development of Nottinghamshire Insight, and evaluation of the JSNA programme.

When asked about cross references with development work in South Nottinghamshire, she explained that efforts would be made to avoid duplication. Asked about the Health and Wellbeing Implementation Group's oversight of the JSNA, she explained that the JSNA Steering Group reported high level information regularly to HWIG. She explained that increasing the involvement of the voluntary sector was challenging but would be promoted by benefits being mutually beneficial, and developing clear processes for bring evidence into the JSNA. She referred to work with Healthwatch on sensory impairment.

RESOLVED: 2015/042

- 1) That the work programme in place and the progress being made to ensure continual quality improvements to the refresh and accessibility of the Joint Strategic Needs Assessment.
- 2) That the proposed plans for development of the Joint Strategic Needs Assessment for 2015/16 be approved.

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

Chris Few introduced the annual report of the Nottinghamshire Safeguarding Children Board. The overall conclusion was that safeguarding arrangements were generally good, as confirmed by Ofsted. He highlighted four main challenges:

- The media focus on historic child abuse and child sexual exploitation, leading to poor public perception of services.
- The need to take a long term view despite limited resources, if the inter-generational cycle of child abuse was to be broken.
- Children's mental health services could be much improved
- As part of a "Think Family" approach, all young people whose parents had mental health problems or who abused drugs should be known about.

Comments from Board members included:

- A summary of key points in the full report would be useful. It was important not to become complacent even where there was good progress. - An executive summary could be considered. There was no intention to be self-congratulatory, but good practice should be recognised.
- What would make Ofsted grade a Safeguarding Board as outstanding? – It was understood that the areas for improvement in Nottinghamshire were not overly

serious. It was pointed out that only a quarter of Safeguarding Boards had been graded as good, and none had been graded outstanding.

RESOLVED: 2015/043

That the content of the Nottinghamshire Safeguarding Children Board Annual Report 2014/15 be noted.

COMMUNITY EMPOWERMENT AND RESILIENCE PROGRAMME

Cathy Harvey introduced the report on County Council's Community Empowerment and Resilience Programme, and the State of the Voluntary Sector 2015 report. The programme recognised the key role for the voluntary and community sector for socio-economic wellbeing in Nottinghamshire. She responded to questions and comments from Board members.

- The report's focus was the County Council, and took no account of social prescribing, for example. - The need to move to a multi-agency approach was recognised.
- The profile being given to the voluntary and community sector was welcomed. There should be more forums to promote dialogue and the sharing of achievements. However, the response rate to the state of the sector survey was disappointing. - It was understood that the response rate was valid, and therefore the survey provided a statistical basis for further work. There has also been two well attended public events.
- There should be clearer expectations and contractual relationships between statutory and voluntary organisations.
- It was important to coordinate activity and reduce duplication.
- The impact on voluntary organisations and consequent effects on other organisations should be kept in mind when decisions were made about funding.
- The voluntary and community sector was often able to access other funding, for example from the Lottery, and often had a distinctive role in local communities.

RESOLVED: 2015/044

- 1) That the progress be noted in designing the Community Empowerment and Resilience Programme, which forms part of the County Council's Redefining Your Council framework for transformation.
- 2) That the Board's comments contribute to the development of the programme.

BETTER CARE FUND PERFORMANCE AND UPDATE

Joanna Cooper introduced the report about performance of the Better Care Fund in Nottinghamshire (BCF) in the second quarter of 2015/16. She referred to some new

metrics in the national BCF return, and updated the commentary in relation to delayed transfers of care.

David Pearson updated the Board following the announcement in the Comprehensive Spending Review on 25 November 2015 that the BCF would continue until 2020. The BCF Programme Board would consider actions arising from this, and bring proposals to the Health and Wellbeing Board.

Board members queried the health element of the Nottinghamshire Derbyshire Combined Authority devolution submission. It was explained that the focus of the submission was primarily economic development. The submission did include an indication that the local authorities wished to discuss health and social care integration and governance with partner organisations. A seminar had been held the previous week, and discussions would continue. It was agreed to share the submission, and provide an opportunity for discussion by the Health and Wellbeing Board.

The broadly positive performance against the BCF indicators was welcomed. In response to a question about the impact of the BCF on long term health conditions, it was explained that the Fund was only part of the total integration work. In reply to a further question about the implications of the autumn statement for spending on Adult Social Care, reference was made to the start of the County Council's budget consultation. The impact of the autumn statement on the budget was under consideration.

RESOLVED: 2015/045

- 1) That the performance exception report for the second quarter of 2015/16 be noted, and a further report be presented in March 2016.
- 2) That the NHS England Q2 2015/16 performance report be approved.
- 3) That the process for planning for 2016/17 noted.

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATION PLAN

Kate Allen and Gary Eves introduced the report seeking approval for the Transformation Plan, and updating the Board on work in Public Health promote wellbeing and resilience in children and young people. They drew attention to the £1.5m allocated to CCGs for eating disorders and other aspects of children's mental health. The Plan had received full quality assurance from NHS England. They responded to questions and comments.

- How would progress be measured? – There would be a performance framework, including patient activity and outcomes. A range of outcome measures would be used, and progress along the pathway would be measured.
- How were cultural issues being addressed? – It was important to develop relations with schools, and recognise that the cultures differed. The link between mental health and wellbeing and attainment should be demonstrated to schools. The on-

line resources being developed under the Young People's Health Strategy would help schools and young people access information.

- It was explained that the four pilot school-based interventions listed in the report were aimed at young people of all ages.
- It was pointed out that the best schools were looking at all sorts of ways to improve attendance and attainment.
- The "Future in Mind" taskforce report had recommended a single budget for children's mental health, and a single body to lead on commissioning. – It was stated that the Integrated Children's Hub currently undertook work on behalf of the CCGs and County Council. In the longer term, the new executive was a possible location for a pooled budget and accountability. At present, there was work to identify how much was spent on young people's mental health in total, including schools.

RESOLVED: 2015/046

- 1) That the developments in relation to improving the mental health and wellbeing of children and young people, one of the seven priority actions for the Health and Wellbeing Board, be noted.
- 2) That the Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan be approved.
- 3) That the proposed approaches to public mental health and resilience programmes to promote improved health and wellbeing be noted.

TOBACCO CONTROL DECLARATION UPDATE

John Tomlinson updated the Board on progress with the Tobacco Control Declaration. The report gave examples of the actions which organisations were taking, and the next steps.

It was pointed out the Nottingham City Council had also adopted an alcohol control declaration. In response, it was explained that to have an impact, any declaration of this type must bring real benefits. The Youth Council was suggested as a means of encouraging schools to sign the declaration.

RESOLVED: 2015/047

- 1) That the progress on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control be noted.
- 2) That the Board and its members continue to support the ongoing work of the Declaration.
- 3) That a further update be presented to the Board in June 2016.

CHAIR'S REPORT

The report proposed new governance arrangements for the Board. It was suggested that the Board receive regular reports from the related organisations.

RESOLVED: 2015/048

That the governance arrangements detailed in Appendix 1 to the report be approved.

WORK PROGRAMME

RESOLVED: 2015/049

That the work programme be noted.

The meeting closed at 4.35 pm.

CHAIR

6 January 2016**Agenda Item: 5****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****CARE ACT 2014 – UPDATE ON FIRST SIX MONTHS****Purpose of the Report**

1. This report:
 - a) provides an update on the first six months of implementation of the Care Act
 - b) highlights work required to embed the new requirements and meet good practice
 - c) updates on the postponement of part two of the Care Act.

Information and Advice**Background**

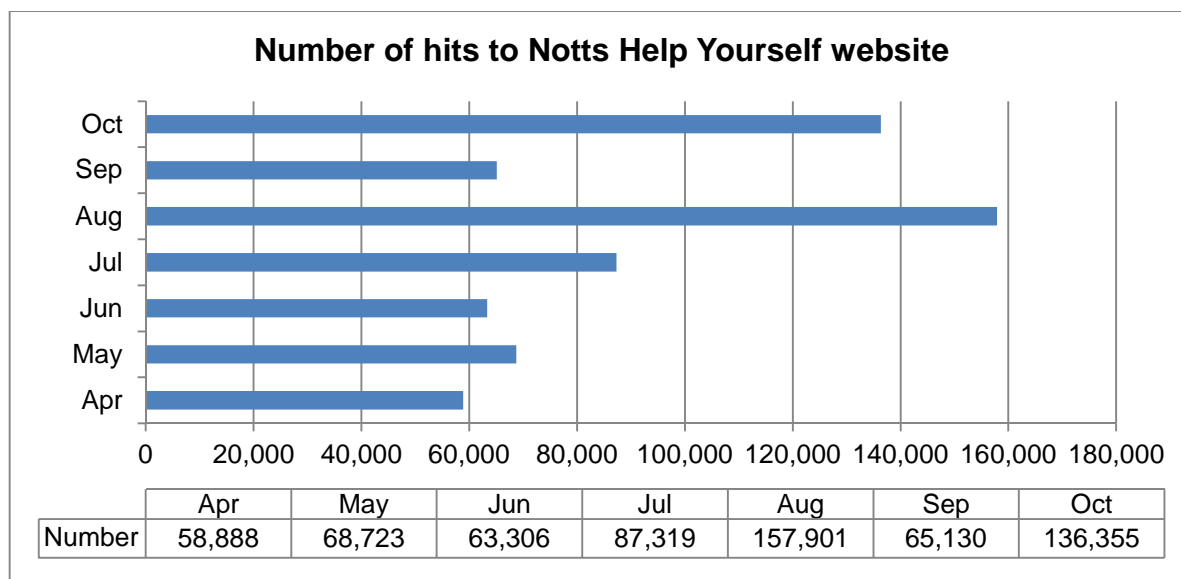
2. The Care Act 2014 is the most significant change to social care law for over 60 years. It builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Part One of the Act (and its Statutory Guidance) consolidates and modernises the framework of care and support law.
3. Part One of the Care Act 2014 contained over 782 requirements within the guidance. This was implemented nationally in April 2015 introducing a whole range of new responsibilities and extending others. The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. The new statutory principle of individual wellbeing underpins the Care Act, and the guidance places more emphasis on outcomes and helping people to connect with their local community.
4. Since April 2015, the Council has been compliant with all the requirements, but identified that there was still work to be done to be satisfied that full compliance is being achieved in terms of the Council's responsibilities to meet the needs of prisoners, young people in transition from Children's Social Care to Adult Social Care and the further development of the market.
5. This report updates the Committee on progress and provides a position on the impact of the Care Act on demand and activity. The focus is on the following key areas in the Act:
 - Information, Advice and Independent Advocacy

- Prevention and Housing
- Assessment, eligibility and personalisation
- New responsibilities to carers, prisoners and young people in transition to adult services
- Adult Safeguarding
- Strategic Market Development and managing quality and risk in the Market.

Information, advice and advocacy

6. The provision of good quality information and advice by the Local Authority, in partnership with others, underpins the reforms. There is a requirement to provide a comprehensive universal information and advice service that covers social care, health, housing and financial information. In Nottinghamshire, an Information, Advice and Advocacy Strategy for Adult Social Care was published in May 2014 which outlines the responsibilities and approach to the requirements set out in the Care Act.
7. A new online directory of information and support services has been developed and went live in March 2015 to provide information and advice on care and support to all who need it, when they need it. It is called Nottinghamshire Help Yourself and is accessible by Council staff, service users and carers and partner agencies, including the voluntary/ community sector. Between April and October, there have been 637,622 hits on the site. The directory also contains information on health, housing and voluntary groups. Social care staff and staff from other agencies can help people to search the site to find the information they need with the aim to provide personalised information and advice to people at all stages of their contact with the Department. The staff at the customer service centre, who are often the first point of contact with customers, now offer support to people to help them to search Nottinghamshire Help Yourself where help is needed. For those people who go on to have an assessment, social care staff are supporting people to look more broadly at how their support needs could be met beyond the use of traditional services.
8. The demand for information and advice and the use of the directory of support available in Nottinghamshire is increasing compared to the usage of the previous directory. The increase in usage is positive and something that will continue to be monitored as one of the ways in which The Council meets its responsibility to provide information and advice to Nottinghamshire citizens.

Fig. 1: Number of hits to Notts. Help Yourself from April – October 2015



9. The contract for the online directory is in the process of being re-tendered and the new contract will be awarded in December.
10. In addition, Nottinghamshire County Council provides the following advice and information to carers:
 - Carers Support Service is a dedicated team of Community Care Officers who offer information, advice and Carers' Assessments over the phone. The Service was established in 2012 as part of the Adult Access Service to support carers. Approximately 20-30 new referrals are being made to the Carers' Support Service every week. This shows a higher demand than in previous years. This reflects the fact since April 2015, Councils have had a legal responsibility to provide services to carers in addition to the previous duty to assess.
 - Nottinghamshire Carers Hub provides information and advice; training and development and engagement with carers
 - the Council commissions a specialist carers service for carers who are caring for a person with dementia and a service for carers looking after a person at the end of their life
 - the Council produces a Carers Information Pack and provides Grant Aid to a number of organisations in the voluntary and community sector to provide information and advice to carers.
11. The duty to provide information and advice includes a duty to provide independent financial advice to people who fund all of their own care. Following a procurement exercise, Age UK secured a contract with the Council which started in June 2015 to provide a service which focuses on the provision of independent financial advice to people who fund their own care or who may do so in the future. The provision of independent financial advice is important to ensure that people are supported to make informed decisions and to financially plan for the cost of care. The service can provide the following:
 - supporting people to access independent, confidential and impartial advice relating to options for paying for long term care

- identifying and explaining options for meeting care costs
- advice about Power of Attorney and / or Court of Protection
- an offer of website and telephone support.

12. The department will be promoting and communicating this service more widely and one of the ways that this will be done is via a short video. The video is now available and is being promoted to partners and is available on the Council's website to help to explain the service and how using it can support the person's financial planning.

Independent Advocacy

13. The Care Act 2014 extended the use of advocacy to include the requirement to offer advocacy to anyone who appears to experience 'substantial difficulty' being involved in assessments, including safeguarding assessments, care and support planning and reviews.
14. The current advocacy service is provided by an organisation called PohWER, with whom it has been agreed will pilot the use of independent advocates with people who require this additional support to be involved in their assessment, support plan or review. The pilot commenced in April 2015 and will end in September 2016. Additional funds were provided to the existing provider to meet the anticipated increase in demand. All service user and carer contact and assessment forms were amended to ensure that advocacy features in them and all assessment staff were trained to screen people for the need for independent advocacy.
15. Currently the referral rate for Care Act advocates is low both locally and nationally. In Nottinghamshire the number of people referred for advocacy in Quarter 2 2015/16 was 8.
16. This contrasts with the use of, and demand for, advocates to support people under the Mental Capacity Act and Deprivation of Liberty Safeguards which continues to rise. So far this year there have been 601 referrals to independent advocacy from both Nottingham City and Nottinghamshire County Council; it is estimated that two thirds of these referrals have been made by Nottinghamshire.
17. The offer of advocacy under the Care Act is for any person who has substantial difficulties being involved in the assessment and does not have an appropriate friend or family member to advocate on their behalf. As a response to the low number of referrals, a sampling exercise has been undertaken which suggests that there is a need to re-iterate the need to record decisions about the need to provide advocacy where the person would otherwise struggle to be as involved as possible in the assessment. It is planned to re-communicate this message via managers and to make the advocacy section of the relevant form mandatory to complete.

Prevention and housing

18. The Care Act requires local authorities (and their partners in health, housing, welfare and employment services) to take steps to prevent, reduce or delay the need for care and support for all local people.

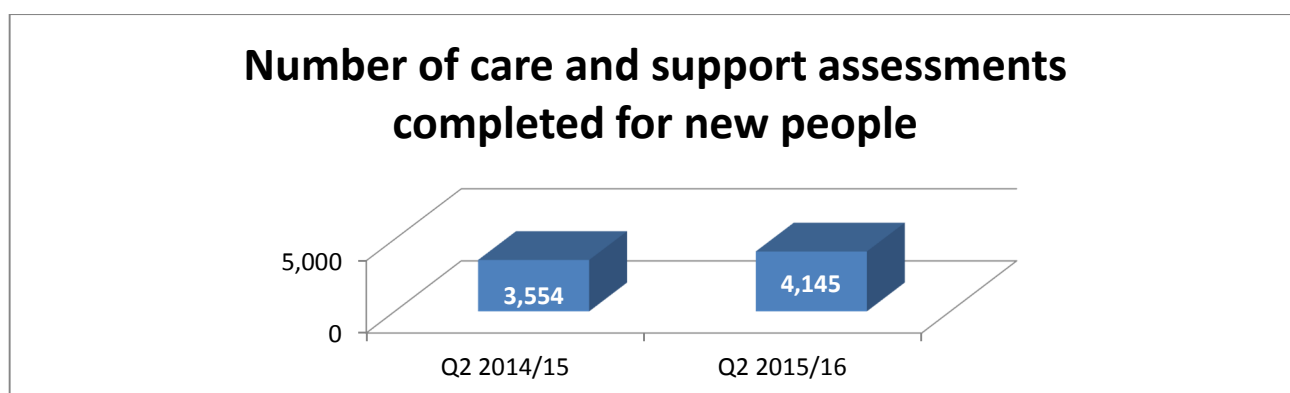
19. In preparation for this, a range of early intervention and prevention focussed services have been re-focussed and from January 2016, providers will be in place across four areas of services to:
- provide support for people with mental health needs
 - provide early intervention support to promote continued self-management among older people and people with long term conditions
 - promote independence support for vulnerable adults
 - provide deaf support for deaf, deafened and hearing impaired people experiencing barriers to resources/services and social isolation.
20. The Adults elements of the Grant Aid programme 2015-18 have been divided into three priority themes of Information & Advice, Promoting Independence and Connecting Communities to complement commissioned services and enable a diverse market of community-based, prevention focussed services.

Assessment, eligibility and personalisation

Assessment and Eligibility

21. The Care Act extended the right to an assessment to anybody who appears to need care and support. For the first time, carers have the same right to an assessment as people with care and support needs.
22. The Care Act extended the responsibility for assessment to prisoners and people living in approved premises or bail accommodation in the community.
23. The right to assessment includes people whose income and savings exceed the financial threshold above which the Local Authority is not required to contribute to the cost of their care. These individuals are generally referred to as self-funders.
24. The Care Act guidance provides a framework for assessment and introduced a new national eligibility scheme for both carers and service users. All the Council's processes and systems were updated to be compliant with the Care Act.
25. The Act places the individual at the centre of their assessment and provides a new responsibility on councils to offer a supported self-assessment. In Nottinghamshire, the use of online assessment tools to offer an alternative way to contact the department and provide an efficient way to offer supported self- assessments is being developed.
26. Alongside these developments, the Council is working to offer greater proportionality in the methods of assessment it offers by increasing the use of telephone assessments and establishing clinic venues for assessments to take place.
27. The number of social care assessments completed up to October 2015 represent a 16.6% increase over the same period last year. Completing care and support assessments is a current pressure within the department and this is not yet reflected in the overall number completed. Action to address the waiting lists for assessments is underway and will be mitigated by the current recruitment activity.

Fig. 2: Number of social care assessments completed between April-October 2015 compared with April-October 2014



Prisons

28. The Act establishes that the local authority in which a prison, approved premises or bail accommodation is based will be responsible for assessing and meeting the care and support needs of the offenders residing there. In Nottinghamshire there are three prisons, Whatton, Lowdham and Ranby, and work is ongoing to work collaboratively with the prisons by attending their partnership boards and to reach agreement with the provider of health and social care in prisons to establish the volume of work that they are likely to undertake on the Council's behalf. A recent national survey of 79 prisons which looked at the volume of referrals from each establishment concluded that a referral rate of between 1-5 prisoners was the most common amongst all prisons surveyed. In Nottinghamshire, 16 referrals have been received, 6 of these were resolved with advice and information and ten assessments have been completed. Work has commenced to raise awareness in prisons to ensure appropriate referrals of prisoners for assessment for social care.

Carers

29. There has been a 3.8% rise in the number of carer's contacts completed by the department compared to the number last year (2006 carers compared to 1913 in the same period last year) and an 8.3% increase in the number of carers assessments completed (1260 carers compared to 1163 in the same period last year). This is likely to rise further as the department is still experiencing a backlog of assessments which is being dealt with by some additional temporary staff. Following assessment, one of the ways that an eligible carer's needs might be met is via a personal budget: this can either be a one off direct payment to support them to have a life beyond caring or, in some circumstances, an on-going personal budget.

Personalisation

30. In Nottinghamshire, the Council has been offering personal budgets to eligible service users and carers since 2010. There are 100% of people on a personal budget in community settings and 51% of service users and carers take their personal budget entirely as a direct payment.

Transitions

31. The Care Act extends the right of young people with needs for care and support to have an assessment of their care and support needs before they reach the age of 18 years where it would benefit them and their families to do so to help them to plan for their future. This has led to offers of assessment at an earlier age and to a broader range of young people including those with mental health difficulties. The department has extended its use of reablement in younger adults and young people in transition are starting to benefit from this service. This is an area that the department continues to monitor to ensure that it is working towards best practice.

Direct payments in residential care

32. Nottinghamshire is contributing to a national trailblazer programme which seeks to understand how best to implement direct payments in residential care. The experience of the trail blazer programme will inform the decision on whether to implement this nationally from next year.
33. In relation to direct payments, the Act reaffirms that this is the Government's preferred mechanism for personalised care and support: providing independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.
34. Building on existing work to personalise services in residential and nursing care, this work aims to see how using direct payments can enable people to have even greater choice over how their care and support is provided. The Council currently has 15 people in residential care with a direct payment, which is 50% of the number nationally receiving a direct payment in residential care from all the other participating councils combined.

Adult safeguarding

35. Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws behind it. As a result, it has often been very unclear who is responsible for what, in practice. The Care Act aims to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.
36. The Care Act requires local authorities to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. In Nottinghamshire, the Council has made changes to the safeguarding process to make it more personal. The Council uses an outcomes based approach to resolving the safeguarding enquiry, putting the person's identified outcomes at the centre of the process. In the period between April-September 2015, 325 (62%) of people identified a preferred outcome of the safeguarding enquiry that they were the subject of, of these 303 people (93%), subsequently identified that the enquiry had achieved that outcome.
37. The Care Act requires the Council to make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they

need to find out what action may be needed. In response, the Council has strengthened the process to require others to undertake enquiries on its behalf and is responding to additional categories of abuse both in terms of enquires and safeguarding adults reviews. In Nottinghamshire the Safeguarding Board Chair is now accountable to the Chief Executive and the Safeguarding Adults Board Strategic plan is published to make it accessible to all.

38. The Care Act requires the Council to carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them. In response, the Council has created a more flexible approach to Safeguarding Adults Reviews and will carry out reviews based on the extended categories of abuse.

Training

39. To prepare staff for these changes a training programme was developed which included face to face training for assessment staff and e-learning for assessment staff and the wider Council staff groups. Between 13th January and 15th July 2015, 666 staff attended face to face training and 1,103 people have accessed e-learning.
40. An additional series of videos have been developed aimed at the wider workforce to raise awareness of the Care Act, with a particular focus on the links between the Care Act and the Adult Care Strategy. The Adult Social Care Strategy sets out the Council's proposals for the future of adult social care in Nottinghamshire. The cost of making the videos was largely met from regional Care Act monies which Nottinghamshire secured through a successful bid.
41. The 11 videos focus on various themes which range from how people can make contact with the Council, to using a strengths based approach to assessment and support planning and the importance of independent financial advice to help people to plan for the cost of their care. The videos are now ready and being promoted both locally and regionally with partners, staff, provider organisations and with council members.

Strategic Market Development and Managing Quality and Risk in the Market

42. The Care Act requires local authorities to ensure that there is diversity and quality in the market of care providers so that there are enough high quality services for people to choose from. Local authorities must also step in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure.
43. The Market Development Team (MDT) has worked with Optimum Workforce Development (OWL) to improve their offer to the greater health and social care workforce and support improvement in care standards and outcomes for people in receipt of care. To coordinate support, learning opportunities, and training for care providers in Nottinghamshire, an improvement agency has been developed. This is for care providers who have been subject to contractual sanctions and/or have been judged by the Care Quality Commission (CQC) as inadequate and in special measures.
44. The Council has analysed the care home market in Nottinghamshire and mapped risks, including the loss of a large single organisation or specialist service and is developing a strategy for working alongside other commissioners to plan and support service users

impacted if provider failure impacts. The Council is planning to develop this risk escalation process further.

45. Nottinghamshire has also commissioned a piece of work with other local authorities and Laing Buisson to look at the costs of care. This work has resulted in a national report and, as a result, further work is starting in Nottinghamshire to look at the impact of the introduction of the living wage on providers. As a first step, and in view of difficulties in the provision of sufficient capacity this year, the price paid to homecare providers was increased by 10% from December the 1st 2015.

Local Government Association Care Act Stocktake

46. The Care Act Local Authority Stocktake was completed by all local authorities in May 2014 and since has been repeated every quarter.
47. The purpose of the stocktake is to assure the Government of progress in implementing the requirements of the Care Act across the country. Each local authority is required to complete a self-assessment with nine proxy measures as an overall indicator of readiness.
48. The fifth stocktake in October 2015 assessed the impact of the implementation of part 1 of the Care Act and focussed mainly on the provision of assessment and review data and the costs of service provision.
49. Although it is still early days to assess the full impact of the Care Act, local data suggests that the increase in demand generally for assessments is contributing to the on-going pressures on the Adult Social Care department alongside reducing resources and previous reductions in staffing.

Workforce Modelling and Recruitment

50. A workforce capacity model has been designed and developed that calculates the additional levels of staff required to meet new responsibilities arising from the Care Act. The model takes into account any planned changes to the way the Council works in the future, such as mobilisation of the Adult Social Care workforce over the next year and other changes to ways of working in line with the Adult Social Care Strategy, such as offering various methods of assessments to service users, including telephone assessments and reviews.
51. The requirement for additional staffing to meet current and new demand is detailed in the report titled 'Adult Social Care and Health – Overview of Current Developments' which was considered by Adult Social Care and Health Committee on 5th October 2015.
52. Recruitment into agreed temporary posts has been completed and a rolling programme of recruitment has commenced to recruit into the posts which were not filled first time around.

Health Integration

53. The guidance to the Care Act states that a local authority must promote integration between care and support provision, health and health related services, with the aim of joining up services. In Nottinghamshire, there has been the following progress:

54. All planning areas (North, Mid and South Nottinghamshire) are proposing and/or involved in new models of care development. North and South (Rushcliffe Vanguard) are interested in exploring further the merits of working as an Accountable Care Organisation to provide locally delivered care to citizens. Mid-Nottinghamshire are formally signing into a Memorandum of Understanding in order to develop a provider alliance as part of the area's work towards a Primary and Acute Care service provider. All of these levels of planning and decision-making are being managed presently through the County Council's governance processes in order to be confirmed and agreed by Adult Social Care and Health Committee and include commissioning and providing services.
55. In each planning area there are operationally in situ integrated care teams which involve health and social care staff working together to assess and manage the needs of people with high, complex health needs identified primarily through their GP practise and at risk of hospital admission and the need for care.
56. Increased and closer partnership working is in planning with key Health partners across the County in order to look at operationally delivering assessment and care services in a more effective way – approaches include discussions around reablement and Intermediate Care working together and therapy services working more collaboratively as well as points of access opportunities. Each planning area is at different stages of progress and information and decision-making is informed where required through the department's Senior Leadership Team, Health Integration Delivery group, the Members Reference Group held monthly and Adult Social Care and Health Committee.
57. A countywide event was held on 13th November for 12 Health organisations to provide information about the Adult Social Care Strategy and to consider ways of implementing jointly. The event focussed on how the principles of the Adult Social Care strategy could be agreed as joint health and social care aims and how to cascade and make it operational across health teams and organisations.
58. A formal action plan is being devised that crosses joint strategy, risk planning and enabling joint operations in order to deliver the ASCH strategy and Care Act principles in practise including prevention, self-care and prevention of the need for formal care support.

Implications of postponement of Part Two of the Care Act

59. On 17 July 2015 Alistair Burt MP, Minister of State for Community and Social Care, confirmed by letter that part 2 of the Care Act reforms due to be implemented in April 2016 is to be postponed until 2020.
60. In brief, the postponement includes the cap on care, the creation of care accounts, the requirement to assess self-funders from October 2015 in preparation for the introduction of Care Accounts, the requirement to provide an independent personal budget, the increase in the financial means-test threshold, the duty to arrange care for self-funders in residential care, the ability for people to top up fees from their own resources and the introduction of a new appeals system.
61. Although the financial reforms have been postponed, the responsibilities under the Care Act part 1 from April 2015 remain unchanged and importantly the self-assessment report

completed for Care Act part 1 identified a number of areas where work needs to continue to embed the changes and ensure best practice.

Funding for the Care Act 2015/16

62. The Council received the following funding for the additional responsibilities in the Care Act for 2015/16

Care Act Income	£m 2015/16
Confirmed revenue grants	4.78
Better Care Fund Revenue Grant	1.95
Better Care Fund Capital Grant	0.74
Total income (revenue + capital)	7.47
Total revenue income	6.73

The spending review identifies an additional allocation which will amount to approximately £4.5m. It has been confirmed that elements of the Care Act funding will continue to be funded from Better Care Fund allocations for 2016/17.

63. In view of the continuing reductions in Council budgets not all the Care Act funding was committed until the actual level of additional work was identified. However, there have been a number of operational pressures related to the reduction in staffing numbers which commenced in 2011/12. Following the postponement, work was undertaken to review the completed and planned recruitment of staff into posts associated with either part 1 or part 2 of the Care Act and a review of the estimated increase in demand for services against the Care Act grant received.
63. From this considered review, it has been agreed that due to on-going pressures for assessments, recruitment to most of the social care posts should go ahead to mitigate the increase in demand and the extended responsibilities associated with part 1 of the Care Act. If a part of the grant money for the current financial year is required to be returned or re-badged for other uses, it has been agreed that this can be identified through some recruitment which will not go ahead and from a proportion of the grant monies set aside for increases in demand for services. Following the announcement, the department has reviewed workforce capacity modelling and is not recruiting to some of the posts relating to part 2 of the Care Act.

Other Options Considered

68. The report is for noting only.

Reason for Recommendation

69. The report is for noting only.

Statutory and Policy Implications

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

Implications for Service Users

71. The Care Act has considerable implications for service users and carers, on-going consideration will need to be given to the full implications alongside the implementation of the Adult Social Care Strategy.

Financial Implications

72. The funding implications are included in the body of the report.

Public Sector Equality Duty Implications

73. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. An Equality Impact Assessment has been completed to enable detailed understanding of the impact of the changes on people with protected characteristics and these have in turn helped inform the changes that have been required to local policies and procedures.

Human Resources Implications

74. These are covered within the body of the report.

RECOMMENDATION/S

That the Committee:

- 1) notes the achievements to date on the implementation of the Care Act
- 2) notes the further work identified to embed the changes and meet good practice
- 3) notes the work to monitor and review the impact of the new duties and responsibilities of the Care Act on the Council.

David Pearson

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Constitutional Comments

75. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 10/12/15)

76. The financial implications are contained within paragraph 72 of the report.

Background Papers and Published Documents

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

Information, Advice and Advocacy Strategy for Adult Social Care (May 2014)

Adult Social Care and Health – Overview of Current Developments – report to Adult Social Care & Health Committee on 5th October 2015.

Electoral Divisions and Members Affected

All

ASCH344

6 January 2016**Agenda Item: 6**

REPORT OF DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE 'WELLBEING@WORK' WORKPLACE HEALTH AWARD SCHEME

Purpose of the Report

1. The purpose of this report is to update the Nottinghamshire County Council Health & Wellbeing Board about the Nottinghamshire County Council 'Wellbeing@Work' Workplace Health Award Scheme and provide recommendations as to how the board can support aspects of this scheme.
2. The Nottinghamshire Health and Wellbeing Strategy (2014/15) has identified Workplace Health as a priority initiative that will encompass a range of lifestyle related benefits across our local workplaces, with the aim of improving health and well-being and promoting active engagement. This was supported by a Health and Wellbeing Board workshop session held during early 2013.

About the scheme

3. This scheme acts as an umbrella for a range of public health and wider health determinant related priorities to be implemented across our adult working age population and their wider families and peers. In the current financial climate where resources are scarce and the needs of the population is growing, putting more pressure and health and social care services, the scheme aims to encourage people to take more responsibility for their own health and well-being; making health 'everybody's business'.
4. It encompasses a very effective 'community development' model, whereby people in the workplace are trained in the nationally accredited RSPH (Royal Society of Public Health) level 2 health trainer training, followed by acting as health trainers in the workplace. This model is beneficial in terms of encouraging people to take more responsibility for their own health and well-being. The adult working age population in workplaces signed up to this scheme will have significantly improved health and well-being outcomes as a result of the adoption of healthier lifestyle options in a supportive working environment.
5. The scheme also brings together a large network of interested businesses and provides robust information on the importance of health and well-being, promoting local business as exemplary employers and improving their public image.
6. In future, it is intended that promotion of the scheme will be led at the district and borough level to ensure a sustainable approach to wider roll-out of the scheme.

Background and context

7. The Nottinghamshire County 'Wellbeing@ Work' Workplace Award Scheme builds on the Bassetlaw Workplace Health model, which has been in place since 2010. The revised model incorporates an additional 'Platinum' level award, building on the original Bronze, Silver, Gold and Maintenance levels; this is to acknowledge a level that focusses on enhancement and development of the workplace's policy towards healthy workplace culture and exemplary managers in the workplace. The scheme, led by Nottinghamshire County Council Public Health department, has been devised using a triangulation of available evidence, including the evaluation findings of the Bassetlaw workplace health model, supported by the latest available evidence base and stakeholder feedback from the April 2014 stakeholder event. The main aim is to work across key partners in statutory, private, voluntary and community businesses to effectively reduce absenteeism and 'presenteeism' across our workplaces. It is also in line with the national 'Change for Life' programme, engaging the adult working age population, using the workplace as a setting to promote healthy lifestyles and a sustainable health working culture and environment.

Strategic context

8. The World Health Organisation considers workplace health as one of the priority settings for health promotion into the 21st century because it influences physical, mental economic and social well-being and offers an ideal setting and infrastructure to support the promotion of health of a large audience. The Luxemburg Declaration states that health and well-being of employees at work can be achieved through combination of:
 - a: improving the organisation and the working environment
 - b: promoting active participation
 - c: encouraging personal development¹
9. Nationally, the 'Change 4 Life' campaign aims to encourage people to adopt healthier lifestyles to improve general health and well-being of themselves, their families and peers.
10. Workplace health links to the following domains of the Public Health Outcomes framework:
 - a. Improving the wider determinants of health
 - b. Health Improvement
11. The Marmot Review has an objective to create fair employment and good work for all, as being in good employment is protective of health and conversely unemployment contributes to poor health. The review also stated that insecure and poor quality employment is associated with increased risks of poor physical and mental health. One of the policy recommendations is that guidance on the implementation of stress management and the effective promotion of well-being and physical and mental health at work is required.²

Why focus on the workplace?

12. In general terms people spend a large part of their lives at work, which makes who you work for, the environment in which you work and who you work with vitally important. Being out of work is associated with poorer physical and mental health and well-being and for all age groups working can be deemed to be better for health and well-being than not working.

13. There are large costs associated with ill-health as a result of the workplace, associated with loss of productivity and to the general health and well-being of employees. Nationally, 131 million days were lost due to sickness absences in the UK in 2013. In her report, Dame Carol Black estimated that the annual economic cost of ill-health in terms of working days lost and worklessness was over £100 billion, which is equivalent to the annual running costs of the NHS.
14. The most common reason given for sickness absence, accounting for 30%, was minor illnesses which cover sickness such as cough and colds. This type of illness tends to have shorter durations and accounted for only 21% of the total days lost, whereas the greatest number of days lost were actually due to musculoskeletal problems in 2013, at 30.6 million days lost. Mental health problems such as stress, depression and anxiety resulted in 15.2 million days lost.¹
15. In the East Midlands during 2011/12, an estimated 2.5 million days were lost (full-day equivalent) due to workplace injury and work-related ill health. This equates to an average annual loss of an estimated 1.4 days per worker³.

The benefits of promoting health in the workplace:

- Positive effect on the wealth of your business and employees
- The workplace can demonstrate exemplary practice by leading on the area of promoting positive health and well-being of its employees
- fewer absences/presenteeism (attending work when not fit or able to work productively)
- greater effectiveness
- increased productivity
- reduced turnover
- reduced recruitment costs
- happier, more motivated workforce who feel valued.

Expected outcomes of the Nottinghamshire County 'Wellbeing@ Work' Workplace award scheme

16. The expected outcomes from this model being established and delivered across the county are:
- The adoption of healthier lifestyles of the workforce in addition to their families and peers.
 - A significant reduction in absenteeism and presenteeism.
 - Building resilience in the workforce.
 - Effective leadership in the workplace to support stress reduction across employees.

There will also be additional benefits resulting from work connected with the scheme:

- Achieving active engagement of local population via the recruitment and training workplace health champions. At least 60 new champions are engaged annually and those already signed up will benefit from increasing their skills base.
- More joined up services via the partnership working aspect of the scheme.
- Supporting the local delivery of the Public Health Outcomes Framework, especially in relation to obesity, physical activity, mental health and smoking cessation.
- Supporting the attainment of targets detailed within the Strategic Tobacco Alliance 2012-15 action plan and the 2014 Tobacco Declaration.

- Supporting the attainment of Nottinghamshire Substance Misuse Strategy.
- Supporting the local authority with implementing health and safety guidelines within workplaces.

How workplaces are engaged and work through the scheme's toolkit

Initially the workplaces are contacted by the public health policy lead. The scheme aims to work across two levels: workplace culture and lifestyle improvement. To participate in the scheme, workplaces need to:

- Complete the 'About You' workplace questionnaire
- Agree to and sign The Workplace Health and Wellbeing Memorandum of Understanding
- Appoint a coordinator, who will be the key point of liaison with the public health policy lead, develop the activity required and portfolio of evidence. The coordinator should also nominate colleagues to be trained and act as workplace champions.
- Formally launch the scheme in the workplace
 - Distribute the employee wellbeing survey to all staff with an minimum of a 10% return
 - Agree to use the Nottinghamshire County Council 'Wellbeing@Work' Workplace Health Award Scheme logo and brand to ensure consistency of approach.

17. The workplace then commences working through the stages of the awards, with up to eighteen months allowed to work through each stage. The Award Scheme comprises 5 attainment levels across 5 themed areas with a tiered approach as shown in Table 1 below.

Table 1 Wellbeing@Work Award Scheme

Award Level	Intervention Tiers
Bronze	Health Promotion and Information
Silver	Health Development
Gold	Enabling and increasing access to local wellbeing services
Platinum	Policy changes and culture changes
Maintenance	Demonstrate continuous commitment to improvement and development of health and wellbeing in the workplace

18. The 5 key themes are:

- Substance Use/Misuse:** tobacco use, alcohol and drugs/substances.
- Emotional Mental Wellbeing:** stress, anxiety, depression, spiritual and emotional wellbeing.
- Healthy Weight:** healthy eating, physical activity, sport and weight management.
- Protecting Health:** cancer, sexual health, health checks, domestic abuse and immunisations.
- Safety at work:** Health and Safety in the workplace.

Update on progress

19. Since the scheme was launched across Nottinghamshire, 24 workplaces have signed up to the scheme, in addition to 14 organisations from the original pilot model. There is now a total of 239 active workplace health champions being trained as accredited health trainers. Table 2 below gives a summary of progress, to include awards gained since the onset of the county model.

Table 2 Current levels of stakeholder engagement

Category	Numbers
Total Workplaces engaged	38
Current number of active RSPH trained champions	239
Achieved bronze award (2015)	5
Achieved silver award (2015)	1
Achieved gold award (2015)	1
Achieved platinum award (2015)	2
Achieved Maintenance (2015)	2

20. A full list of workplaces involved in the scheme is shown at Appendix 2. Coordination of this work is through a County-wide Workplace Health Strategy Group. Collaborative working with providers of Public Health and CCG commissioned services has enabled delivery of some training and support for the workplace health champions. This utilises existing resources more effectively and supports providers to meet their targets to access the working age population. It is also a sustainable way to encourage shared ownership and commitment to the scheme.
21. In addition to training champions in the RSPH level 2 accredited Health trainer training, there have been some further training opportunities offered:
- 30 champions have received Motivational Interviewing training
 - 20 champions have been trained in mindfulness and resilience techniques
 - 75 champions have had 'Mental Health' awareness training, in order to equip them with key knowledge around areas of mental health, how to support people effectively and how to refer into local services. There are four further courses planned for January to March 2016
22. By the end of 2015 the scheme will be reaching over 35,000 of the working age population in Nottinghamshire and 360 people will have been trained as accredited health trainers since the start of the initial scheme in Bassetlaw in 2010.

Next Steps

23. Several more Nottinghamshire workplaces are currently considering the option of joining the scheme. The main focus for the coming year will be to take forward a district council led approach to local workplace sign up. Public health leads will work with district council workplace coordinators to sign up workplaces in each district and borough. Priority will be given to the workplaces in the most deprived areas of the county. Targets for sign up will be set based on the time commitments allowed for the district council coordinators. District council roll out has already commenced in Ashfield and Newark and Sherwood districts.
24. The provision of training courses will be reviewed in 2016, with the aim of developing a sustainable delivery mechanism within the county.

25. It is expected that there will be a workshop held early 2016 to investigate how resilience can be viably taken forward more effectively across the workplaces engaged.

Other Options Considered

26. Not applicable

Reasons for Recommendations

27. To further promote and gain support for the scheme

Statutory and Policy Implications

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

RECOMMENDATIONS

The board are asked to:

1. Note the progress of the Wellbeing@Work scheme and to request a progress report in 12 months' time
2. Support and encourage the extension of the scheme through district level implementation across all areas of Nottinghamshire and promote the scheme within all HWB constituent member organisations as exemplars.

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Constitutional Comments

This report is for noting only.

Financial Implications (KAS 10/12/15)

There are no financial implications contained within the report.

Background Papers and Published Documents

Previous report to the Health & Wellbeing Board in 2013

Electoral Divisions and Members Affected

All

Appendix 1 – Current list of the 24 agencies signed up to the 2014 county workplace scheme

- Annurka
- Ashfield District Council
- Direct Mail Operations (dstoutput).
- Doncaster & Bassetlaw Hospitals Trust
- Everyone Active to include: Edgewood, Festival Hall, Selston, Hucknall, Lammas, Huthwaite leisure centres.
- Everyone Health
- Gedling District Council
- Mansfield District Council
- Newark & Sherwood District Council
- Nottingham north East CCG
- Nottingham University
- Nottinghamshire Fire & Rescue
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottinghamshire Women's Aid
- Nottinghamshire Women's integrated Services
- Rushcliffe CCG
- Rushcliffe District Council
- Thompson Reuters
- Welcome Foods

Workplaces signed up to the original Bassetlaw Scheme:

- Bassetlaw Action Centre
- Bassetlaw CCG
- Bassetlaw District Council
- BCVS
- BPL Retford
- BPL Worksop
- EATONS
- EDF Energy
- Focus Accounting
- North Nottinghamshire College
- Solway foods
- Sparken Hill Primary School
- Westvilla Care
- Wilkinson's

References

¹ Office for National Statistics (February 2013) Absence in the Labour market

² Dame Carol Black (2008) Working for a Healthier Tomorrow

³ Health & Safety Executive (2013) Health & Safety in the East Midlands

⁴ Nomis, Office for National Statistics

<http://www.nomisweb.co.uk/reports/lmp/la/1941962811/report.aspx?town=nottinghamshire>

⁵ Luxembourg Declaration on Workplace health promotion in the European Union. 1997.

⁶ Marmot (2010) Fair Society Healthy Lives

Appendix 2 -Status of workplaces engaged to date

Organisation	Status	Bronze	Silver	Gold	Platinum	Maintenance	Tobacco Signed Declaration	Approximate No of current champions trained
ANNURKA (Workshop) (CM)	Working towards Bronze							3
Ashfield District Council (CM)	Achieved Bronze 2015	Jun-15					Jul-15	8
Barnsley Premier Leisure (Retford)	Gold achieved March 2014			Mar-14				5
Bassetlaw Action Centre	Maintenance achieved March 2014 org on hold due to staffing pressures					Mar 14		17
Bassetlaw Clinical Commissioning Group	Maintenance achieved 2015					Jun-15		6
Bassetlaw District Council	Maintenance- not submitted June 2015							5
BCVS	Maintenance achieved March 2014					Mar-14		7
Broxtowe DC (CM)	Decision not to sign up 2015							
CRI	To sign up early 2016							
Doncaster & Bassetlaw Hospitals Trust D&BHT (CM)	Achieved Bronze 2015	Jun-15						21

Appendix 2 -Status of workplaces engaged to date

Organisation	Status	Bronze	Silver	Gold	Platinum	Maintenance	Tobacco Signed Declaration	Approximate No of current champions trained
Direct Mail Operations (dstoutput) (CM)	Working towards Bronze							1
EATONS Manufacturing (moved from Bassetlaw model)	Achieved Platinum 2015				Jun-15			8
EDF Energy (moved from Bassetlaw model)	Achieved Platinum 2015				Jun-15			18
Everyone Active to include: Edgewood, Festival Hall, Selston, Hucknall, Lammas and Huthwaite Leisure Centres.	Signed up November 2015							1
Everyone Health	Signed up November 2015							2
Explore Manufacturing Worksop (CM)	Working towards Bronze							
Focus Accounting	Working towards Bronze	Mar-14						1
Gedling Borough Council (CM)	Working towards Bronze							4
Mansfield DC (CM)	Achieved Bronze 2015	Jun-15						16

Appendix 2 -Status of workplaces engaged to date

Organisation	Status	Bronze	Silver	Gold	Platinum	Maintenance	Tobacco Signed Declaration	Approximate No of current champions trained
Newark & Sherwood DC (CM)								15
North Notts College	Maintenance- Not submitted June 2015							4
Nottingham university (CM)	Achieved Bronze 2015	2015						15
Nottinghamshire Healthcare NHS Foundation Trust	Working towards Bronze							4
Nottinghamshire County Council	Gold achieved March 2014			Mar-14				19
Nottinghamshire Fire & Rescue (CM)	Achieved Bronze 2015	Jun-15						13
Nottingham North & East CCG (CM)	Working towards Bronze							2
Nottinghamshire Police (CM)	Been Approached							
Nottinghamshire Women's Aid (CM)	Working towards Bronze							8
Nottingham University Hospitals NHS Trust	Been Approached							
Outwood School Worksop-Portland (CM)	Been approached internal decision being abated							

Appendix 2 -Status of workplaces engaged to date

Organisation	Status	Bronze	Silver	Gold	Platinum	Maintenance	Tobacco Signed Declaration	Approximate No of current champions trained
Priory C of E school Worksop (CM)	Been approached							
Rushcliffe Borough Council (CM)	Working to Bronze							5
Rushcliffe CCG (CM)	Working towards Bronze							6
Sparken Hill Primary School	Achieved Gold 2015			2015				10
Sherwood Forest Hospitals Trust	Internal approval pending							
Solway Foods	Maintenance- not submitted June 2015							
Tarmac Retford	Been Approved							
Thompson Reuters (CM)	Working towards Bronze							2
Welcome Foods	Working towards Bronze							
Westfield Care	Achieved Silver 2015		2015					3
Wilkinson's	Achieved Silver - 2013		2013					2
Women's Aid Integrated Services (CM)	Working towards Bronze							5
Worksop Leisure Centre (BPL)	Achieved Gold 2015		2015					3
Page 36 of 112								239

6 January 2016**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE
HEALTH & PUBLIC PROTECTION****REPORT FROM THE HEALTH AND WELLBEING IMPLEMENTATION GROUP
AND UPDATE ON THE DELIVERY OF THE HEALTH & WELLBEING
STRATEGY****Purpose of the Report**

1. This report provides a progress report from the work of the Health & Wellbeing Implementation Group (HWIG). It gives a summary of progress made in delivering the 7 strategic actions for 2015/16. It describes the achievements made by the range of Integrated Commissioning Groups in delivering the ambitions within the Health & Wellbeing Strategy.

Information and Advice**Background**

2. The Health & Wellbeing Strategy was refreshed in 2013 & approved by the Health & Wellbeing Board in 2014. The Strategy runs from 2014 until 2017. The Strategy includes a vision for the Health & Wellbeing Board and the key ambitions to achieve its vision: A Good Start, Living Well, Coping Well, and Working Together.
3. In order to deliver these ambitions & in response to the consultation for the Strategy, 20 priorities were agreed. In response to the Peer Challenge, in September 2015, the Health & Wellbeing Board agreed that the priorities from the original Health & Wellbeing Strategy should continue to be delivered with additional focus on 7 strategic actions for 2015/16, requiring a partnership approach in its delivery.
4. The monitoring of the 20 priorities and 7 strategic actions are based on a combination of process measures using action/delivery plans, and measurable targets/outcomes, (based on measures from the Public Health Outcome framework). The challenge is that a number of the priorities are reliant on the delivery of action plans (the process), before the measurable outcomes can be determined. This will need further clarification and work with the Integrated Commissioning Group leads to define measurable outcomes in real terms.

5. Updates have been requested from each of the Integrated Commissioning Groups leading on the strategic actions. The Health & Wellbeing Implementation Group continues to monitor the delivery of the 20 priorities.
6. The 7 strategic actions progress: Achievements - what is working, moving forward - what's requiring further support is outlined in Appendix 1.
7. Summary Highlights:

a) New Commissioned Services

Sexual Health, Tobacco Control and Domestic Violence have recently been re commissioned, with new services to be in place by 1st April 2016, with the exception of Domestic Violence services which became operational from the 1st October 2015. In addition, as part of the Domestic Violence Services, an Identification and Referral to Improve Safety (IRIS) toolkit has been commissioned in Nottingham West and Mansfield and Ashfield CCGs with further roll out across the County by 2016. The Tobacco Control Services has been awarded to the provider Solutions for Health but is currently undergoing a mobilisation process/plan in readiness for its commencement in April 2016.

b) Co-ordinated Services for People with Mental Health

Nottinghamshire Crisis Concordat Partnership Board has been established to lead, support and oversee the sub-groups in working to implement the local Crisis Concordat action plan. Key areas within the concordat framework are already being developed and include:

- Nottinghamshire Police and CCGs' investment in a pilot Street Triage project, a service offering a rapid response supporting people in crisis is positively impacting on Section 136 detentions, with an 87% reduction in the use of police cells as a place of safety.
- Strengthening of community services and the crisis offer across South Nottinghamshire as a result of the ward closure plans.
- Investment in a Crisis House across South Nottinghamshire.
- Investment in an enhanced mental health liaison service in all acute hospitals responding to people with mental health problems in Emergency Departments and wards.

There are a number of identified risks in the implementation of the action plan and include:

- The development of a 24/7 Crisis Service and Crisis House across Mid-Nottinghamshire and Bassetlaw CCG is reliant on financial investment.
- Future funding of the Street Triage pilot needs to be agreed by CCGs.
- Effectiveness of the mental health crisis pathway is compromised by the increase of demand on Mental Health inpatient beds, delay in Mental Health inpatient discharges and the use of Mental Health inpatient beds from outside of Nottinghamshire.
- Implementing the crisis concordat action plan is reliant on CCG financial investment for a mental health crisis housing and a 24/7 crisis helpline. A cost effective model is currently being scoped for consideration.

c) Sufficient and Suitable Housing, including housing related support, particularly for vulnerable people

A Health & Housing scoping event is currently being planned to be facilitated by Public

Health England to review the effectiveness of current partnership working between housing, health and care' sectors in Nottinghamshire in the context of a more challenging operating environment. A new Housing lead to support the reporting and governance arrangements is being explored by the Health & Wellbeing Implementation Group.

d) Child sexual exploitation (CSE) in Nottinghamshire

Data:

- During 2014-2015, 269 individual children were identified as being either at risk of CSE or actually being exploited in Nottinghamshire. Included in these were 57 Looked After Children (LAC) were highlighted as potentially being at risk of CSE.
- Of the 269 children identified, 87 were discussed at a multi-agency CSE strategy meeting
- Age range 13 – 17 years
- 90% female 10% male
- Ethnicity reflects the population

Police information recorded monthly confirmed that during 2014/15 75 cases were open to the police:

- Risk level 1 (exploitation involving single perpetrator on-line): 44 cases / 59%
- Risk level 2 (exploitation involving physical contact / individual) 31 cases / 41%.

NB There is no information to indicate that any child was the subject of organised or group exploitation during this year.

The key priorities for CSE in 2015/16 are as follows:

- Strengthening the collation and analysis of data including the availability and analysis of available data across agencies
- Monitor police attendance and other agencies at CSE strategy meetings (Children in Social Care (CSC) and Police).
- Improve level of engagement of children, parents or carers at strategy meetings.
- Develop work with licensing and other bodies / business to raise awareness of CSE and to support disruption work (Police and CSC).
- Develop opportunities for perpetrator (including unidentified offenders) led work to prevent or reduce their ability to continue to offend (Police).
- Continue to develop the CSE concerns network and intelligence sharing.
- Progress development of a specialist service to support children at risk of or experiencing CSE.

8. Summary of other Progress from the Health & Wellbeing Implementation Group

9. The Health & Wellbeing Implementation Group have continued to deliver their work programme outlined in the group's terms of reference.

10. The group have approved the following chapters of the JSNA for publication:

- a) Falls
- b) Sexual health
- c) The People of Nottinghamshire
- d) Air Quality
- e) Excess Weight, Physical Activity, Diet and Nutrition
- f) Healthcare Associated Infections

11. The Group has also approved the JSNA Annual report which was presented to the Board in December.
12. Over the last 6 months the Board has also been instrumental in progressing the recommendations made by the Peer Challenge Panel. In particular in the identification of the 7 priority actions and mapping the local governance arrangements.
13. The Group scoped the joint county/city workforce workshop which took place in November 2015 and which was universally welcomed as an important discussion on a topic which affects everyone across the county & the city. It was also commended as an excellent opportunity for joint working which should be repeated.
14. The makeup of the Group includes representatives from wider partners outside the Board and this allowed the Fire & Rescue Service to highlight the hoarding framework which was being launched locally. The Implementation Group gave the opportunity to launch the Framework with partners and it was escalated to the Health & Wellbeing Board for endorsement. As a direct result of the discussions at the Implementation Group, awareness training sessions have been offered for front line staff who deal with people who hoard, raising the profile of the Fire & Rescue Service as well as the framework document.
15. The terms of reference and membership of the Health & Wellbeing Implementation Group are included for information (outlined in Appendix 2) and currently being reviewed as part of the overall governance review for the Board.
16. The Group also initiated the discussions with the Chief Fire Officer regarding collaborative working which were then referred to the Health & Wellbeing Board.
17. In overseeing the delivery for the Health & Wellbeing Strategy the Health & Wellbeing Implementation Group has also been instrumental in establishing a countywide integrated housing group & leading on delivery of the priority action to 'Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency'. As a result of this work a scoping workshop has been arranged for January & plans will be developed to deliver this priority across Nottinghamshire.

Reason for Recommendation

18. The report is an update on the progress of the Health & Wellbeing Implementation Group and for noting only.

Statutory and Policy Implications

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

RECOMMENDATION

- 1) The Health and Wellbeing Board is asked to note the content of the report.

David Pearson

Corporate Director of Adult Social Care, Health & Public Protection

For any enquiries about this report please contact:

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Associate Director of Public Health

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Constitutional Comments (SG 18/12/15)

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

Financial Comments (KAS 17/12/15)

21. There are no financial implications contained within the report.

Background Papers and Published Documents

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

None

Electoral Divisions and Members Affected

All

Appendix 1: Health & Wellbeing Board 7 Strategic Actions Summary of Progress 2015

Ambitions				Defined Strategic Actions 2015/16	Responsibility	Health and Wellbeing Outcomes	Measure/Process	Progress
A GOOD START			WORKING TOGETHER	Strategic Action 1: Implement the Breast Feeding Friendly places Initiative across all HWB partners.	PH Committee/ Children & Young People's Committee/ CCGs Governing Bodies	Improve uptake of breastfeeding, particularly in the Ashfield, Bassetlaw, and Gedling, Mansfield and Newark and Sherwood districts.	Breast feeding rates and prevalence monitoring plan to be confirmed by December 2015	Action Plan to implement breast feeding friendly places and performance monitoring plan. A pilot of the breastfeeding friendly places initiative is currently being developed in Gedling, and a provider has been commissioned to roll the initiative out across Ashfield, Bassetlaw, Mansfield and Newark and Sherwood districts from 1 April 2016. Performance measures are being agreed as part of the pilot and further detail will be reported to the Health and Wellbeing Implementation Group early in 2016.
				Strategic Action 2: Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board.	Nottinghamshire Safeguarding Children's Board	Work together to keep children & young people safe and improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire.	Child Sexual Exploitation (CSE) Action plan - Strengthening the collation and analysis of data including the availability and analysis of available data across agencies - Monitor police attendance and other agencies at CSE	Work to support the annual action to develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire is underway, overseen by a cross authority multi-agency group chaired by Nottinghamshire Police. Timescale to be determined

Ambitions				Defined Strategic Actions 2015/16	Responsibility	Health and Wellbeing Outcomes	Measure/Process	Progress
							strategy meetings (CSE and Police) <ul style="list-style-type: none"> - Improve level of engagement of children, parents or carers at strategy meetings. - Develop work with licensing and other bodies / businesses to raise awareness of CSE and to support disruption work (Police and CSC) - Develop opportunities for perpetrator (including unidentified offenders) led work to prevent or reduce their ability to continue to offend (Police) - Continue to develop the CSE concerns network and intelligence sharing Progress development of a specialist service to support children at risk of or experiencing CSE.	
				Strategic Action 3: Implement the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan to develop a greater	PH Committee/Children & Young Peoples' Committee/CCGs Governing Bodies	Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire.	Crisis Concordat framework - a pilot Street Triage project service offering a rapid response supporting people in crisis is positively impacting on Section 136 detentions	Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan and Performance monitoring plan by December 2015

Ambitions				Defined Strategic Actions 2015/16	Responsibility	Health and Wellbeing Outcomes	Measure/Process	Progress
				prevention and early intervention approach, such as the use of a single, unique brand identity for young people's health, improved access to better information and novel delivery mechanism for support.			with an 87% reduction in the use of police cells as a place of safety.	An Crisis Concordat action plan has been developed by a large number of partner organisations & is arranged around the key elements of a good mental health crisis care service and include: <ul style="list-style-type: none"> - Access to support before crisis point - Urgent and emergency access to crisis care - The right quality of treatment and care when in crisis - Recovery and staying well - Preventing future crises.
	LIVING WELL			Strategic Action 4: Health and wellbeing partners to implement their agreed actions for the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.	Public Health Committee	Reduce the number of people that smoke in Nottinghamshire.	Adult Smoking rates Nottinghamshire Declaration on Tobacco Control	The national target of 18.5% by the end of 2015 has already been achieved locally. However, this masks significant variations in smoking prevalence across the county. Services need to be targeted at groups and areas of higher prevalence e.g. Mansfield where this is 25.8% The performance of the current smoking cessation providers is significantly below target for 2015/16 & it is unlikely to achieve the target for quitters.

Ambitions				Defined Strategic Actions 2015/16	Responsibility	Health and Wellbeing Outcomes	Measure/Process	Progress
								Meetings have been to mitigate against this under performance. The Declaration is being rolled out in 3 phases: Phase 1 (HWB members) 93% of members have signed the Declaration. Phase 2 (Other NHS and significant public bodies) 2 NHS Trusts have signed along with Notts Fire and Rescue Service. Other organisations have agreed to sign. Phase 3 (Private sector employers) 4 have signed through the Wellbeing@Work Scheme. Phase 1 (HWB members) 33% of members have a finalised action plan and 33% have a draft plan. Phase 2 (Other NHS and significant public bodies) 1 NHS Trusts has an action plan along with Notts Fire and Rescue Service (draft).
				Strategic Action 5: Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments (HIAs).	Public Health Committee / District & Borough Councils / CCG Governing Bodies / Adult Social Care Committee Safer Nottinghamshire Board	Develop healthier environments to live and work in Nottinghamshire.	Measure to be defined	Work place Health & Wellbeing strategic framework & steering group being established to support its development & implementation. All actions are currently on track for delivery during 2015/16 & a full report will be delivered to the Health &

Ambitions				Defined Strategic Actions 2015/16	Responsibility	Health and Wellbeing Outcomes	Measure/Process	Progress
								Wellbeing Board in January 2016.
				Strategic Action 6: Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community.	Adult Social Care Committee, Public Health Committee & CCG Governing Bodies	Crisis support (including housing) is available for people with mental health problems living in the community.	Crisis Concordat framework	Implementing the crisis concordat action plan is reliant on CCG financial investment for a mental health crisis housing and a 24/7 crisis helpline. A cost effective model is currently being scoped for consideration.
				Strategic Action 7: Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.	All Organisations especially District Council Planning and Housing Authorities, CCG Governing Bodies	Vulnerable people living in the community can access the housing support they need.	Crisis Concordat framework	A Health & Housing scoping event is currently being planned to be facilitated by Public Health England to review the effectiveness of current partnership working between 'housing, health and care' sectors in Nottinghamshire in the context of a more challenging operating environment

Appendix 2:



Nottinghamshire Health & Wellbeing Implementation Group Terms of Reference

Version:	2.1	Date:	21 May 2014
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1 Purpose and Objectives

The Health & Social Care Act 2012 came into force on 1 April 2013. The Act gives all upper tier local authorities the statutory responsibility for establishing a Health & Wellbeing Board.

The Act presents the Health & Wellbeing Board (HWB) with a duty to produce a Joint Strategic Needs Assessment (JSNA) and Health & Wellbeing Strategy. In addition, it directs Boards to encourage integrated working between decision makers and service providers in health and social care to improve the health and wellbeing of the local population its serves.

The Health and Wellbeing Implementation Group (HWIG) is the executive group to manage the work programme on behalf of the Health and Wellbeing Board, assisting the Board to fulfil its statutory duties.

The Health and Wellbeing Implementation Group will undertake this role through delivery of the following objectives:

- To maintain an overview of the supporting structures and work programme underpinning the HWB, encouraging coordinated action by all partners to deliver improvements in health and wellbeing.
- To promote integration across health, local government and public sector to achieve additional benefits to commissioning and delivery of health and social care, e.g. improved outcomes or efficiency.
- To ensure national, regional and local policy developments are incorporated into the local work of the Health and Wellbeing Board.
- To facilitate shared responsibility and leadership in improving health and wellbeing within Nottinghamshire.
- To ensure effective communications and engagement across Nottinghamshire to maintain a common purpose and broaden involvement across the public sector.
- To act as a source of advice for Health and Wellbeing issues within Nottinghamshire.

2 Accountability

- The Nottinghamshire Health and Wellbeing Implementation Group reports to the Health & Wellbeing Board.
- The executive sponsors for Health and Wellbeing are:

- David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
- Anthony May, Corporate Director, Children Families and Cultural Services
- Dr Chris Kenny, Director of Public Health
- The sponsors will be responsible for the delivery of work relating to the Health & Wellbeing Board programme.

3 Core Membership

- Corporate Director, Adult Social Care, Health and Public Protection
- Corporate Director, Children, Families and Cultural Services
- Director of Public Health
- Chief Executive Officers from two District Councils in Nottinghamshire
- Chief Operating Officers from two Clinical Commissioning Groups (CCG) within Nottinghamshire
- Representative from Nottinghamshire Police
- Chair of the Nottinghamshire Safeguarding Children Board
- Chair of the Nottinghamshire Safeguarding Adult Board
- Representative from the National Nottinghamshire Probation Services
- Representative from Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company Ltd
- Representative from Nottinghamshire Fire & Rescue
- Associate Director of Public Health.

Additional representatives may be co-opted to the group as required according to the agenda items under discussion, e.g. Clinical Commissioning Groups (CCG) Clinical Leads, Healthwatch.

4 Responsibilities

The Objectives of the Health and Wellbeing Implementation Group will be achieved through delivery of the following responsibilities:

- To coordinate the overall work programme for the Health & Wellbeing Board.
- To oversee the development and maintenance of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- To act as a link between the HWB and groups underpinning the work of the HWB, such as the integrated commissioning groups, CCGs, District Local Strategic Partnerships (LSPs; or equivalent), safeguarding boards, and the Children's Trust Board; encouraging joint commissioning and action to improve health and wellbeing.
- To review local commissioning plans to ensure alignment with the Health & Wellbeing Strategy, and integrated commissioning takes place across partner organisations.
- To review the implications of changes in national, regional and local policy on local implementation of the Health and Social Care Act, commissioning local action as required.
- To maintain a communication and engagement network with stakeholders to allow a two way flow of information relating the health & wellbeing.
- To consider implications relating to CCG assurance.

5 Frequency Meetings

- Meetings will be held Bi-monthly – 12 months meetings will be organised in advance and scheduled to correspond with the Health and Wellbeing Board submission dates where possible.
- The group may meet more frequently as required according to the work programme.

6 Ways of Working

- The group will be quorate if there is a minimum of 5 members or nominated deputies, present.
- The group will be chaired by the Corporate Director, Adult Social Care, Health and Public Protection
- Administration will be provided from Nottinghamshire County Council.
- Agenda items will be submitted to the office at least 8 working days before each meeting.
- Papers for each meeting will be sent to members at least 5 working days prior to each meeting.
- Each member will be expected to participate in actions, be responsible for the flow of information into the group and feedback actions and decisions to their own organisations.
- Confidentiality must be maintained where items are explicitly itemised as such e.g. draft structures.

7 Reporting Procedures

- The Nottinghamshire Health & Wellbeing Implementation Group will report to the Health & Wellbeing Board.

8 Review Arrangements

- The terms of reference and membership will be reviewed annually.

9 Governance Structure of the Health & Wellbeing Board

- The illustration overleaf describes the governance structure of the Health & Wellbeing Board. Further information is available through the Associate Director of Public Health.



6 January 2016

Agenda Item: 8

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

REPORT OF THE JOINT HEALTH & WELLBEING BOARD WORKSHOP ON WORKFORCE

Purpose of the Report

1. This report summarises the findings from the Joint Nottinghamshire and Nottingham City Health & Wellbeing Boards workshop, which took place on 4th November 2015. It identifies key opportunities and asks the Health & Wellbeing Board to support the development of a joint health and care sector strategic workforce development plan for Nottinghamshire.

Information and Advice

2. In response to concerns raised through the Health & Wellbeing Board, it was proposed that an event be held to specifically discuss workforce issues in more detail. As similar workforce issues are experienced across the system, a shared approach was considered.
3. It was agreed to hold a joint workshop hosted by Nottinghamshire and Nottingham City Health & Wellbeing Boards to explore possible local solutions to known workforce issues. The workshop was designed to give participants the opportunity to share experiences and discuss local strategies to address workforce issues, such as 7 day working, use of agency staff, integrating workforce, skills and retention, new models and implications of the living wage.
4. The session was attended by 83 participants from health and social care across city and county, including a wide range of professionals (providers and commissioners) and third sector partners. Feedback from the workshop was extremely positive.
5. The workshop focussed on seven themed discussions along with the opportunity for open discussion on any additional themes raised by participants. The themes covered during the workshop and summary of discussions were as follows:
 - a. Seven day services - Discussion highlighted the importance of an appropriate approach to seven day services. Blanket application would not address real need, so a focus on patient flow, multi-disciplinary approaches and self-management is required to identify a workable and sustainable solution.
 - b. Hybrid (or Holistic) worker - The new Nottingham Citycare multi-skilled worker model. The hybrid worker model within Citycare was recognised as excellent practice that could be transferrable to many care situations and could support other workforce issues such

as 7 day services, workforce transformation & retention. Promoting the key benefits of such a model may help support implementation in practice.

- c. Integrated working in Adult Social Care. Integration was raised in almost all discussions. The need for a common understanding of integration, agreement around individual responsibilities, the need to work across professional boundaries and importance of a system-wide approach were considered essential. A joint strategic development plan for health and social care workforce was proposed that included third sector partners.
- d. Strategies to help manage the use of agency staff. The discussion accepted that the use of agency staff was important to a well-functioning system, but a proper root-cause analysis can help identify reasons for high usage and help find solutions. Organisations will need to consider new ways to make jobs more attractive to existing and new staff, highlighting benefits for staff and service users.
- e. Transforming the Fire & Rescue Workforce. The Fire & Rescue service transformation highlighted a number of general issues applicable to workforce change management. Discussions also focussed on the importance of prevention and cross-sector working, keeping the person at the centre and making every contact count, sharing information across the services involved.
- f. Workforce retention issues in Children's social work. Workforce retention was a common theme across many discussions. Organisations were already taking action to address need independently. The example of Children's Social Services highlighted issues that were common across the health and care system. The need for a flexible and holistic approach to support staff and maintain wellbeing should help retain staff. Consistency in salary, terms & conditions etc across the region could help alleviate problems of staff migration.
- g. Implementing the living wage in care settings. The national living wage poses a particular challenge for the care sector. The discussions highlighted the need to consider holistic benefits for staff and a whole system approach to make the roles more attractive and broaden career progression.
- h. Open discussions. In addition there was a wide ranging debate as part of the open discussions. The main elements included the need to improve joint working across organisational boundaries, using the skills of the wider workforce and allowing career progression around the system; the importance of promoting primary care medicine as a valuable career and the need to include the third sector as valuable partners in the care sector.

6. **Appendix One** contains the full report from the workshop.

Next Steps

- 7. The workshop achieved its objectives allowing for a thorough debate across health and care partners supporting the identification of shared solutions. It was also extremely valuable at allowing people to make contact and share ideas. However in order to make real progress, the Board's leadership is required to maintain the momentum and support an environment where shared solutions can be implemented.

8. A suggestion that was introduced at the event, was the need for a strategic workforce development plan for health and care across Nottinghamshire. This would frame what needed to be done to address local issues and track progress across the system.
9. The plan can be used to address some of the key opportunities and suggestions that were highlighted through the discussions. These included:
 - a. Share workforce plans and learning across the Health & Social Care sector to promote joint working / integration where possible.
 - b. Consider joint Training & Development opportunities for all staff working in the field of health and wellbeing.
 - c. Develop a joint strategy to influence Higher Education Institutions to develop University Courses (Nursing, Medical, Social Work, Health and Social Care, etc) that reflect the strategic direction of travel for integration, hybrid/holistic working and a professional workforce fit for the future.
 - d. Identify early implementer sites to roll out the hybrid worker model to new areas of health & care, particular around care staff.
 - e. Promote 'Health & Social Care as a career' through a targeted and integrated campaign.
 - f. Develop an integrated leadership programme to support culture change through system leadership.
 - g. Extend wellbeing at work scheme across Nottingham and Nottinghamshire.
 - h. Use the principle of 'Making Every Contact Count' across health and care to develop a shared common assessment for vulnerable people
10. The proposed strategic development plan will define key outcomes which are shared goals across Nottinghamshire straddling commissioners and providers, health and local government.
11. It will anticipate and describe the workforce needs across the City and County by undertaking an organisational and system assessment to identify the gap between current workforce and future needs. These will be connected to the JSNA and new models of care.
12. The plan should take a long term view, covering a 5 year period, but with annual reviews built in to keep it refreshed to reflect the current situation.
13. The plan will also:
 - a. Identify common strands from workforce plans across Nottinghamshire and areas that benefit from activity at a strategic level.
 - b. Collate information on innovation from around the country and consider its application to our local area.
 - c. Link to economic development plans and relevant bodies e.g. Local Enterprise Partnerships
 - d. Identify the training and development vehicles required to achieve the strategic objectives
 - e. Identify development for early implementation such as the hybrid worker model

14. In order to ensure that the plan is realistic and achievable, it will identify the resources required to deliver the plan that supplements and supports local implementation.
15. It is anticipated that there will be a range of actions required, at individual level, organisational level and system level. It is therefore crucial that there is ownership across all organisations to allow successful implementation.
16. Discussion is taking place with organisational workforce leads and key members of workforce groups, such as the Local Education & Training Council, Nottinghamshire Public Sector Compact and the N2 Skills & Employment Board – Health & Social Care sector working group to identify the best approach to taking this work forward.
17. The Board can support the plan through collective leadership, and leadership of individual members within their organisations, networks and relationships. It is recommended that the Boards influence is required to maintain a system-wide approach, promoting shared approaches across the sector.
18. The Board is asked to support the development of a joint health and care sector strategic workforce development plan for Nottinghamshire and highlight any specific support that members can give to the work. Progress will be monitored by the Health & Wellbeing Implementation Group on the Boards behalf.

Statutory and Policy Implications

19. 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

20. Financial implications will be considered as part of the development of the strategic workforce development plan.

Human Resources Implications

21. Human resource implications will be considered as part of the development of the strategic workforce development plan.

Implications for Service Users

22. An effective workforce across the health and care sector will support delivery of quality care designed around the individual, making the best use of joint working to avoid duplication and streamline care.

RECOMMENDATION

1) The Health and Wellbeing Board are asked to note the findings of the workforce workshop and support the development of a joint health and care sector strategic workforce development plan for Nottinghamshire.

Cllr Joyce Bosnjak

Chair of the Health and Wellbeing Board and Deputy Leader of the Council

For any enquiries about this report please contact:

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Constitutional Comments (SMG 18/12/2015)

23. The Board's responsibilities include promoting and encouraging 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. The proposals set out in this report fall within the remit of this Board.

Financial Comments (KAS 17/12/15)

24. The financial implications are contained within paragraph 20 of the report.

Background Papers and Published Documents

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

None

Electoral Divisions and Members Affected

All



Summary of the Joint Nottingham City and Nottinghamshire County Health & Wellbeing Board Workforce Workshop - 4th November 2015

Background

A joint workshop was hosted by Nottinghamshire and Nottingham City Health & Wellbeing Boards to explore possible local solutions to known workforce issues. The workshop was designed to give participants the opportunity to share experiences and discuss local strategies to address workforce issues, such as 7 day working, use of agency staff, integrating workforce, skills and retention, new models and implications of the living wage.

The Aims of the session were:

- To consider workforce needs, requirements and gaps over the next 3-5 years
- To explore to what extent current organisational workforce planning strategies address the future workforce needs
- To explore integrated solutions to workforce planning

The session was attended by a wide range of professionals (providers and commissioners) from health and social care across city and county, including third sector partners.

Presentations were given to provide context around health and social care workforce issues. Following the introduction, participants took part in a series of discussions. There were seven themed discussion tables and two additional tables for open discussion on any additional themes raised by participants.

The themes identified prior to the workshop were:

- Seven day services - Exploring the importance of 7 day services and what needs to be done to make it happen, using case studies from around the country.
- Holistic (or Hybrid) worker - The new Nottingham Citycare multi-skilled worker model.
- Integrated working - Principal social worker Adult Social Care experience of working in health and adult social care integrated teams in Nottinghamshire over 15 years.
- Reducing Agency staff - Strategies to help manage the use of agency staff.
- Transforming the Fire & Rescue Workforce - Implementing a change from fire-fighting to risk reduction and community safety. How the Nottinghamshire Fire & Rescue Service is redesigning the service to meet future needs.
- Workforce retention - Workforce retention issues in Children's social work.
- Living wage - Implementing the living wage in care settings

Each table had a lead or 'expert' (with the exception of the open discussion) and a facilitator.

Appendix One describes the themes, and gives details of the lead and facilitator.

Participants explored the theme using the key questions as follows:

- 1: What's working well...?
- 2: What could we do better....?
- 3: What needs to happen....?

Evaluation of the session

The event was attended by 83 participants, and feedback on the day was very positive. Forty (48%) evaluation forms were returned. All but one response (97.5%) agreed or strongly agreed that the event met their expectations and was useful. Two of the 40 (5%) responses stated that they did not feel that they could participate in the event. The comments that were provided with these two evaluation forms did not reflect the negative score and were anonymous.

The evaluation asked 2 additional questions:

- What have you learnt from the event?
- What will you do differently as a result of what you've learnt?

A range of comments were received; the following selection illustrates the main feedback:

Nottinghamshire CCGs – “challenges across health & social care are more common than I realised!” *“I will follow up (with social care colleagues) to join up evaluations of local schemes.”*

Nottinghamshire County Council – *“I will look around much more when initiating projects to find out what is happening in other areas and across other organisations.”*

Voluntary sector – *“I will apply transferrable skills (of multi skilled staff) to my organisation”*

Nottingham City CCG – *“We need further joint events”*

Adult Social Care, Nottingham City Council – *“We need to consider role of homecare as equal partners in care delivery groups” “I will embed these in change programmes”*

Nottinghamshire CCGs – *“How do we intend to follow up on the key issues?”*

NHS Hospital Trust - *“I will make additional connections that will support improved workforce planning and integrated service development”*

Adult Social Care, Nottinghamshire County Council - *“The opportunities are there, we now have to progress then” “I will talk to home care providers about how to develop the holistic worker role”*

Voluntary sector – *“I will modify my strategy and adopt good practice”*

There were multiple comments on the value of the session *“excellent session- thank you;” “Thanks for the opportunity this has sparked further thought and ideas;” “Good event, well presented;” “friendly event;” “really good;” “well facilitated and organised.”*

Summary of Discussions

Notes were collected and key points summarised. There was a significant amount of overlap in discussions, which highlighted the complexity of the issues and need to consider multiple solutions to find sustainable solutions.

Integrated Working

Integration was raised in almost all discussions. The need for a common understanding of integration, agreement around individual responsibilities, the need to work across professional boundaries and importance of a system-wide approach were considered essential. A joint strategic development plan for health and social care workforce was proposed that included third sector partners. Some specific comments included:

- New models should be explored that are designed around the person.
- Integration can act as the starting point to the holistic worker model – creating new roles that require both health and social care skills.
- A system-wide approach is required, involving the 3rd sector, and wider public services such as community pharmacies and the Fire & Rescue Service.
- Staff like to work in an integrated way but employment issues need to be overcome
- Information sharing is a barrier, but is working in some areas. Learning should be applied from areas where it is working well. A suggestion was made that citizens could hold their own records for all services to access
- New methods to evaluate success are needed to move away from traditional organisational boundaries.
- Measuring outcomes is key, ensuring services meet a person's need, and are working to common outcomes.
- Aversion to risks need to be overcome, especially around professional indemnity.
- Review of professional boundaries and use of a core care certificate could be considered
- Access to development resources by the 3rd sector staff could be considered
- The single assessment process should be developed further
- There is a need to consider what skills are required around mental health
- It is important to start small by taking forward discreet and manageable projects, identifying common barriers and solutions.

Holistic (or Hybrid) worker

The holistic worker model within Citycare was recognised as excellent practice that could be transferrable to many care situations and could support other workforce issues such as 7 day services, workforce transformation & retention. Promoting the key benefits of such a model may help support implementation in practice. Discussion points included:

- There is a need to identify opportunities to spread the holistic worker model.
 - Within the Fire & Rescue Service, or early adoption by continuing care
 - Clinical v non-clinical role should be considered including personal assistants
- There is a need to process map the system, designed around the citizen.
- The model can support 7 day services.
- Joint training is needed – eg: a University of Derby course is under development.
- A citizen can train personal assistants on aspects of their own care.
- Joint benefits should be identified, such as Making Every Contact Count, job satisfaction, career development.
- NB: an evaluation is in progress and the holistic model may be spread nationally.

Living Wage

The national living wage poses a particular challenge for the care sector. The discussions highlighted the need to consider holistic benefits for staff and a whole system approach to make the roles more attractive and broaden career progression. Key comments included:

- A total reward package is needed, rather than focussing on salary.
- A caring differential above the National Living Wage is likely to be required.
- Training and development needs to be addressed including opportunities for career progression.
- A whole system approach is required, to allow progression, integration, & networking.
- The role of carers needs to be promoted to raise its profile and highlight its importance.
- Commissioning processes need to change to support the care sector, focussing on outcomes, rather than tasks.

Reducing the Use of agency staff

The discussion accepted that the use of agency staff was important to a well-functioning system, but a proper root-cause analysis can help identify reasons for high usage and help find solutions. Organisations will need to consider new ways to make jobs more attractive to existing and new staff, highlighting benefits for staff and service users. Discussion points included:

- There will always be a need for agency staff, but there is a need to continue working to agree consistent and fair prices & terms – Regulation may be needed to support this.
- A root cause analysis is required to identify reasons for use of agency and to understand solutions.
- There is a need to grow our own staff in roles where agency staff are frequently used.
- Jobs need to be made more attractive to our permanent staff.
- Organisations need to look at new ways to develop their own workforce.
- The quality of care should be considered – staff that feel supported and valued offer greater benefits for service user experiences compared to short-term agency staff.
- Organisations need to promote benefits to help attract and retain staff, such as flexible working practice.

Transforming the workforce

The Fire & Rescue service transformation highlighted a number of general issues applicable to workforce change management. Discussions also focussed on the importance of prevention and cross-sector working, keeping the person at the centre and making every contact count, sharing information across the services involved. Key comments included:

- The Fire & Rescue service supports better targeting of 'at risk' individuals, but improved sharing at an operational level is still required.
- Transforming the workforce has involved a twin track of 'imposed' and 'chosen' change – strong force.
- There is a need to develop strategies jointly.
- There is an opportunity to promote common 'assessment' of 'at risk' – e.g. top 10 things to look for when visiting those at risk can be used by all services.
- Cultural change pilots can be used to change hearts and minds.
- Workforce retention can be assisted by making jobs interesting and varied.
- Shared training across organisations will help staff understand each others roles.
- There is a need to promote understanding of Making Every Contact Count.
- Are openness to pooled budgets and/or single employers the main barriers to success?

Seven day services

Discussion highlighted the importance of an appropriate approach to seven day services. Blanket application would not address real need, so a focus on patient flow, multi-disciplinary approaches and self management is required to identify a workable and sustainable solution. Key comments included:

- There is a lot of good working to promote 7 day working, such as GP services at the front door, a large 3rd sector is already providing services 24/7.
- We need to understand what is needed, to define what we mean by 7 day working. A blanket approach should not be applied.
- There is a need to focus on patient flow and not services; and distribute workforce to match service need (not want) and get funding flows right.
- The use of other clinical workforce in healthcare should be considered.
- Organisations need to engage their current workforce, not alienate them with changes.
- There is a need for continual education of the population, and better signposting on where to get advice and support.

Workforce Retention

Workforce retention was a common theme across many discussions. Organisations were already taking action to address need independently. The example of Children's Social Services highlighted issues that were common across the health and care system. The need for a flexible and holistic approach to support staff and maintain wellbeing should help retain staff. Consistency in salary, terms & conditions etc across the region could help alleviate problems of staff migration. Discussion points included:

- There are good examples of work around workforce retention, but more still need to be done.
- Wellbeing at work is a significant issue. The holistic needs of staff need to be met.
- Manager support is required to support the rest of the workforce – inc. stress management, ability to identify staff needs and support them. This is especially important for front line staff.
- There needs to be flexibility and a range of strategies to support staff. Continued Professional Development, flexible working, mobile working, development opportunities, benefits are all important.
- The range and availability of support and benefits on offer to staff need to be communicated/promoted.
- Regional consistency is important. Staff migration is an issue as organisations are often unable to match the competition.
- Analysis of what makes people stay in their job can extend our understanding, and help organisations apply the learning.
- Investigating other company strategies on workforce retention may identify solutions.

Open Discussions

There was a wide ranging debate as part of the open discussions. The main elements included the need to improve joint working across organisational boundaries, using the skills of the wider workforce and allowing career progression around the system; the importance of promoting primary care medicine as a valuable career and the need to include the third sector as valuable partners in the care sector. Some specific comments included:

Third Sector

- The Third sector needs to be thought about in the planning stage.
- Tenders should include a requirement for minimum skills level (training).

- Third sector Consortia need to be managed effectively.
- There is a need for longer term contracts to build capacity / competency/ sustainability.

Primary Care

- Better promotion of primary care as a career option to students is required.
- There is a need to use better skill mix or integration to alleviate GP capacity issues – eg broader role of Pharmacists.

Interface between organisations/ Joint Working

- Communication needs to be improved to support patient flow. Better relationship management will also support this.
- There is a need to blur boundaries between primary and secondary care, e.g. joint ward rounds, professionals working together. Virtual wards can help promote joint working.
- The pharmacy workforce can be used to manage Long Term Conditions – e.g. patients can be registered to one pharmacist.
- System-wide improvement is required.
- There is a need for joint policies and training / development.
- Medication is a significant issue for health and social care, such as safety issues identified by the CQC.
- Fixed training requirements lead to reduced flexibility for domiciliary staff to move about.
- There is a need to avoid ‘it’s not my job’ mentality.
- Better communication & partnership with Pharmacy are required.
- Holistic workers and holistic teams allow cross organisation working.

Career progression

- A Nottinghamshire-wide approach to supporting H&SC careers is required, with rotations across the whole system inc. care homes/home care. This will improve attractiveness of hard to fill posts, and could include:
 - Dual qualifications (nurse and social worker)- investigate areas of good practice.
 - Apprenticeships.
- A common care certificate, and common T&Cs will support staff rotation.

Next Steps

The key findings from the workshop outlined in this report will be used to formulate recommendations and presented to the Nottingham City and Nottinghamshire County Health & Wellbeing Boards to gain support for any actions required across the health and care system. It is anticipated that there will be a range of actions required, at individual level, organisational level and system level. The Health & Wellbeing Boards will consider how to promote the recommendations and how to implement the system-wide actions.

The work will be overseen by the Nottinghamshire County Health & Wellbeing Implementation Group, and Nottingham City Commissioning Executive Group on behalf of the two Boards. Further information is available from:

Cathy Quinn, Associate Director of Public Health, Nottinghamshire County Council
Email: cathy.quinn@nottsccl.gov.uk Tel: 0115 9772882.

Alison Challenger, Interim Director of Public Health, Nottingham City Council
E mail: alison.challenger@nottinghamcity.gov.uk Tel: 0115 8765105

Appendix One: Table Themes, Description and Leads

Theme	Lead	Facilitator	Description
Seven day working	Helen Hemming , Locality Delivery Facilitator, NHS Improving Quality	Jane Fitch Health Education East Midlands	Exploring the importance of 7 day working and what needs to be done to make it happen, using case studies from around the country
Holistic worker	Lyn Bacon , Chief Executive, Nottingham Citycare	Jane McCombe Health Education East Midlands	The new Nottingham Citycare multi-skilled worker model
Integrated working	Tina Morley Ramage , Principle Social Worker Adult Social Care (ASC) Nottinghamshire County Council	Wendy Lippmann Jennifer Allen Nottinghamshire County Council	Principal social worker Adult Social Care experience of working in health and adult social care integrated teams in Nottinghamshire over 15 years
Reducing Agency staff	Lynn Robinson , HR Business Partner Nottingham City Council	Natasha Taylor Nottingham City Council	Strategies to help manage the use of agency staff
Transforming the Fire & Rescue Workforce	Wayne Bowcock , Deputy Chief Fire Officer Nottinghamshire Fire & Rescue Service	Helen Richardson Nottinghamshire County Council	Transforming the Workforce: Implementing a change from fire-fighting to risk reduction and community safety. How the Nottinghamshire Fire & Rescue Service is redesigning the service to meet future needs.
Workforce retention	Liz Maslan Children's Workforce Development Manager Nottinghamshire County Council	Lorraine McPherson-Bravo Nottingham City Council	Workforce retention issues in Children's social work
Living wage	Antony Dixon . Quality Commissioning, Nottingham City Council Rosamunde Willis-Read Project Manager. Group Manager - Quality & Market Management. Nottinghamshire County Council	Veronica Thomson Nottinghamshire County Council	Implementing the living wage in care settings
Open discussion (possible 2 tables for open discussion)	Elaine Mitchell Integrated Workforce Development Manager, Nottingham City Council Jackie Brocklehurst Strategic Workforce Development Manager Health Education East Midlands		Space for discussion on a theme of your choice

6 January 2016**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****DEVOLUTION IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide the Board with an update on the impact of the devolution bid made for Derbyshire and Nottinghamshire on health and social care.

Information and Advice

2. A bid has been made for devolution in Derbyshire and Nottinghamshire. The bid document focussed on economic development for the region, in particular enterprise, jobs, transport and housing.
3. The bid included health and social care but was limited to this information within the public sector reform section of the documentation:

Public Sector Reform

‘All local authorities that form the two Combined Authorities within the D2N2 LEP area are clearly of the view that democratic decision makers are best-placed to make decisions on public services that are required to meet the needs of local citizens. The different funding regimes and operating frameworks that apply to the various public sector disciplines do not allow for place-making decisions. The D2 and N2 combined authorities want to use this devolution deal conversation to open up a long-term dialogue about how aspects of the public sector, such as social care and health, can be replicated to a local governance model.’

4. Following the submission of the Bid a workshop was held to initiate the process of considering the impact of devolution on health and social care. Partners were invited from across Derby, Derbyshire, Nottingham and Nottinghamshire from health and social care.
5. A summary of the discussions at the event are attached as Appendix 1. The presentation is in Appendix 2.
6. This summary will be circulated to partners for consideration of the local implication of devolution. No plans have been agreed to date to take this work forward.

Other Options Considered

7. N/A

Reasons for Recommendations

8. N/A

Statutory and Policy Implications

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

RECOMMENDATION

1) To note the progress to date regarding devolution in Nottinghamshire and Derbyshire.

David Pearson

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Joanna Cooper

Better Care Fund Programme Manager (Nottinghamshire)

T: 0115 9773577

Joanna.cooper@nottsccl.gov.uk

Constitutional Comments (SLB 09/12/2015)

10. This report is for noting only.

Financial Comments (KAS 10/12/15)

11. There are no financial implications contained within the report.

Background Papers and Published Documents

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

None

Electoral Divisions and Members Affected

All

East Midlands Derbyshire Nottinghamshire Health Devolution Event December 2015

All of the Leaders of the 19 local authorities are currently considering a devolution deal document for the East Midlands (Derbyshire and Nottinghamshire) as part of the final stages of negotiations with Government. The powers are designed to improve the lives of local people by making sure that decisions that affect them are taken locally by locally elected representatives rather than from Westminster.

The wide-ranging powers, which include skills, housing, transport, the economy and superfast broadband across the whole area, would be supplemented by a significant investment fund that would be spent locally for the benefits of local people.

The final details of the deal are expected imminently although any announcement would be subject to final ratification by the 19 authorities and the approval of the necessary legislation. Any final decisions by local members are likely to be taken some time next year with elections for a mayor not taking place until May 2017 at the earliest.



As part of the priority for achieving a value for money Public Sector, there is potential for aspects of health and social care to be replicated to a local governance model. In November Anthony May and David Pearson hosted an event on behalf of the health and social care community to review devolution and its relationship with health and social care, and explore what devolved powers could mean for our area. The presentations from the event can be accessed here:

http://prezi.com/ilvfl1y78yp3/?utm_campaign=share&utm_medium=copy&rc=ex0share

There was wide representation from across the health and social care community taking part in workshop discussions. Key themes from the workshops included:

The potential benefits of devolution in health and social care

- Simplification in decision making, structures and commissioning giving a system that is more flexible and sensitive to change and which can be more readily articulated to citizens.
- A focus on the wider determinants of health and wellbeing which allows for inequalities to be tackled on a local level whilst making the most of public health expertise and resources.
- Supporting our local communities and acting as a key driver to building more resilient communities with locally set priorities.
- Benefits derived from the wider devolution deal to attract, develop and retain a high quality workforce across the health and social care sector, including the development of emerging roles within the sector by working closely with our further and higher education bodies.

- Develop a sense of place with services and functions focused on a wider geography to reduce inequalities and inconsistency across the area.
- Greater engagement of local politicians with their communities and oversight of health and social care.
- Local influence over national policy to leverage change.
- Consistent commissioning arrangements across our area with flexible design around local models.

The potential risks of devolution in health and social care

- The devolution deal is primarily focused on economic development.
- Our distinctive geography poses the risk of areas losing their sense of place and of devolution being city-centric.
- Financial risk from bringing organizations together outside of national systems in a time of limited resource - economies of scale may not be achieved or funding may be diverted to other areas of the public sector.
- Powers not devolved in a meaningful way.
- Local accountability for devolution and how local and national arrangements will be resolved.
- Bringing together health and social care and reconciling the funding and powers which have already been devolved across the area.
- Patient flows out of and in to the area causing fragmentation.
- Democratic mandate may protect the more affluent areas and decisions may be challenging.
- A risk or perceived risk of inequality and inequity in service access and outcomes for citizens.
- Governance impeding transformation.
- Making changes at the required pace may destabilize the health and social care community.

Potential powers / responsibilities that could be devolved to Derbyshire and Nottinghamshire

- Training and skills for health and social care.
- Social housing.
- Integration of wider public services to work together to tackle the wider determinants of health and wellbeing.
- Specialized commissioning.
- Offender health and prison population reform.
- The ability to develop local priorities, and price and funding mechanisms.
- Powers currently held by national bodies such as NHS England or Public Health England.

Next steps

The devolution deal is still being negotiated, in particular there have been no firm commitments or decisions at this stage for the devolution of health and social care. In order to progress there are issues for further consideration such as:

- What will a local governance model for health and social care look like?
- What powers will the Mayor have over the health and social care community? What are the interdependencies?
- What outcomes do we desire?
- How will we implement our vision?
- How does this sit with the New Models of Care currently being developed across our area?

As part of the development of our approach, local areas should consider wider engagement within their health and social care community to discuss the opportunities and implications of devolution.

The Approach

Governance

- Single CA including 18 Local Authorities across Nottinghamshire & Derbyshire
- A directly elected Mayor - elections expected May 2017
- No local authority powers ceded to the CA without agreement



Government 'red lines'

- Single Combined Authority
- Directly Elected Mayor

Powers & resources held locally

- Significant powers e.g. Manchester, Sheffield, Newcastle etc
- Drawing down Secretary of State powers

Our Response

- Open to considering a single CA & Mayor
- IF the deal is right & IF it is big enough

Within the context of the Comprehensive Spending Review which will result in reduced budgets

Health Devolution

- Greater Manchester became the first region in England to get full control over health spending
- **Devolution Bill** - Committee Stage in House of Commons
- **The Bill** proposes to give powers to the Secretary of State to transfer new functions (S.17) IF the relevant local authority consents and it will require the exercise of statutory functions to the area (S.18). This includes the transfer of health service functions to CA (S.19)
- **ICSG Prospective** - continues to open up a long-term dialogue about how aspects of the public sector, such as social care and health, can be replicated in a local government model

NHS England Board Principles & Decision Criteria

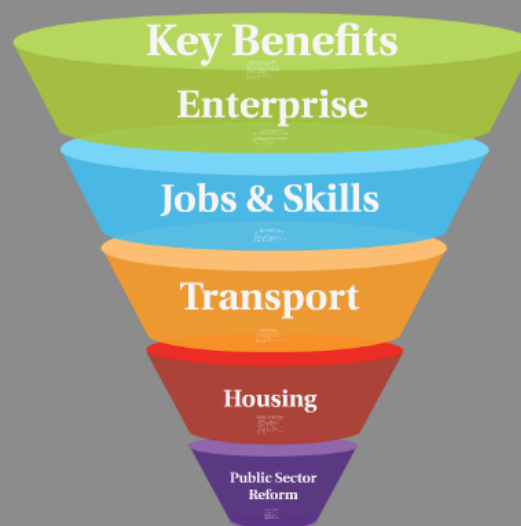
Principles

- All areas will remain part of the NHS
- Ensuring local organisations are able to work together
- Subsidiarity
- Clear accountability
- Sustainable plan & governance

Decision Criteria

- Clarity of vision
- Appropriate health geography
- Quality & continuity of care
- Impact on other populations
- Managing financial risk
- Support to local organisations
- Demonstrable leadership capability
- Track record of collaboration
- Clear mitigation plan & exit route

The D2N2 Deal



Outcomes

- To outline progress with devolution proposals in Nottinghamshire and Derbyshire
- To review the policy background and relationship between devolution and health and social care integration
- To consider examples of plans from across the country
- To explore the benefits and risks of devolved powers on health and social care arrangements
- To produce a paper on the event, its contents and outcomes for wider circulation and follow up



The Policy Picture

Better Care Fund, Integration Pioneers, Integrated Personal Commissioning, Vanguards

- Evolutionary approach
- Incentivising change
- Greatest focus on keeping older people out of hospital
- Money to integrate and to support social care
- Political and policy debate often seen through the NHS lens

Future Thinking

- Common call for further integration
- Increasing integration of budgets
- Some local determination of the focus, organisational form
- A hope that it will save money
- Debate about the right models quickly moves to organisational form

Next Steps

- Ongoing negotiations with government over the next few weeks
- Local agreements - with 18 constituent councils
- Implementation and resourcing plans - in development

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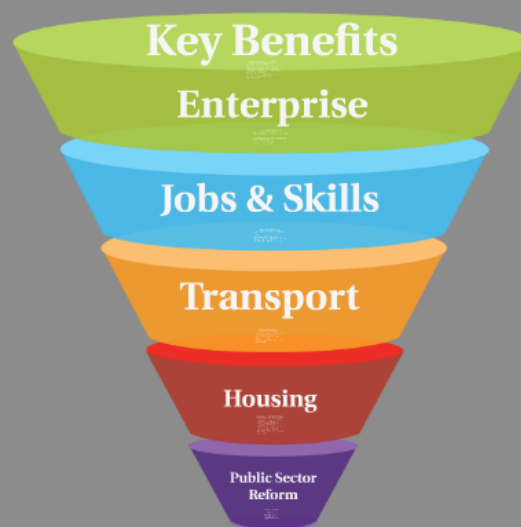
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Challenges

- Primarily focused on Economic Development
- Need to ensure balance of influence between health & local govt.
- Fragmented system - need to co-ordinate
- Need to make changes at a pace
- Ambivalence about local political control
- Ensuring we involve the individuals & communities we serve

Opportunities

- Flexibility of design around local models
- Local decision making
- Local influence over national policy to leverage change
- Increased local democratic oversight of health and care

Next Steps

- Ongoing negotiations with government over the next few weeks
- Local agreements - with 18 constituent councils
- Implementation and resourcing plans - in development

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The Devolution Revolution

Anthony May
Chief Executive
Nottinghamshire County
Council

The Approach



Government 'red lines'

- Single Combined Authority
- Directly Elected Mayor

Powers & resources held locally

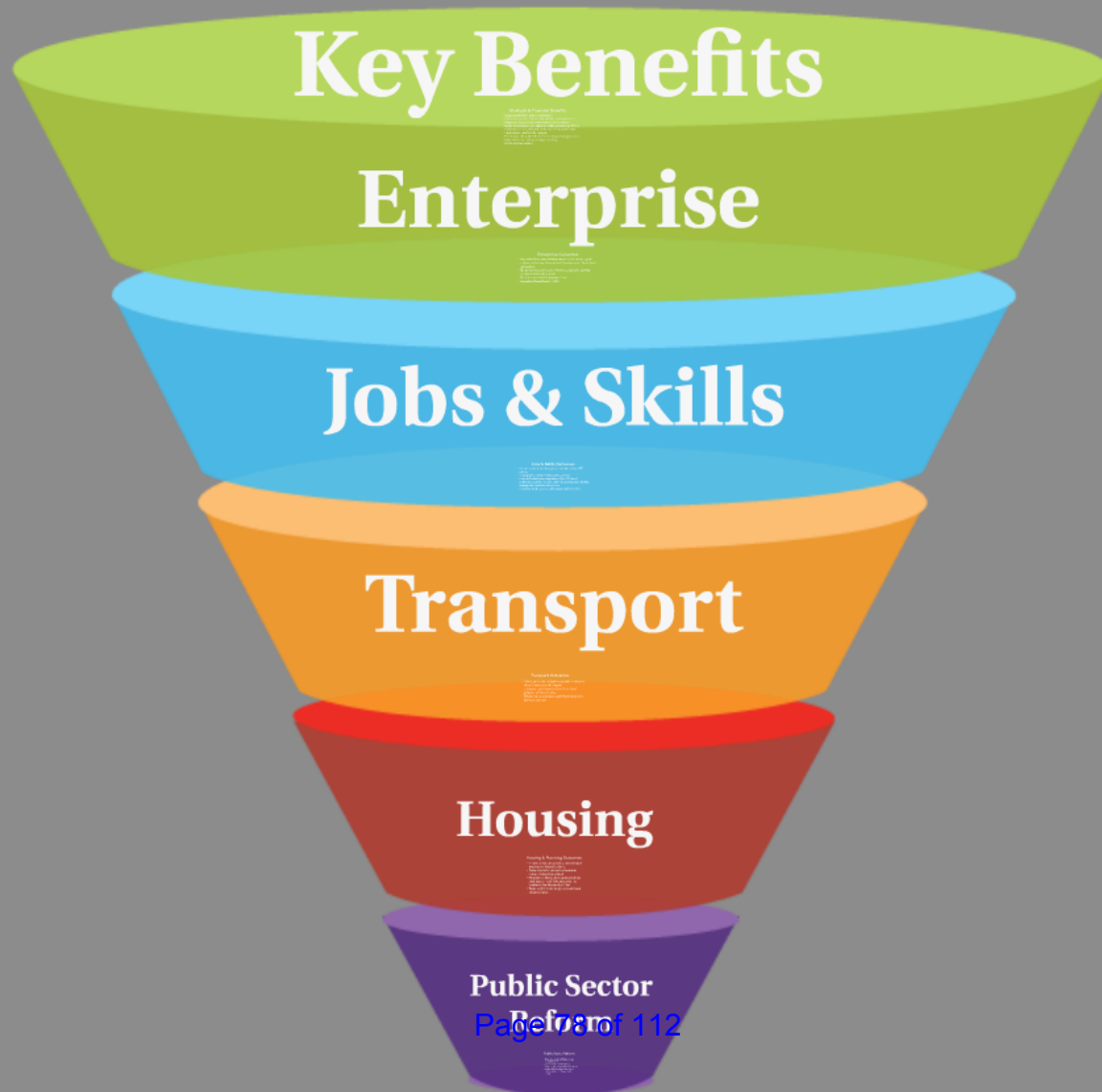
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The D2N2 Deal



Strategic & Financial Benefits

- Local control over powers & funding
- Collective local determination of investment priorities
- Improved impact/outcomes based on local needs
- Single investment pot- asked for £30m revenue for 30 yrs
- Control over consolidated multi-year Transport Fund
- Control over adult skills budgets
- Devolution of budgets for business support programmes
- More influence over planning & housing
- Public service reform



Enterprise Outcomes

- Improved business development - start, stay & grow
- A more attractive place for companies to re-shore their operations
- We design & commission business support activity
- Access to finance support
- Business case for Enterprise Zone
- Superfast Broadband - 100%

Jobs & Skills Outcomes

- Greater control over the courses on offer at local FE colleges
- A top quality, region-wide careers service
- A co-ordinated, one-stop job service with local authorities and Job Centre staff working together to offer employment and benefits advice
- A real say in the types of apprenticeships on offer

Transport Outcomes

- One significant budget to support transport developments in the region
- A proper say in how national transport projects affect our area
- Powers to control how and where local bus services are run

Housing & Planning Outcomes

- Opportunities to get extra Government funding for house building
- Powers to build our own affordable homes to meet local need
- Sharing the future development of our land assets – and Government's - to maximise the financial returns
- Tools to give more weight to each local authority plan

Public Sector Reform

- Through vehicle of Public Sector Reform Board
- Partnership of stakeholders
- Potential for aspects of public sector such as Health and social care to replicated to a local governance model

Governance

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Next Steps

- Ongoing negotiations with government over the next few weeks
- **Local approvals** - with 19 constituent councils
- **Implementation and resourcing plans** - in development

Questions

Devolution & Health Integration

David Pearson
Corporate Director for Adult
Social Care Health & Public
Protection @ NCC
&
ADASS Immediate Past
President

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- **D2N2 Prospectus** - ambition to open up a long-term dialogue about how aspects of the public sector, such as social care and health, can be replicated to a local governance model

What health & social care devolution will achieve By April 2016...

Greater Manchester's NHS, councils
& partners will take care of
our own funding...

that's
£6 billion

that we have to invest so that...



to make the
2.8 million
people of Greater Manchester
happier, healthier, wealthier!

Manchester Devolution Deal

- 2m people
- £6bn spend
- **Early implementation priorities:**
 - 7 day access to primary care
 - Public Health based agreement on major programmes
 - Pilots e.g. dementia project in Salford
 - Mental Health & work
 - Workforce policy alignment
 - Children and Young People mental well-being

Devolution in other areas

Gloucestershire:

- full delegation of all health care commissioning budgets
- full integration of health and social care/ removing perverse incentives

West Midlands (shadow board):

- Review outcomes of Mental Health Commission
- Co-design policy for Troubled Families - including mental health aspect
- Interrogation of data - hospital episodes, mental health and drug treatment

Cornwall:

- Ambition to go further & faster towards integrated care and the devolution of health powers

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nguards

people out

social

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NHS England Board

Principles & Decision Criteria

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Questions?

Group Activity

The Approach

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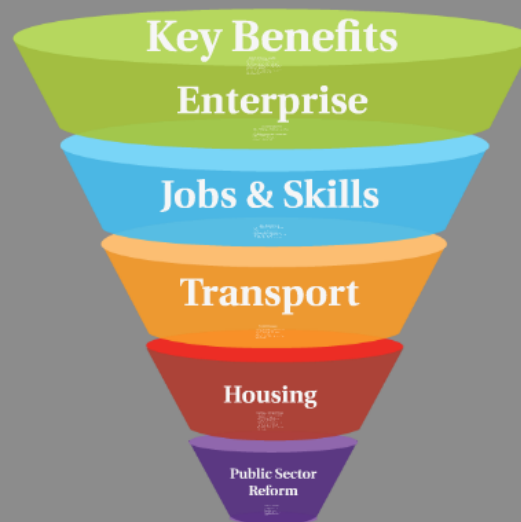
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The D2N2 Deal



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6 January 2016

Agenda Item: 10

**REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD
CHAIR'S REPORT****Purpose of the Report**

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

Information and Advice**2. NHS Health checks – Rushcliffe campaign**

I was pleased to be invited to the launch of a campaign to increase uptake of NHS Healthchecks by Rushcliffe Clinical Commissioning Group (CCG), Rushcliffe Borough Council and Nottinghamshire County Council's Public Health team. They are working together to promote the NHS Heart Check-up (NHS Health Checks) campaign on one of the Council's bin lorries. The lorry will be sent out to target areas of highest deprivation and lowest take up of the NHS Heart Check-ups around Rushcliffe to encourage take up from early January 2016.

There will also be a drop-in NHS Heart Check-up clinic for the bin lorry crews at the Rushcliffe Borough Council depot in January and NHS Heart Check-up leaflets will be distributed in specific areas of high health inequalities and/or low take up of the check-ups. The campaign will last between 6 to 8 weeks and the bin lorry will take a different dedicated route each week.

This is an excellent campaign which will be evaluated and I would encourage other districts to consider rolling it out across the county.

3. Mind media awards 2015 – local winner

You may remember Emily who spoke to the Board about her experiences of CAMHS services in Nottinghamshire. She described her experiences which were part of the reason we have reviewed those services.

I am pleased to report that Emily has been awarded the [‘Speaking Out sponsored by Comic Relief’ award at the Mind Media Awards 2015](#). As well as speaking to the Health & Wellbeing Board she also spoke to a number of other groups & to [ITV news](#) to describe her mental health issues, her recovery & her campaign to help others.

I have written to Emily to thank her & congratulate her on her award on behalf of the Board.

Progress from previous meetings

4. Priority action – breastfeeding friendly places

Further to the discussion at the Board meeting in June 2015 breastfeeding friendly places will be developed across Nottinghamshire with the aim of improving the uptake and continuation of breastfeeding.

The majority of mothers who initiate breastfeeding stop before they want to and one barrier quoted by mothers is their anxiety to breastfeed in public for fear of criticism from members of the public. Venues will be assessed against a checklist of accreditation requirements by breastfeeding peer supporters (mothers who have breastfed and undergone a programme of training). Certificates and promotional materials will be awarded to premises who have achieved the breastfeeding friendly award and welcome breastfeeding mums.

A pilot of the breastfeeding friendly places initiative is currently being developed in Gedling, and a provider has been commissioned to roll the initiative out across Ashfield, Bassetlaw, Mansfield and Newark and Sherwood districts from 1 April 2016. Performance measures are being agreed as part of the pilot and further detail will be reported to the Health and Wellbeing Implementation Group early in 2016.

5. Priority action - Facilitate a joint approach across health & wellbeing partners to planning to maximise benefits, leading to the use of health impact assessments.

A workshop was held on 1 October 2015 with partners from planning & across a range of organisations from health & local government as well as a range of voluntary organisations. There was broad sign up to the approach at that workshop.

Meetings are being arranged with planning groups in the districts & borough councils to agree actions to support the approach which are hoped to be concluded early in 2016. After these meetings have taken place & a framework for action agreed, a performance monitoring framework will be developed for presentation to the HWIG & HWB.

6. E-cigarettes – local position statement

At the September Board meeting members requested local guidelines about the use of e-cigarettes. A [local position statement](#) has now been produced based on the current evidence. It will be reviewed as new guidance or evidence becomes available. The main points are:

- Although e-cigarettes are thought to be less harmful than cigarettes we cannot say they are harmless – Public Health England (PHE) has recently estimated e-cigarettes to be around 95% safer than smoking cigarettes for users.
- While e-cigarettes have the potential to support tobacco harm reduction, any benefits or disadvantages to public health are not yet well established.
- At present;
 devices are unlicensed and unregulated so their safety and effectiveness cannot be guaranteed in terms of nicotine content and other components including electrical safety.

there is no specific law prohibiting the use of an e-cigarette in an enclosed public place

- There are concerns regarding uptake of e-cigarettes by young people. Surveys indicate that regular e-cigarette use among young people is relatively low and is largely among young people who smoke. The surveys do show a higher level of 'experimentation' with electronic cigarettes.
- New legislation commenced on 1 October 2015 including proxy sales of both tobacco and e-cigarettes and under 18s not being able to buy e-cigarettes.
- E-cigarettes will be regulated under one of two regulatory regimes by May 2016:
Opt-in medicines regulation, regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).
All other e-cigarettes will be regulated under the Tobacco Products Directive (TPD).

7. Stakeholder network event – tobacco

The next Stakeholder Network event will take place on Tuesday 23 February 2016 from 1.30pm at the John Fretwell Sports Complex. It will be an interactive workshop to **“Learn how we can work together to secure a tobacco-free generation”**

Rates of smoking have now fallen to a level where a **tobacco-free generation** is within our grasp & the event will look at progress in Nottinghamshire where we have:

- taken approximately £140K worth of illegal tobacco off our streets since April 2015
- helped nearly 4,000 residents to quit smoking last year
- reduced the number of mums smoking during pregnancy
- reduced the number of young people taking up smoking

However, no one can say that the job is done when smoking continues to cut lives short, damages local communities and economies and takes money out of the pockets of those who cannot afford it.

Please join us at the workshop places will be limited - make sure you register via [Eventbrite](#).

Papers to other local committees

8. [Update on key issues regarding e-cigarettes and the practice known as 'vaping'](#).
Report to the Community Safety Committee
10 November 2016
9. [The troubled families programme in Nottinghamshire](#)
Report to Children and Young People's Committee
16 November 2016
10. [Bassetlaw working together programme](#)
Report to Health Scrutiny Committee
23 November 2015

11. [The role of the Nottinghamshire County Council Mental Health Champion](#)

Report to Policy Committee

9 December 2015

Update on policy & guidance

STARTING WELL

12. [Measuring National Well-being - Children and Young people's Well-being in the UK](#)

The Office for National Statistics has issued the above release which finds:

- Over 80% of young people (aged 16 to 24) rated their life satisfaction as high or very high in 2014/15
- Around three-quarters of children (aged 10 to 15) rated their happiness yesterday as high or very high, and four-fifths rated their life satisfaction as high or very high in 2014.
- Over 80% of young people (aged 16 to 24) rated their life satisfaction as high or very high in 2014/15.
- There were 1 in 8 children aged 10 to 15 who reported symptoms of mental ill-health in 2011 to 2012, as measured by a high or very high total difficulties score.
- Being bullied was strongly related to mental ill-health; children who were bullied frequently were 4 times more likely to report a high or very high score in 2011 to 2012.

Additional information is to be found in the following accompanying releases:

- [Children's Well-being overview: 2015](#)
- [Young People's Well-being overview: 2015](#)

13. [Tackling childhood obesity Local solutions to national challenges](#)

NHS Clinical Commissioners

This report puts forward a series of key “asks” to policy-makers, regulators and the government aimed at giving CCGs the freedoms and flexibilities they need to transform healthcare for their local populations and concentrate on the big issues: sickness prevention, health inequality and healthcare targeted to the needs of the patient.

14. [Healthy beginnings: Giving our children the best start in life](#)

The Local Government Association

This report focuses on how councils from across the country intend to develop their plans following the transfer of public health commissioning responsibilities for under-fives to local government. The councils, as new commissioners of these services, will need to understand the needs of their local communities so that they can provide quality and cost-effective services.

15. [Children of the new century: mental health findings from the Millennium cohort study.](#)

The University College London Institute of Education and Centre for Mental Health

This report looks at the mental health of 11-year-old children living in the UK. It finds that 10.3% 11-year-olds in the UK has a mental health problem according to parents - or 8% as reported by teachers, with symptoms including hyperactivity, conduct problems and peer problems as well as emotional problems. The report shows that children from the lowest income families are four times more likely to have mental health problems than those from

the highest earning backgrounds. It also suggests that not living with both natural parents is associated with mental health problems in children.

16. [Assessment of child sexual abuse](#)

The Children's Commissioner has published [Protecting children from harm: a critical assessment of child sexual abuse in the family network in England and priorities for action](#). This is the first report of the Children's Commissioner's inquiry into child sex abuse within the family and its network. It is a critical analysis of the scale and nature of child sex abuse, and highlighting statistics about the extent of abuse known to authorities and estimates of that which goes unreported.

Additional link: [RCPCH press release](#)

17. Childhood obesity - brave and bold action

The Health Select Committee has published [Childhood obesity - brave and bold action](#). This report highlights nine areas for improvement with regard to childhood obesity: strong controls on price promotions of unhealthy food and drink; tougher controls on marketing and advertising of unhealthy food and drink; a centrally led reformulation programme to reduce sugar in food and drink; a sugary drinks tax on full sugar soft drinks, in order to help change behaviour; labelling of single portions of products with added sugar to show sugar content in teaspoons; improved education and information about diet; universal school food standards; greater powers for local authorities to tackle the environment leading to obesity; and early intervention to offer help to families of children affected by obesity and further research into the most effective interventions. It recommends a full package of bold measures should be implemented as soon as possible.

LIVING WELL

18. [Physical activity in the UK: Blueprint for an Active Britain](#)

ActiveUK

This report sets out clear and achievable recommendations to get the nation moving. The blueprint lays the foundations for a stakeholder-supported government-led review of how and where physical activity can play a part in improving the nation's well-being. It sets out ten fundamental truths as the starting point of a government focus on the issues which will lead to greater cohesion between stakeholders, government and the physical activity sector in re-embedding activity back into the public's daily lives.

Additional link: [RCGP press release](#)

19. [Fat Chance? Exploring the evidence on who becomes obese](#)

2020 Health

This report examines the current knowledge and data on obesity, and addresses the question 'Who exactly is becoming obese?' The study looked at 16 datasets to determine 'who' is obese in the UK, and what are the key correlates linked to rising levels of obesity. These included: age, gender, geographic location, socio-economic status, prevalence of local green space, fast food density in the area, rates of smoking and presence of mental illness.

COPING WELL

20. Homes not hospitals' for people with learning disabilities

NHS England, the Local Government Association and the Association of Directors of Adult Social Services have published [Building the right support: a national implementation plan to develop community services and close inpatient facilities](#). This is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. While local areas will be able to design bespoke services with those who use them, the plan sets out the need for: local housing that meets the specific needs of this group of people; a rapid and ambitious expansion of the use of personal budgets; people to have access to a local care and support navigator or key worker; and investment in advocacy services run by local charities and voluntary organisations.

21. [Health and Housing – Health Intel](#)

The Housing Learning and Improvement Network (LIN) has published the above tools and resources to help professionals make informed decisions around health and housing to work towards better integration. They provide information on health-related policies and structures which can be used to integrate policies and services as required by the Care Act.

22. [Housing and Public Health](#)

Sitra has published a suite of resources on housing and public health, designed to tackle the health inequalities associated with social housing. Public Health England commissioned Sitra to carry out a study on the impact of the housing workforce on health outcomes, build case studies and develop a suite of training to enable housing providers to develop their staff to become part of the wider public health workforce. These resources will equip staff to begin conversations with their customers about their health on topics such as smoking and harmful drinking, dementia, mental health and wellbeing. The resources include a new report entitled 'Public Health: Housing workforce holds the key'.

23. [No voice unheard, no right ignored - a consultation for people with learning disabilities, autism and mental health conditions](#)

The Department of Health has published the Governments response to this consultation which sets out proposed actions, which are intended to see everyone being treated with dignity and respect by health and care services, and all enjoying the same rights. The proposals balance the need for urgent progress with the need to effect longer term system-wide change by covering three phases: early actions to sustain current momentum; further changes, including proposed legislative changes and a third phase exploring more radical solutions to longer-term issues.

24. [Mental health under pressure](#)

The King's Fund

This briefing paper aims to focus on mental health as a system of care, examining individual pressures within the wider context of provider and commissioner actions. It draws together information from a number of different sources, providing a particular insight into provision and quality in order to provide an overview of the state of mental health services and care in England. This paper focuses on services for adults between the ages of 16 and 65.

Additional link: [BBC news report](#)

25. [Disability and domestic abuse: risk impacts and response](#)

Public Health England

This document improves understanding of the complexities of disabled people's experiences of domestic abuse and promotes consideration of these complexities within the public health system. It also supports local and national action, and provides guidance to improve response across local authorities, health and social care services, clinical commissioners, domestic abuse services, disability services, police and crime commissioners and the wider public health system.

WORKING TOGETHER

26. [How training on positive lifestyle changes can benefit health and social care staff.](#)

NICE

Published by Bolton Council Staff this case study relates to NICE guidance NG18 on disability, dementia and frailty in later life, where recommendation 13 advises training on brief interventions for all health and social care staff, and that this training should help participants change their own behaviour to reduce their own health risks. Staff evaluations of health promotion training provided at Bolton Foundation Trust showed how it may prompt staff to evaluate their own lifestyles.

27. Partnership working involving the Fire and Rescue Service [Consensus Statement](#)

NHS England

This statement aims to establish a partnership between NHS England and Fire and Rescue Services to use their resources to support older people and those with long-term conditions. The statement encourages local commissioners and fire and rescue services to carry out more 'Safe and Well' checks in people's homes when they visit. To help with this, NHS England have also jointly published with Public Health England [Principles for a 'Safe and Well' visit by a Fire and Rescue Service](#); these design principles for safe and well visits can be tailored to reflect local needs. The Consensus Statement also includes PHE, Local Government Association, Chief Fire Officers Association (CFOA), and Age UK. It describes the intention to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths. There is also a related [blog](#) on the CFOA.

28. First independent evaluation of the Prime Minister's GP Access Fund published

An [independent evaluation report](#) has been published for the first wave of pilot schemes supported by the [Prime Minister's £50 million GP Access Fund](#) (formerly Challenge Fund, announced in October 2013). Thirty seven schemes were selected for 2015/16 involving over 1,400 practices and 10.6 million patients. This first report looks at how the first 20 pilots, which started in April 2014, have delivered on their key objectives to provide more GP appointments, expand the types of patient appointments and improve patient and staff satisfaction in GP access. A second report in the coming months will present data over a longer period from the wave one pilots.

29. [Quick Guide: better use of care at home.](#)

NHS England in partnership with United Kingdom Home Care Association

This is one of a series of quick online guides providing case studies, ideas and practical tips to commissioners, health professionals and care providers on how to improve the relationships, processes and use of homecare and housing support to help people home from hospital.

30. [Better transfers of care: a call to action](#)

NHS Providers

This is the final report from the Right Place, Right Time Commission. It offers practical approaches, drawing on good practice in health, local government, social care and housing, and supports members and their partners to tackle the causes of delayed transfers of care in all settings. The report includes a call to action, calling on providers, local authorities, clinical commissioning groups and health and wellbeing boards to test their assumptions about the causes of delayed transfers of care.

31. [More than 400 pharmacists to be recruited to GP surgeries by next year](#)

More than seven million patients will soon have access to expert advice from a clinical pharmacist when they visit their GP, thanks to the [expansion of a new scheme to fund, recruit and employ pharmacists in local practices](#). NHS England has more than doubled funding from £15m to £31m for its [clinical pharmacists in general practice pilot](#). The successful applications will receive funding covering 698 GP practices and including recruitment of 403 clinical pharmacists. From spring 2016 patients can expect extra help to manage long-term conditions, specific advice for those with multiple medications and better access to clinical advice on treatments.

32. [Filling the gap: tax and fiscal options for a sustainable UK health and social care system](#)

The Health Foundation

This report explores the potential funding gap for health and adult social care in the UK between now and 2030/31. It also looks at options for filling that gap through personal taxation.

33. [The District Council Contribution to Public Health: A Time of Challenge and Opportunity](#)

The King's Fund

Commissioned by the District Councils' Network in 2015, this report intends to contribute to the understanding, assessment and development of the role of district councils in improving the health of their citizens and communities. It focuses on district councils' role in promoting public health through some of their key functions and enabling roles, including housing, leisure and environmental health.

34. [Extending the role of community pharmacy in urgent care](#)

NHS England

This guidance provides practical tips and case studies for System Resilience Groups and local commissioners showing how to extend the role of community pharmacy to relieve pressure on urgent care and how to make best use of the tools such as the Directory of Services, NHS Choices and the Summary Care Record to support this.

HEALTH INEQUALITIES

35. [Housing and Health resource launched to help reduce health inequalities](#)

The Chartered Institute of Environmental Health (CIEH) has launched an online 'Housing and Health' resource, supported by Public Health England (PHE), that aims to inform Environmental Health Practitioners and local authorities on the impact that housing conditions can have on physical and mental health, with the objective to improve health and wellbeing and reduce health inequalities. The CIEH and PHE believe that use of the new site will better inform and equip local action to tackle the detrimental effects of poor housing on both mental and physical health and wellbeing and reduce demand on public services.

36. [Monitoring poverty and social exclusion 2015](#)

The Joseph Rowntree Foundation

This annual review brings together indicators covering poverty, work, education and housing. It looks at changes over the last parliament and identifies key challenges.

GENERAL

37. [Spending Review 2015: what it means for health and social care](#)

The Nuffield Trust

This document pulls together an analysis of the Government's Autumn Statement and Spending Review presented to Parliament on 25 November. It describes what the settlement means for health and social care and outlines several concerns.

CONSULTATIONS

38. [20mph speed limits outside schools](#)

Closes 31 March 2016

Other Options Considered

39. N/A

Reason for Recommendation

40. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) To note the report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

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42. Constitutional Comments (SLB 17/12/2015)

This report is for noting only.

43. Financial Comments (KAS 10/12/15)

There are no financial implications contained within the report.

Background Papers and Published Documents

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

None

Electoral Divisions and Members Affected

All

6 January 2016**Agenda Item: 11**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2016.

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All