Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 07 October 2015 at 14:00

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

AGENDA

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 2 September 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

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

OFFICERS

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
	Derek Higton		Acting 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)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	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
Claire Grainger, Healthwatch Nottinghamshire
Richard Cropley, Nottinghamshire Fire and Rescue Service
Joanne Wooley-Ward, Nottinghamshire Fire and Rescue Service

OFFICERS IN ATTENDANCE

Caroline Baria	-	Adult Social Care, Health and Public Protection
Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health
Helen Scott	-	Public Health
John Tomlinson	-	Public Health

MEMBERSHIP

Councillor Natalie Harvey had been appointed to the Board by Broxtowe Borough Council.

MINUTES

The minutes of the last meeting held on 3 June 2015 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jim Aspinall, Councillor Andrew Tristram, Dr Judy Underwood and David Pearson.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

VANGUARD SITES BRIEFING

Jeremy Griffiths, Guy Mansford and Mark Jefford gave presentations on the successful bids to become Vanguard sites in Rushcliffe, South Nottinghamshire and Mid Nottinghamshire.

The programme of Vanguard sites had been launched by NHS England to lead on the development of new models of care, in support of the NHS England Five Year Forward View. Dr Griffiths explained that in Rushcliffe, Principia would be a Multi-Specialty Community Provider (MCP) operating a new model of integrated care, focused on early intervention, living well at home and avoiding unnecessary use of the hospital. Dr Mansford indicated that the South Nottinghamshire Vanguard comprised partners across health and social care who would coordinate their work to achieve ambitious improvements in urgent and emergency care. Dr Jefford explained that the Mid Nottinghamshire Better Together Programme would create a shift from a predominately reactive hospital-based system of urgent care, to one of home-based proactive care.

Good practice from the Vanguard sites in Nottinghamshire and elsewhere would be shared across the country. Each Vanguard site was sponsored by a senior manager at NHS England.

Comments and responses made during discussion included:

- The move to capitated budgets would help the integration of social care and health. Amanda Sullivan of Mansfield and Ashfield and Newark and Sherwood CCGs was leading a national project on capitated budgets.

- There remained the tension that increased activity in primary care would reduce activity and income for hospitals. – The Vanguard sites were examples of commissioners and providers joining together to improve care. It was recognised that there would be a move towards new commissioning models such as alliance commissioning.

- How could local authorities support the success of the Vanguard sites? – Local authorities could continue to encourage integrated working, and assist with timely discharges from hospital, which would take pressure off emergency departments.

- Self-care was central to the new approach. How would this message be conveyed to the public? - Use must be made of smart phone and other technology. In Mid Nottinghamshire, PRISM Plus, developed by Self Help Nottingham, was making some progress.

- Governance for the Vanguards sites could be seen as more layers of bureaucracy. – It was important to design governance structures which would achieve the outcomes being sought.

RESOLVED: 2015/031

That the presentations about the three Vanguard sites be received, and an update report be presented in due course.

HEALTHWATCH NOTTINGHAMSHIRE ANNUAL REPORT

Joe Pidgeon and Claire Grainger gave a presentation on Healthwatch Nottinghamshire's activities and achievements, as summarised in its second annual report. During the discussion which followed, Joe Pidgeon observed that all Board members had a stake in Healthwatch's success. He acknowledged that Healthwatch could improve the communication of summary information with partners. It was pointed out that information collated by Healthwatch England was also useful. Healthwatch was funded until 2016, and it was hoped that funding would be continued, in order that Healthwatch could continue its statutory role.

RESOLVED: 2015/032

That the report and the progress made by Healthwatch Nottinghamshire be noted.

HEALTH INEQUALITIES

John Tomlinson and Helen Scott gave a presentation on health inequalities in Nottinghamshire. The 2008 report "Fair Society, Healthy Lives" by Professor Sir Michael Marmot had identified six policy objectives to reduce health inequalities. The Health and Wellbeing Board was well placed to promote a partnership approach to reducing health inequalities. They referred to the different measures of Life Expectancy and Healthy Life Expectancy, and to the actions which could be taken locally to reduce health inequalities. Points made during discussion included:

- How would organisations deal with individuals who, for example, chose not to stop smoking?

- The table of actions in the report should recognise that some services were provided outside primary care, but primary care would signpost people to them.

- Earlier diagnosis of musculoskeletal conditions could be promoted.

- School health hubs could help tackle educational achievement and health inequalities.

- The work of the Local Nature Partnership Board regarding the health benefits of green spaces was relevant to the Marmot objectives.

RESOLVED: 2015/032

1) That support for programmes and initiatives which are already addressing the main contributors to inequalities in life expectancy and in healthy life expectancy be continued, with it being recognised that it is especially important to sustain these in times of austerity.

2) That there be a commitment to driving up the quality of primary care through co-commissioning and for each Board member representing a CCG to endorse the development of a CCG strategy for improving the quality of primary care with Key Performance Indicators to demonstrate progress.

3) That there be work in partnership to address hotspots where contributing factors to health inequalities intersect, geographically or within population cohorts.

4) That consideration of impact on health equality be embedded within service commissioning, transformation and redesign, using the local Health Inequalities framework.

5) That a Health and Wellbeing Board workshop be held to agree priorities for improving Health Inequalities and develop multiagency action plans to address the leading causes of Health Inequalities, as an integral part of the Nottinghamshire Health and Wellbeing Strategy.

IMPLEMENTATION OF THE HEALTH AND WELLBEING BOARD PEER CHALLENGE FINDINGS

Cathy Quinn introduced the report on implementing the recommendations from the Health and Wellbeing Board peer challenge in February 2015. The findings had been discussed by Board members and partner organisations at a workshop in April, and by the Health and Wellbeing Implementation Group. In consequence, the report proposed new working principles for the Board, a review of the communication strategy, more focused strategic priorities, and a new high level governance structure.

In reply to comments, it was explained that the structures in the report showed links rather than accountabilities, and that detailed arrangements for the provider forums were subject to discussion with providers. Board members were encouraged to raise any other comments with Cathy Quinn.

RESOLVED: 2015/033

1) That approval be given to new working principles for the Health and Wellbeing Board to clearly describe its role and support the Board in communicating its vision to public and partners.

2) That the need to review the Health and Wellbeing Board's communication strategy to communicate a clear message on how the Board's vision will be delivered be supported.

3) That approval be given to revised strategic priorities for 2015/16, which will focus the Board's effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy.

4) That approval be given to the establishment of a provider engagement forum and to support ongoing work to define locality health and wellbeing supporting structures, and that further consideration be given to the high level governance structure for the Board.

5) That the ongoing actions described in the supporting action plan be supported.

CHAIR'S REPORT

The Chair drew Board members' attention to key points in the report, including the multi-agency Hoarding Framework. Richard Cropley gave more detail about the Framework, and encouraged its adoption by partner organisations.

The Chair referred to a meeting on 24 July 2015 with Nottinghamshire Healthcare Trust to explore concerns about the Trust's proposals for community mental health rehabilitation.

RESOLVED: 2015/034

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2015/035

That the work programme be noted.

The meeting closed at 4.30 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 October 2015

Agenda Item: 4

REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION AND THE DIRECTOR OF PUBLIC HEALTH

THE ROLE OF THE NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE IN HEALTH AND WELLBEING

Purpose of the Report

1. To provide the Health and Wellbeing Board with an overview of the current and potential role of Nottinghamshire Fire and Rescue Service in health and wellbeing.

Information and Advice

2. The role of the Fire and Rescue Service has changed over the last thirty years. The number of fires has decreased in Nottinghamshire from around 30,000 per year in the 1990's to around 10,000 per year today. This decrease has been the result of changes to the service which has shifted from responding to demand to focussing on prevention.

3. The decrease in the demand for the service has resulted in changes in the way that the workforce are utilised, with staff spending less time responding to incidents and with more capacity to support prevention and improving community wellbeing.

4. The Fire and Rescue Service is a trusted profession which has respect across all age groups and in a diverse range of communities. This has been an important aspect of the prevention work undertaken by the service. Nationally around 39% of home fire safety checks were targeted at elderly people and over 16% at disabled people.

5. Nationally there is a debate about the future utilisation and function of the Fire and Rescue Service. The operational priority of the service remains the need to respond to fire and rescue incidents. In order to retain capacity to respond to these incidents, staffing levels need to be maintained. Minimising staff turnover is also essential in order to retain skilled and experienced staff which requires remuneration to be upheld.

6. The position in Nottinghamshire mirrors the national situation. Staffing levels must be maintained in order to respond to incidents but there are opportunities to utilise firefighters in different and innovative ways to help support the prevention agenda, including health and wellbeing.

7. There may also be opportunities to learn from the experience of the service in changing its focus from reacting to demand to that of prevention.

8. Nottinghamshire Fire and Rescue Service would welcome opportunities to work collaboratively with other public services, utilising skills around prevention and early intervention to improve health and wellbeing.

9. Capacity is available within the firefighter workforce as well as other functions such as call handling.

10. Options to support other emergency services are being considered, including co-responding with ambulance services.

11. Nottinghamshire Fire and Rescue Service would also welcome opportunities to work with wider partners to improve health and wellbeing. Nationally the service undertake over 670,000 home safety checks with a focus on vulnerable groups such as the over 65's or disabled people. Visits in other areas already include some health interventions like hearing tests to check fire alarms can be heard, to assessing risks of falls and trips and fitting equipment if necessary.

12. Some areas have extended these checks into 'safe and well' visits to identify wider health and care support needs that the Fire and Rescue Service can provide or through referral to wider public services.

13. Nottinghamshire Fire and Rescue Service would welcome an opportunity to develop a plan to work collaboratively with wider public services in Nottinghamshire to make the most efficient use of the available workforce and to utilise the experience and success of the service in prevention.

Other Options Considered

14. None.

Reason for Recommendation

15. Not applicable.

Statutory and Policy Implications

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

RECOMMENDATIONS

1) That the Board note the contents of the report and the changes in the demands on Nottinghamshire Fire and Rescue Service.

2) That the Board supports a workshop to be held with Board members and wider partners to discuss a plan for the service to work collaboratively in Nottinghamshire to improve health and wellbeing.

David Pearson
Corporate Director
Adult Social Care, Health
And Public Protection

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

John Buckley
Chief Fire Officer : Nottinghamshire Fire and Rescue Service
Tel: 0115 967 5896
John.buckley@notts-fire.gov.uk

Constitutional Comments (LMC 18/09/15)

17. The recommendations in the report fall within the terms of reference of the Health and Well Being Board.

Financial Comments (KAS 17/09/15)

18. 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.

- Fire works: a collaborative way forward for the fire and rescue service
  New Local Government Network

- Beyond fighting fires: the role of the fire and rescue service in improving the public's health
  Local Government Association

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to Health and Wellbeing Board

07 October 2015

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE YOUNG PEOPLE'S HEALTH STRATEGY FOR NOTTINGHAMSHIRE

Purpose of the Report

1. To present to the Health and Wellbeing Board the draft of the Young People's Health Strategy and the results of the Young People's Health Survey

2. To request that the strategy be approved and adopted by the Health and Wellbeing Board and member organisations

Information and Advice

Background

3. In March 2014 a paper was presented to the Health and Wellbeing Board which presented key recommendations made in the Chief Medical Officer's Report 2013 (the CMO report), entitled 'Our Children Deserve Better: Prevention Pays'. The CMO report contained a chapter on adolescent health which made the recommendation that local areas create an adolescent health strategy to ensure a unified, strategic approach to this important demographic would be taken across the local public and voluntary sectors.

4. The Children's Integrated Commissioning Hub (ICH) was tasked by the Health and Wellbeing Board with developing an adolescent health strategy for Nottinghamshire. A steering group was formed, comprising key NHS and local authority professionals, and a programme of participation and engagement with young people was developed.

5. In conjunction with this, the ICH 'Mystery Shopper' work was being completed, where young people anonymously visited health service premises and fed back their experiences, as well as making test phone enquiries and visiting websites. It was agreed that analysis and conclusions from this work would contribute to the strategy.

Participation and Engagement

6. It was important that young people had a strong voice, and, where appropriate, a leadership role in developing the strategy. To that end, direct engagement was planned with young people through appropriate structures (the Young People's Board, the NUH Youth Forum) and a survey was created in order to understand young people's priorities around health and

to understand how they communicate about, and access information on, health and health services.

7. Name of the strategy: Young people stressed that they did not like the word 'adolescent', which they considered clinical and demeaning. Thus it was agreed to replace the word 'adolescent' with the words 'young people' in both the strategy and the survey.

8. In total, nearly 1000 responses to the young people's health survey were received, with about 325 submitted online and the remainder via paper. Further engagement work around the survey question 'What is the single most important thing for being healthy' was conducted with around 200 young people at the Sutton Academy in Ashfield.

Young People's Health Event

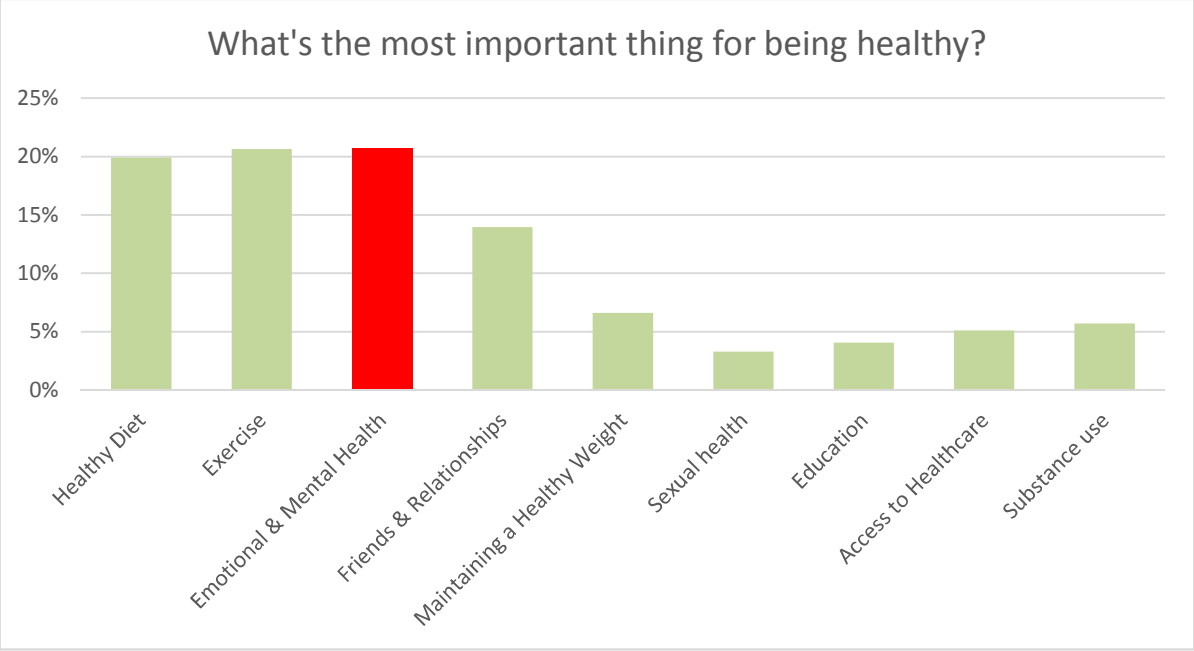
9. A Health and Wellbeing Board network event was held on August the 13th at the MyPlace centre in Mansfield. This event was planned to present the results of the Mystery Shopper work, the results of the young people's health survey, and to present the draft strategy for consultation.

Results of Survey, Consultation and Engagement

10. Both young people and professionals have continually emphasised the importance of **emotional and mental wellbeing** for health as well as the lack of available information and support for young people on this subject.

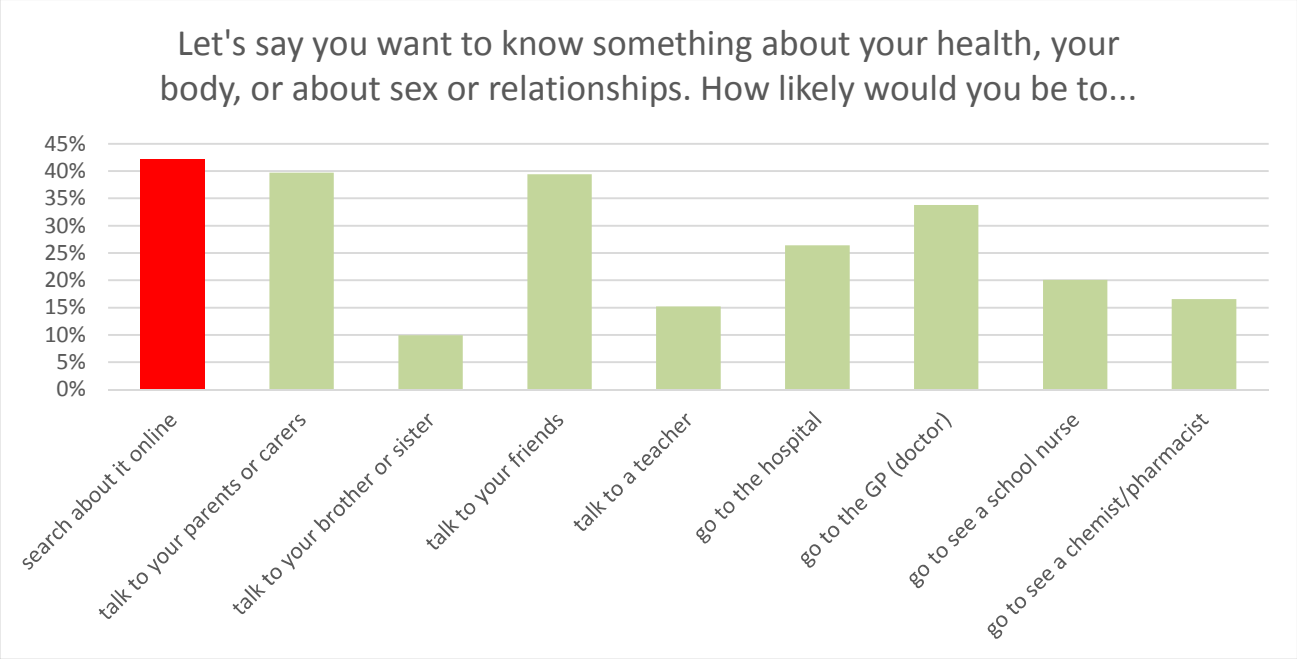
11. When asked 'What is the most important thing for being healthy' young people prioritised **exercise**, **diet** and '**not feeling sad or depressed'** as well as other elements of **emotional and mental wellbeing**. Chart 1 displays the survey results from this question:

Chart 1 – What is the single most important thing for being healthy?



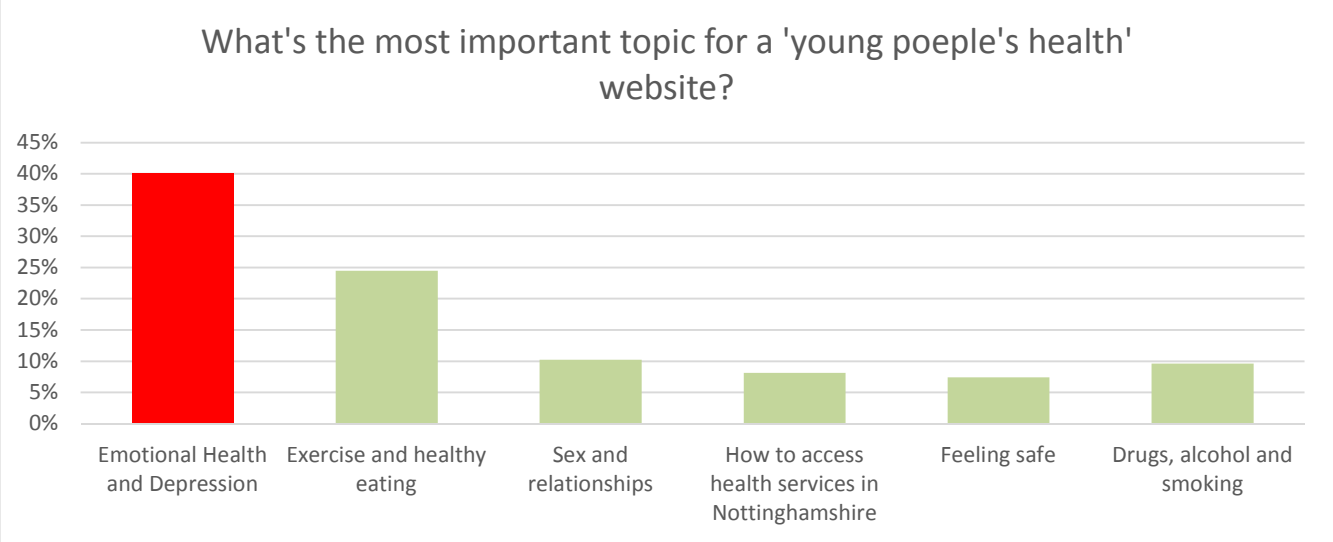
12. Young people who responded to the survey prioritised **online sources of information** for health, with 86% saying they might use an online source of information for an enquiry about health, and, as Chart 2 demonstrates, over 42% saying they definitely would – more than any other option. For context, only 40% of respondents said they definitely would speak to their parents.

Chart 2 – When looking for information about a health issue, or about sex and relationships, how likely would you be to…?



13. When asked what the most important topic for a young people's health website would be, young people prioritised **emotional health** and **depression.** Only 10% of online respondents selected 'sex and relationships' as the most important topic. Chart 3 displays these results:

Chart 3 - **What would the most important topic be for a young people's health website?**



14. We asked young people to tell us what was most important to them; many stressed how critical emotional and mental wellbeing are. Here we highlight a few responses; others are found in the full report in Appendix A

"…*Young people really need to be educated about mental health and told they are not alone or weird…."*

"…*I do a lot of sport so staying fit and healthy is important to me…"*

"…Part of being healthy is being happy so helping to deal with depression or bullying or obesity can help to become healthy. If you're happy, you're more likely to be healthy and enjoy life…"

"…Body image issues, eating disorders; it is vital to diagnose ED's early on… Perhaps if I had been diagnosed when I was 11, I would be fully recovered by now, and my childhood wouldn't have been completely stolen by psychological illness…"

"…People need to know about depression, self-harming, and eating disorders, because loads of young people do it or have it…."

"…I feel like giving out free contraceptives is important because some of my friends have done things and haven't used protection because they can't get any, and it worries me so much. Also I feel like depression and self-harm awareness should be raised because I have been through it myself and it would of been nice if I had help, also some people say it's attention seeking (not to me because I didn't tell anybody) which isn't fair at all…"

Young People's Health Strategy – Draft

15. A draft version of the Young People's Health Strategy has been created, based on the contribution of professionals, the results of the Mystery Shopper programme, and the analysis of the Young People's Health Survey. This strategy sets out the vision for how we want to raise the profile of adolescent health, and to answer the call from young people for more and better information and education around engaging with health services and emotional and mental wellbeing.

16. The strategy will recommend that a Young People's Health Website be created, designed in co-operation with young people and a professional website / design agency, which should contain information on those subjects requested by young people, as well as critical safeguarding information, and a section for professionals containing pathway and referral information

17. The strategy will also recommend that a Nottinghamshire young people's health brand identity is designed to enable a link between the proposed young people's health website, health providers and their premises and health promotion materials. This should be underpinned by the 'You're Welcome' criteria for young people's health services and it is recommended that this brand and website be owned by the Health and Wellbeing Board, as this board contains representatives from across the health and care estate in Nottinghamshire.

18. The strategy will also recommend that alternative methods of support to young people are investigated, aiming to have a universal element of support online and a targeted support system (online or telephone, such as 'Kooth', commissioned by Notts City CCG) as

preventative services working in conjunction with schools and clinical services such as CAMHS.

19. It is recommended that, whenever possible, this work be completed in co-operation with Nottingham City, as it is considered that young people will not distinguish between county and city public sector organisations.

20. Progress in implementing the strategy will be overseen by the Young People's Health Steering Group, and outcomes will be measured through continuing 'mystery shopper' evaluation, as well as through ongoing participation and engagement with young people. Further survey work to assess young people's satisfaction with health services in Nottinghamshire should be conducted every 2 years.

Other Options Considered

21. No other options were considered

Reasons for Recommendation/s

22. The draft young people's health strategy reflects and captures the contribution of the steering group, the young people who completed the survey, and the professionals and young people who attended the Young People's Health Event.

23. The strategy is intended to complement existing strategies (such as teenage pregnancy reduction, CAMHS etc) rather than replace them.

24. The strategy outlines a low-cost route to increasing universal provision and support for young people around emotional and mental wellbeing and will thus be complementary to, and developed alongside, the re-commissioning of CAMHS and the development of the Schools' Health Hub.

Financial Implications

25. Adoption of this strategy has no immediate financial implications. If the Health and Wellbeing Board approve the strategy, a business plan for an online support & information resource for young people's health will be created and presented to Nottinghamshire County Council Public Health and partner organisations (specifically, Clinical Commissioning Groups and healthcare providers). Funding (likely to be non-recurrent) will then be sought from existing budgets within NCC and these partner organisations. Adoption of the strategy would also trigger further work to examine options for further universal support for young people around mental health and emotional wellbeing, and once this work was complete an options approval would be presented to relevant budget holders.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications

are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

1) That the board note the results of the Young People's Health Survey

2) That the board approve and adopt the Young People's Health Strategy

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Dr Kate Allen
Consultant in Public Health Medicine
Telephone: 0115 977 2861
Kate.allen@nottscc.gov.uk

Constitutional Comments ([initials and date xx/xx/xx])

27.

Financial Comments ([initials and date xx/xx/xx])

28.

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.

- The Draft Young People's Health Strategy for Nottinghamshire

Electoral Divisions and Members Affected

- All

Young People's Health Strategy for Nottinghamshire

Draft - September 2015

Introduction

The population of young people between the ages of 10 to 19 has been described as having ‘unparalleled potential’ to influence the future of this country over the next 50 years, and yet young people can remain ‘nearly invisible’ in our health services (Chief Medical Officer of the United Kingdom, 2012). We know that young people have experienced the least improvement in health status of any age group in the British population over the last 50 years, and we know that adolescence is the most significant period for the initiation of a wide range of health behaviours, positive and negative, including those associated with the largest health burdens in adult life (Chief Medical Officer of the United Kingdom, 2012).

This Strategy is intented to define ‘where we want to get to’ regarding improving the health of young people in Nottinghamshire, as well as detailing some elements of ‘how we are going to get there’. It does not replace existing strategies on reducing teenage pregnancy, child and adolescent mental health or obesity (for example), but it is intended to complement them, and to articulate a clear vision for what we want to achieve when trying to improve the health of young people, and, by extension, the health of the entire population of Nottinghamshire.

Contents

Vision for Young People's Health

We want young people to be **healthy** and **safe**, and **empowered** to live their lives and make choices that benefit them and others. We want young people to have quick and easy access to all the knowledge and advice they want to help them make these choices

We want young people to have a loud **voice** in shaping health services, and we want to **empower** young people to be confident users and consumers of all aspects of our services – to be able to tell us how they feel, what's good, what needs to improve, and how we can better serve their needs.

Whenever a young person walks through the door of a clinic, visits their GP, speaks to a health professional on the phone or in any way interacts with a health service, we want them to feel **welcomed** and **respected**, to be **listened to** and to be **confident** that their enquiry or health concern will be dealt with professionally and sensitively. Young people in Nottinghamshire should be fully involved in all decisions relating to their care, and if they want to be seen by a health professional alone, with a parent or a friend for support then that should be accommodated whenever possible.

Health services in Nottinghamshire should always be **inclusive** – young people need to know that they are welcomed, valued and respected whatever their ethnicity, religion, gender or sexuality.

If a young person in Nottingham faces a health issue, we want them to be able to find both the **information** and **support** that they need quickly and simply. Ideally we want to see a single, Nottinghamshire-wide **online** identity for young people's health so that young people can know that they're in the **right place**, and that they can **trust** the services and advice offered.

What we did

We needed to know what Nottinghamshire's young people priorities and concerns were on the subject of 'health', so we asked them.

Young people in Nottinghamshire are already involved in an important 'Mystery Shopper' project to evaluate our healthcare services, where they call health services and visit premises and websites to understand just how 'young people friendly' these

services are. The results of this work told us that there are some excellent services in our county, but also some areas that could be improved. Importantly, young people found that there wasn't much information available on how to access services, especially online, and that some was out-of-date. A film made about the results of the mystery shopper programme can be seen at this link: https://vimeo.com/124552641

We went to representative groups of young people, such as the Nottinghamshire Young People's Board, and we went to groups with particular experience of health services, such as the Nottingham University Hospitals Youth Forum. We asked young people to help us draft a survey that we could use to understand the views of a wide range of people, and we asked them to help us distribute this survey to as many young people as possible. Around 1,200 answered this call and gave us their views – an overwhelming response. Wherever we went we found young people that were intelligent, articulate, and able to not only share their own perspective but also to point out some of the gaps in provision that we will aim to address.

What have young people said?

Young people have told us that **emotional and mental wellbeing** are big priorities for them. We want to give young people in Nottinghamshire support and encouragement to know that **it's normal** to find things tough, and when they need help we want to provide a single, accessible source for all the information they need to help them get it.

We know that **confidentiality** is important to young people – they should be able to use health services without fear that anyone unwanted may discover something about their life or health merely by overhearing them or even seeing them whilst they attend a service.

One thing that young people have told us is that **information** is really important; they see no reason why they should not be able to find **up-to-date**, **relevant** information about health issues or services **quickly** and **easily**.

The Young People's Health Survey

In order to ensure we listened to the views of as many young people as possible, we created a young people's health survey. Available online, and in paper copies, this survey asked young people what they considered important for 'health', what they want more information on and how they would like this information. Almost 1,000 young people completed this survey, with over 200 more contributing to the question 'what the most important thing for being healthy?'

When asked this question, young people consistently prioritised emotional and mental health and wellbeing, alongside diet, exercise and being at a healthy weight. When asked how they would access information about health, young people's first instinct appears to search for it online, even before some would discuss it with parents, carers or friends. Importantly, when asked to pick the most important topic for a young people's health website, there was an overwhelming response, with a clear majority opting for 'emotional health and depression' and only about 10% selecting 'sexual health' or 'drugs, alcohol and smoking.' More detail is given below in charts 1, 2 and 3.

Young people were also asked an open question requesting that they tell us anything else they think is important; here we highlight a few responses that demonstrate the importance of emotional and mental wellbeing to young people:

"…Young people really need to be educated about mental health and told they are not alone or weird…."

"…I do a lot of sport so staying fit and healthy is important to me…"

"…Part of being healthy is being happy so helping to deal with depression or bullying or obesity can help to become healthy. If you're happy, you're more likely to be healthy and enjoy life…"

"…Body image issues, eating disorders; it is vital to diagnose ED's early on… Perhaps if I had been diagnosed when I was 11, I would be fully recovered by now, and my childhood wouldn't have been completely stolen by psychological illness…"

"…People need to know about depression, self-harming, and eating disorders, because loads of young people do it or have it…."

Chart 1: Categorised responses to the question ‘What’s the most important thing for being healthy?’

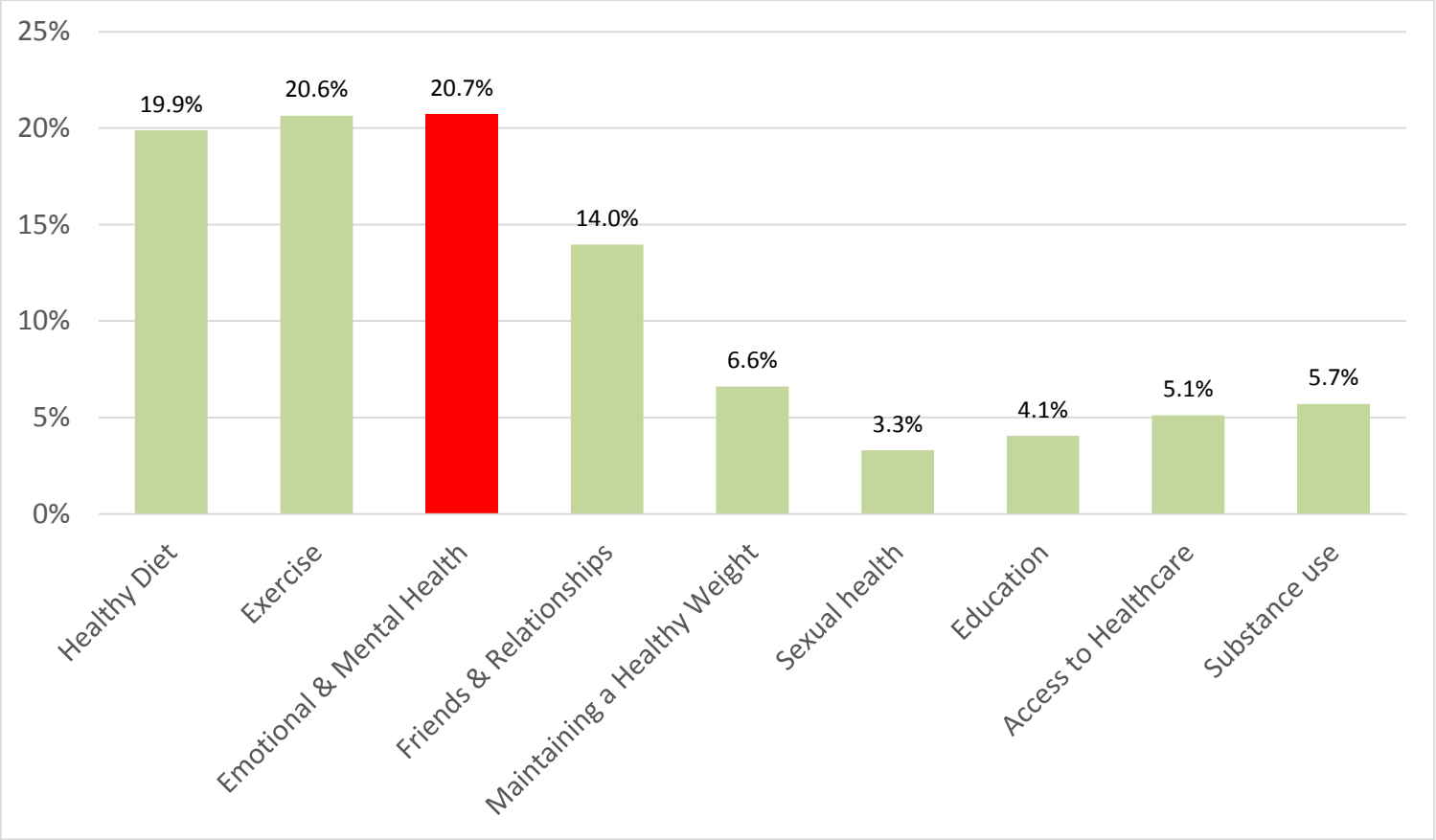


Chart 2: Responses to the question ‘Let's say you want to know something about your health, your body, or about sex or relationships. How likely would you be to…?’

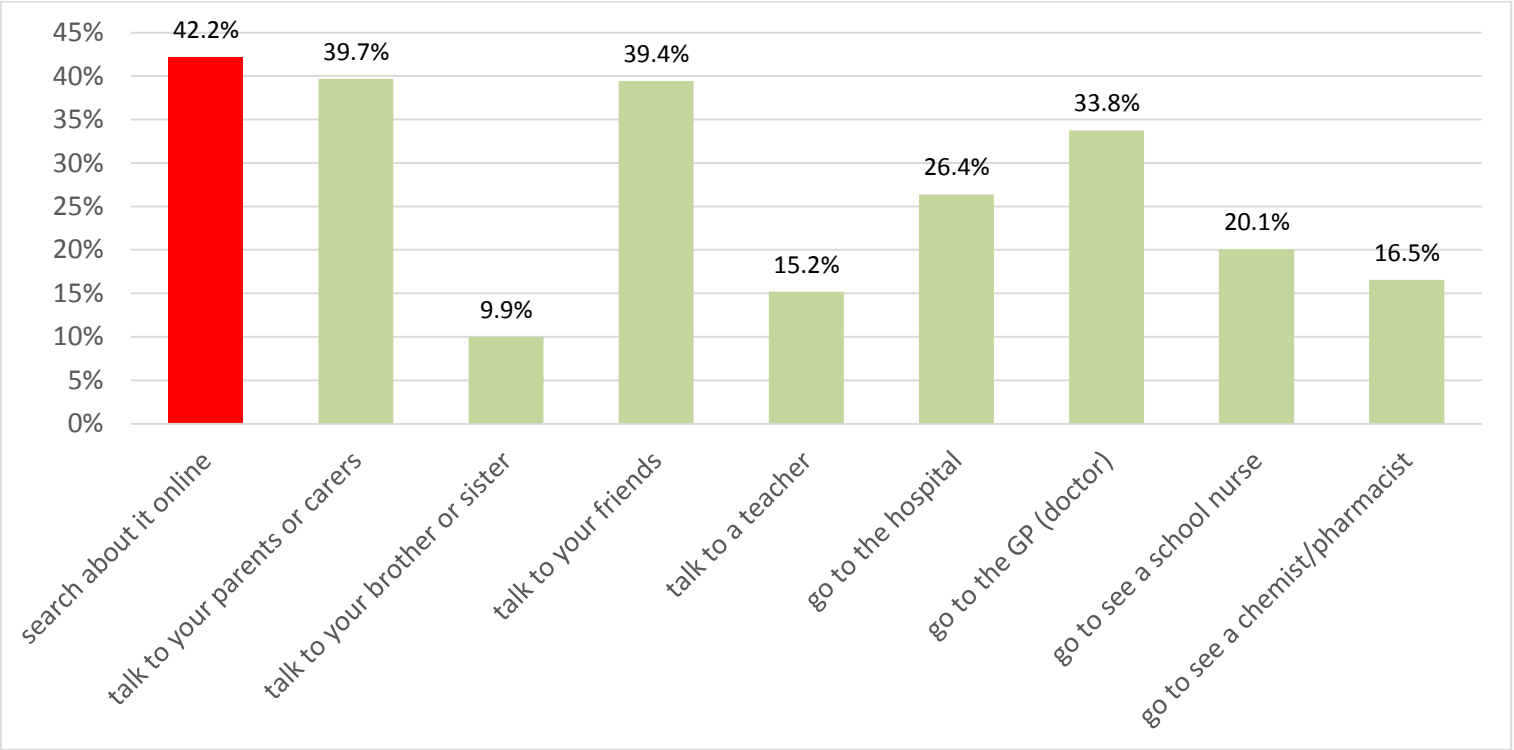
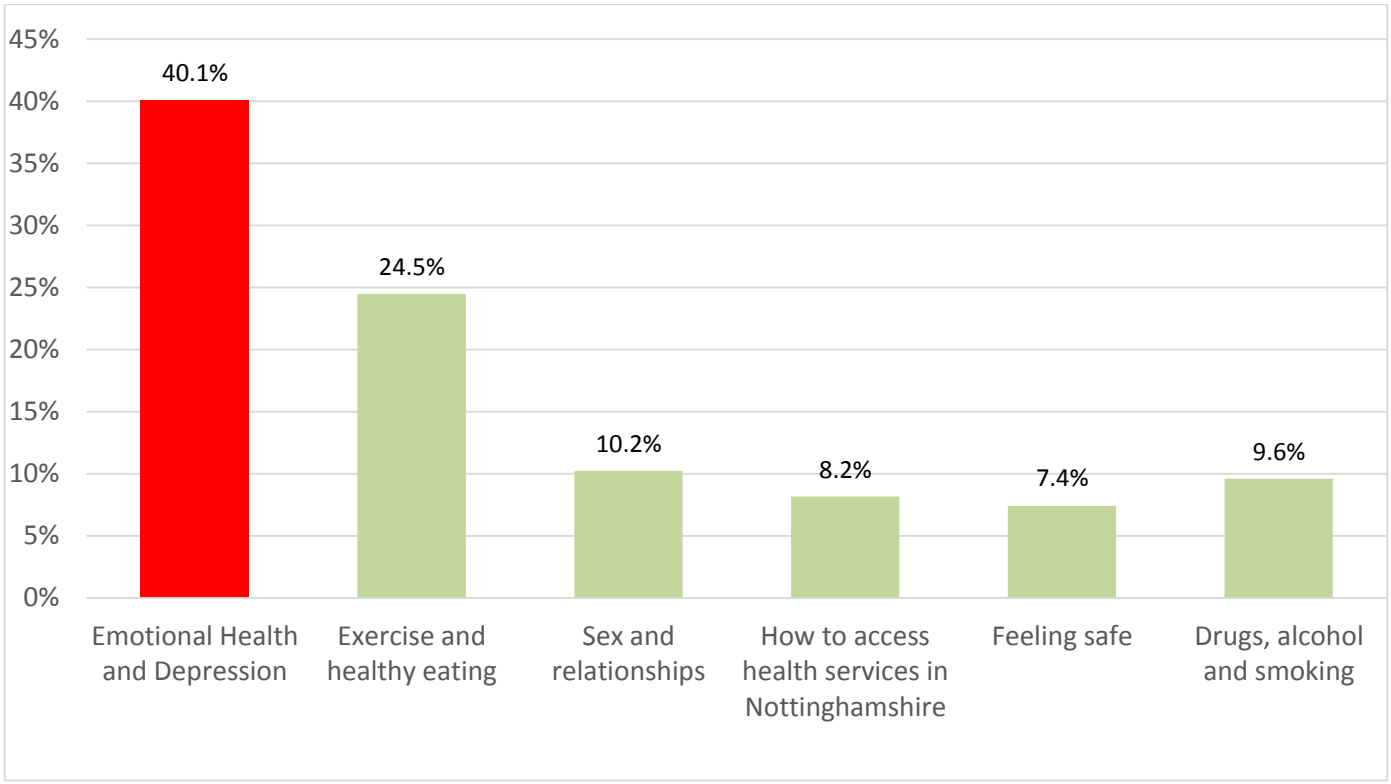


Chart 2: Responses to the question ‘What's the most important topic for a 'Young People's Health' website?’



Measuring Success

There are a wide range of health and related services for young people in Nottinghamshire, and some clear examples of excellent practice. Young people have highlighted some areas where we could do better, and our ambition for this strategy is that, by 2019, young people will tell us that there have been improvements in these areas. Very simply, if young people don't consider these aspects to have improved, we will not have succeeded in our aims. This will be measured through continuing 'mystery shopper' evaluation, as well as through ongoing participation and engagement with young people. We would recommend that further survey work be conducted to assess young people's satisfaction with health services in Nottinghamshire every 2 years. This will allow local performance indicators to be created, along with targets, to be monitored by the Young People's Health Steering Group, Children's Trust Board and the Health and Wellbeing Board.

Overarching Recommendations

- That young people are always valued, listened to, respected and treated with dignity by health services in Nottinghamshire, and are never seen as less important than young children or older adults.

- That the central importance of the adolescent period in developing positive physical, mental and emotional wellbeing be recognised by all health and allied professionals

- That the views, voices and needs of young people are proactively sought and considered whenever health services or systems are being designed or evaluated in Nottinghamshire

- That health services in Nottinghamshire are always inclusive and specifically consider the needs and concerns of LGBTQI[1] young people, as well as young people of different cultures, ethnicities or who have different religious beliefs.

- That professionals in Nottinghamshire prioritise the safety of young people, understand the importance of child protection in their role, and are aware that no young person who is a victim of exploitation or abuse can be considered to consent to their own mistreatment.

- That health services in Nottinghamshire understand the central importance of emotional and mental wellbeing for young people's health.

[1] Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex

Detailed Recommendations

Emotional and Mental Wellbeing

Young people in Nottinghamshire have been clear about how important emotional and mental wellbeing are for their health. There is a clear need for further support for young people

What We Recommend:

- That commissioners explore the possibility of providing additional direct support for young people around emotional and mental wellbeing. Online and remote options such as telephone support should be considered as part of this.
- Existing services that provide support for young people should be protected where possible
- Personal, Social and Health Education (PSHE) should be an integral part of teaching in all secondary schools
- Online information provision for young people should contain high quality content designed to signpost & support young people who want help regarding emotional and mental wellbeing
- Any further provision of support for young people should be developed alongside, and integrated with, the Schools Health Hub, which will provide the key link with schools around physical, emotional and mental wellbeing.

Young People Friendly Health Services

What We Recommend:

- Nottinghamshire Health and Wellbeing Board develop a Nottinghamshire-specific young people's health service brand which can link online presence with physical facilities. This brand will be underpinned by the 'You're Welcome' criteria and will demonstrate to young people that services are 'young-people friendly.'
- An online source of information (such as an app, and/or website or similar) be developed that provides young people with all the information they need to access health services in Nottinghamshire, and that uses the Nottinghamshire-specific young people's health service brand. This site should have high-quality, regularly updated content that empowers young people to engage with health services and provides a forum for online dissemination of health information relevant to young people. Further recommendations relating to this project can be seen in the 'digital engagement' section.

- The ‘You’re Welcome’ Criteria be fully implemented across all Nottinghamshire health services that interact with young people. We would recommend that organisations use the ‘You’re Welcome’ self-assessment toolkit as part of their performance management process.
- Services promote that they have implemented the ‘You’re Welcome’ criteria through use of the Nottinghamshire-specific young people’s health branding.
- All staff who may directly encounter young people as part of their role be trained in confidentiality and communication / engagement with young people – see **staff development**
- Services should ensure that reception areas are appropriately designed to be friendly, welcoming and that young people are treated like adults and made to feel comfortable. There should be a confidential space for young people to discuss their concerns along with greater clarity on confidentiality policies.
- The ‘Mystery Shopper’ work, where young people assess health services against the ‘You’re Welcome’ criteria, continue on at least a bi-annual basis. Feedback from this will then be provided to organisations and stakeholders.
- That a ‘professionals’ section of the Young People’s Health online resource (see digital engagement) be created to provide a single point of access to signposting information for professionals to guide young people to the services that can best help them. Pathways should be included (where available) so that professionals can always answer a young person’s enquiry and inform them as to the next steps in seeking a solution.
- Young people have highlighted frustrations around the practicalities of being referred from primary to secondary care. Young people can find themselves explaining their conditions over and over again. We recommend that health professionals ensure information is shared appropriately, and used effectively, in line with current information governance regulations and guidance.
- Specific young-people services in hospitals (for example Nottingham University Hospitals Youth Service) are valued, and young people would like to see young-people specific services in hospitals and health services across Nottinghamshire. We recommend these services continue and are used as a model for further young-people friendly services in secondary care where possible.

Confidentiality

What We Recommend:

- Managers and clinicians should ensure that young people's health services are both confidential and safe. It is important to promote an understanding of the importance of both confidentiality and safeguarding; that these are not contradictory but complimentary
- A confidentiality statement poster that services will be able to print and display should be developed and distributed
- Where possible, health services premises be designed or arranged in such a way that young people can attend the service without other service users overhearing or otherwise becoming aware of the reason for their visit.
- The 'Confidentiality Toolkit' should be re-launched and distributed to give services guidance on how to ensure confidentiality for young people.

Safeguarding

What We Recommend:

- It is vital that professionals in Nottinghamshire prioritise the safety of young people, understand the importance of child protection in their role, and are aware that no young person who is a victim of exploitation or abuse can be considered to consent to their own mistreatment.
- A section of the online information source for Young People's Health (see digital engagement) be created to communicate to young people **what's not ok** – informing people who may not be aware of the risks and dangers of key areas, and clearly communicating where they can go to seek help. Topics to be covered should include:
    - Child Sexual Exploitation (CSE)
    - Female Genital Mutilation (FGM)
    - Neglect
    - Abusive and inappropriate relationships
    - Sexual imagery online / on social media (pornography, 'sexting')
    - Grooming

- A section of the online information source for Young People's Health (see digital engagement) be created to communicate health and advice around mental health concerns, including self-harm and suicidal ideation. This section should clearly communicate where young people can go to seek help, and who they can speak to, including voluntary/charitable sector partners if appropriate.
- We recommend that organisations ensure they are fully aware of the latest practice guides and safeguarding procedures published by the Nottinghamshire Safeguarding Children Board. These are available online at http://nottinghamshirescb.proceduresonline.com

Staff Development

What We Recommend:

- All staff who may directly encounter young people as part of their role be trained in confidentiality and communication / engagement with young people.
- High-quality E-learning programmes should be identified and promoted to all relevant provider, commissioner and third sector organisations. Staff should complete relevant sections, and services should have a strategy for who needs to complete this training.
- We would recommend that, where appropriate, young people are involved in recruitment for key roles.
- We recommend that requirement to work effectively with young people is considered in all role creation and recruitment.
- Young people should be encouraged to be more assertive health consumers – we would recommend that organisations proactively invite feedback from young people and engage in participation and co-production where possible. NHS organisations should work with Healthwatch to ensure that young people's voices are listened to.

Digital Engagement

What We Recommend:

- Create and promote a single, well-branded online resource (for example a site and/or app) for health information for young people in Nottinghamshire, with branding that can be used for display in service buildings and can be promoted in schools and via social media. This should contain high-quality, relevant, specific content about how to engage with health services in Nottinghamshire
- School-based promotion and content development for this resource should be led by the School Health Hub
- Work with young people should be conducted to identify the most appropriate medium for this content; this could be a website, a mobile app, or a combination of these and other online media.
- Work with partner organisations be conducted to ensure that all organisations with the aim of improving the health of young people in Nottinghamshire can use, promote, and contribute to content creation for this information source.
- This online resource should contain a section for professionals that contains signposting and pathway information for professionals from all health and local authority services to direct and support young people who have an enquiry or concern that they cannot directly address. This should ensure that a young person is never left without assistance even when a professional or member of staff does not have knowledge or experience of that person's concern.
- This project should be owned and supported by the Health and Wellbeing Board, rather than by a single specific organisation, to ensure take-up and promotion across all partner organisations
- It is recommended that this resource be branded independently of Nottinghamshire County Council or individual NHS trusts, but an information page be provided to communicate to young people that the information within is approved and accredited by the Nottinghamshire Health and Wellbeing Board and by its member organisations
- Content for this resource should cover all relevant health and safeguarding topics, but with prominence given to those subjects seen as most important by young people. The Young People's Health Survey suggests the priorities should be emotional / mental health and wellbeing, including depression, and healthy lifestyle information – exercise and healthy eating.

Health Promotion

What We Recommend:

- Young people have told us that the most important areas that they want further information on are emotional health and depression, and exercise and healthy eating. We would recommend that the proposed Schools' Health Hub be the mechanism for engaging with schools and thus a primary route for health promotion around these subject areas as well as promotion of a young people's health online resource and associated brand.
- We recommend that the remodelling of the School Nursing Service takes into account the result of the Young People's Health Survey, particularly the importance of emotional and mental wellbeing to young people.

Sexual Health

What We Recommend:

- All young people in Nottinghamshire should have access to high-quality Relationships and Sex Education at school and through the work of the Youth Service.
- The C-Card service should continue to be prioritised and promoted to young people as it remains an effective, evidence-based programme which has great potential to improve outcomes amongst young people.
- The existing Nottinghamshire Young People's sexual health website be linked with, or incorporated into, the proposed Young People's Health online resource.

Substance Misuse

What We Recommend:

- Young people should be provided with full information about the legality, effects and potential dangers of substances that could harm them in a non-didactic style. Young people have told us that they don't want simply to be told that 'everything's bad', but to be given unbiased information so they can form their own judgements.

- It is recommended that a section on potentially harmful substances be included on a young person's health online resource for Nottinghamshire / Nottingham City

Young People with Disabilities

What We Recommend:

- Services for young people with disabilities or special educational needs are currently being redesigned to ensure they perform better and secure improved outcomes for both children and young people. Implementation of these reforms is to continue, including further rollout of personal budgets and Education, Health and Care Plans. The Pioneers group of young people have been very effective in participating with health organisations, and we would recommend that young people continue to be involved in the design and evaluation of these services wherever possible.

Ongoing Participation and Engagement

What We Recommend:

- We would recommend that the Nottinghamshire Children's Trust Board Participation Strategy be fully implemented and used to underpin all participation and engagement with young people.
- A key principle of this strategy is that it is co-produced by young people. Accordingly, young people should have a role in evaluating the implementation of this strategy and its recommendations.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 October 2015

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

EXCESS WINTER DEATHS AMONG OLDER PEOPLE IN NOTTINGHAMSHIRE

Purpose of the Report

1. In March 2015 the National Institute for Health and Care Excellence (NICE) published guidance on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. This report sets out progress to date and the impact of excess winter deaths and prevalence of fuel poverty in Nottinghamshire. Excess all-cause winter mortality is high among elderly populations nationally and locally in Nottinghamshire. This is a pattern which is not reflected in other Northern European countries, suggesting that these winter deaths are preventable. The Health and Wellbeing Board is requested to:

   1.1. Note the progress made to date.
   1.2. Support the recommendation that relevant bodies receive a report on excess winter deaths.
   1.3. Approve a refresh of the Affordable Warmth Strategy for Nottinghamshire 2011, through the Nottinghamshire Housing Integrated Commissioning Group, to bring it into line with the current Health and Wellbeing Strategy and NICE Guidance and develop a corresponding action plan.
   1.4. Receive a further update in April 2016.

Information and Advice

2. There is evidence that living in a cold home has severe and wide ranging adverse health impacts on residents, resulting in avoidable death, cost and increased activity to health and social care services. There were 18,200 excess winter deaths in 2013/14 in England and Wales, which is the lowest recorded number since records began in 1950/51. However, 11.6% more people died in winter months compared to non-winter months, which suggests that many of these deaths could be prevented through implementation of appropriate measures. As in previous years, there were more excess winter deaths among women (10,300 deaths among women and 7,900 among men), and those aged 75 and over (accounting for 77% of excess winter deaths).

3. The majority of excess winter deaths are due to cardiovascular disease (40%) and respiratory illness (30%). The health problems associated with cold homes are experienced during normal winter temperatures, not just during extremely cold weather and an increase in death rates due to a drop in temperature can happen when temperatures drop below about 6°C. Records show that for every 1 degree Celsius decrease in average winter temperature there is a resultant 8,000 additional deaths in England. Maintaining a warm home is critical to

remaining healthy, with the evidence suggesting that once the indoor temperature drops below 16°C (61°F), people's vulnerability to suffering respiratory illness is heightened. Figure 1 shows fuller details of the effects of falling indoor temperatures.

Figure 1: The effect of indoor temperatures on health

Indoor temperature	Effect on health
21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)	Minimum recommended night-time temperature. No health risks though occupants may feel cold
<16°C (<61°F)	May diminish resistance to respiratory diseases
9-12°C (48-54°F)	May increase blood pressure and risk of cardiovascular disease
5°C (41°F)	Poses a high risk of hypothermia

Source: Department of Health

4. The effects of cold weather are very predictable. Mortality during cold weather follows a set pattern, with deaths of people from heart disease reaching their peak 2 days after the coldest weather; stroke deaths peaking after 5 days and the peak in respiratory deaths after 12 days. It takes 40 days for the mortality rate to return to normal.

5. In addition, the colder the winter, the greater the risk that vulnerable individuals will die from a cold-related cause, resulting in fluctuations from one winter to the next. For example, the excess winter deaths for 2012/13 were nearly a third (29%) more nationally than in the previous winter.

6. The majority of excess winter deaths occur amongst those aged over 75 years. Reasons for this are multifactorial, including the increased amount of time spent indoors, a higher prevalence of fuel poverty, a reduction in fat to retain body heat and an increased likelihood of having underlying health conditions. Older women appear to be particularly at risk. Other factors that increase the risk of vulnerability to cold weather include:

   6.1. housing – individuals living in poorly heated, badly insulated properties are at particularly high risk. Countries that have more energy efficient housing have lower excess winter deaths and in the UK, excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter. Damp housing also promotes mould growth, which increases the risk of respiratory infections and asthma
   6.2. economic – households at higher risk of living in fuel poverty include families with children on a low income, people over 60 on a low income and long-term sick and disabled individuals
   6.3. behavioural – there is evidence to suggest that people adapt to severe weather less effectively in England (where milder winters are more common) than in colder countries. Behaviours that increase vulnerability include: keeping bedroom windows open, not

wearing sufficient clothing, heating just one room and frequent excursions outside in inadequate clothing

6.4. health – individuals with pre-existing health conditions such as cardiovascular disease, asthma, COPD, depression, anxiety and arthritis are at increased risk. Research has suggested that pre-existing respiratory conditions are the strongest predictor of excess winter deaths.

Seasonal Mortality in Nottinghamshire

7. Excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework. Nottinghamshire's scoring against the excess winter deaths indicator (4.15i) is similar to that for the England average. Against the fuel poverty indicator (1.17), which records the percentage of the residents experiencing fuel poverty, Nottinghamshire scores significantly better than the England average (9.4% vs 10.4%), which is an improvement for Nottinghamshire on 13.5% reported in 2011 as significantly worse than the England average. Further details and indicator definitions can be found in Appendix 1.

National and Local Policy Context

8. In March 2015 NICE published guidance on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. The guidance sets out 12 recommendations as to how local authorities, through their Health and Wellbeing Boards and key delivery partners, should mitigate and reduce the risk of death and ill health associated with living in a cold home.

9. The NICE guideline aims to help meet a range of public health and other goals, including:

   9.1. Reducing preventable excess winter death
   9.2. Improving health and wellbeing among vulnerable groups
   9.3. Reducing pressure on health and social care services
   9.4. Reducing 'fuel poverty' and the risk of fuel debt

   Improvements to the home may also reduce absences from work and school that result from illnesses caused by living in a cold home.

10. The next section outlines the findings of an audit against the NICE recommendations to benchmark how Nottinghamshire meets the guidance. Whilst some of these recommendations are being implemented, there is a need for the Health and Wellbeing Board to set a clear strategic direction for Nottinghamshire.

Nottinghamshire's Progress against the NICE Guidance

Recommendation	Actions to date	Issues to address
Recommendation 1 – Develop a strategy • There should be a JSNA on excess winter deaths • Develop a local strategy to tackle this issue (linked to other strategies both local and national and include publicly available monitoring and evaluation) • Ensure planning includes identifying relevant local interventions and providers from all sectors	JSNA completed and can be viewed online at: http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Older-people-chapter/Winter-Warmth-and-Excess-Winter-Deaths-2014.aspx Affordable Warmth Strategy for Nottinghamshire in place. Nottinghamshire Housing Integrated Commissioning Group leads on winter warmth on behalf of Health and Wellbeing Board. This group has broad representation from all relevant partners.	The Affordable Warmth Strategy for Nottinghamshire was developed in 2011. A refresh of the strategy is necessary to bring it into line with Health and Wellbeing Strategy and recommendations in the NICE guidance. Mapping of the services currently available needs to be completed.
Recommendations 2 - Ensure a single point of contact health and housing referral service for people living in cold homes, **& 3** - Provide tailored solutions via the single point of contact health & housing referral service for those in cold homes • Provide a local health and housing referral service for people living in cold homes/Provide services via a 1-stop local health and housing referral service for people living in	Low level preventative services available in South Nottinghamshire and Bassetlaw, poorer coverage in Mid Nottinghamshire with work ongoing to address this. Services available are linked to CCG flu and winter planning. Working with Local Authorities Energy Partnership (LAEP) Nottinghamshire and Derbyshire and Nottingham Energy Partnership, two National Energy Alliance (NEA) bids have been submitted to bring funding into the area. To date these bids have progressed to the second round.	Ensure equitable access to services across Nottinghamshire. Ascertain final status of the NEA bids.

Recommendation	Actions to date	Issues to address
cold homes		
Recommendation 4 – Identify people at risk of ill health from living in a cold home	Mapping completed to identify at risk areas. In addition, GPs now have to identify and proactively manage all patients aged 75 and over. This development, and the development of neighbourhood MDTs may lead to more opportunities for maximising the number of vulnerable people being identified.	Ascertain final status of the NEA bids.
Recommendations 5 – Make Every Contact Count by assessing the heating needs of people who use primary health and home care services, **& 6** – Non-health and social care workers who visit people at home should assess their heating needs	HPAS traders provide a warm homes check.	Local health and social care services are not currently systematically assessing or referring vulnerable residents to available services. Promotion of First Contact needed.
Recommendation 7 – Discharge vulnerable people from health or social care settings to a warm home • Ensure vulnerable hospital patients / intermediate care / short-term care service users are not discharged to a cold home	A scoping exercise of hospital discharge schemes and their needs has been completed.	Training and information for hospital discharge schemes across Nottinghamshire identified as a gap. Further information is needed on hospital discharge teams
Recommendations 8 – Train health and social care practitioners to help people whose homes may be too cold, **& 9** – Train housing	A training package was developed aimed at housing professionals and relevant voluntary sector workers. E-learning packages available for frontline staff.	A system to train health and social care professionals needs to be developed for mid/north Notts to match that available in the south of the county (Healthy Housing). Promotion of training courses available.

Recommendation	Actions to date	Issues to address
professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Face to face training available in South Nottinghamshire through the Healthy Housing service.	
Recommendation 10 – Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home		This issue needs to be explored with the Nottinghamshire Housing Integrated Commissioning Group
Recommendation 11 – Raise awareness among practitioners and the public about how to keep warm at home	Joint Public Health England, NHS England and Department of Health communications plan for winter messages. Winter warmth messages promoted in authority publications and premises. Information leaflets are available and distributed to key partners across Nottinghamshire.	
Recommendation 12 – Ensure buildings meet ventilation and other building and trading standards • Ensure buildings meet ventilation and other building and trading standards, and use existing powers to identify housing that may expose vulnerable residents to the cold.		This issue needs to be explored with the Nottinghamshire Housing Integrated Commissioning Group

Other options

11. None

Reasons for recommendations

12. As highlighted in Appendix 1 Figure 2, the latest Public Health Outcome Framework indicators for Nottinghamshire are showing an amber rating for seasonal mortality (Indicator 4.15i, winter 2012/13) and a green rating for fuel poverty (Indicator 1.17. 2013). Additionally, winter has an impact on our health and social care system (paras 6 and 7).

13. Updated NICE Guidance has been published and implementing these recommendations will help us to improve the health and wellbeing of Nottinghamshire's citizens and reduce health inequalities.

Statutory and Policy Implications

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

Financial Implications

15. Financial implications relating to seasonal mortality are included in existing budget allocations.

Implications for Service Users

16. Excess winter deaths and the health and wellbeing impact of cold homes have a strong correlation with the proportion of older people in a population. Activity to address the recommendations in the NICE guidance will support Nottinghamshire to reduce health inequalities.

Sustainability and the environment

17. One of the most sustainable ways of tackling fuel poverty is to address poor energy efficiency within local housing stock

RECOMMENDATIONS

1) That the Board note the progress made to date.

2) That the relevant bodies receive a report on excess winter deaths and consider their response, providing feedback on this to the Board.

3) That the Nottinghamshire Housing Integrated Commissioning Group refresh the Affordable Warmth Strategy for Nottinghamshire 2011 to bring into line with the current Health and Wellbeing Strategy and NICE Guidance to address the needs of at risk groups, and develop a corresponding action plan.

4) That a further update is presented to the Board in April 2016, including feedback from relevant organisations.

Chris Kenny
Director of Public Health

Report Authors:
Dr Mary Corcoran, Consultant in Public Health
Joanna Cooper, Better Care Fund Programme Manager

For any enquiries about this report please contact:

Mary Corcoran
Consultant in Public Health
mary.corcoran@nottscc.gov.uk
0115 9772585

18. **Constitutional Comments (EP 14/09/2015)**

The recommendations are within the remit of the Health and Well Being Board's terms of reference.

19. **Financial Comments (KAS 14/09/15)**

The financial implications are contained within paragraph 15 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.

- Excess Winter Deaths Among Older People in Nottinghamshire
  Public Health Committee 8 May 2014
- An Affordable Warmth Strategy for Nottinghamshire 2011

Electoral Divisions and Members Affected

- All

Appendix 1

1. As in paragraph 7 of the main report, excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework. Nottinghamshire's scoring against the excess winter deaths indicator (4.15i) is similar to that for the England average. Against the fuel poverty indicator (1.17), which records the percentage of the residents experiencing fuel poverty, Nottinghamshire scores significantly better than the England average (9.4% vs 10.4%), which is an improvement for Nottinghamshire on 13.5% reported in 2011 as significantly worse than the England average. Details are shown in Figure 2.

2. The fuller definitions of these indicators are as follows:
   2.1. *Excess Winter Deaths Index: the ratio of extra deaths from all causes, that occur in the winter months (December to March) compared to the expected number of deaths, based on the average number of non-winter deaths*
   2.2. *Fuel poverty: a household is classified as fuel poor when they have required fuel costs that are above average (the national medium level), and where on spending that amount the household would be left with a residual income below the official poverty line.*

Figure 2: Public Health Outcomes Framework

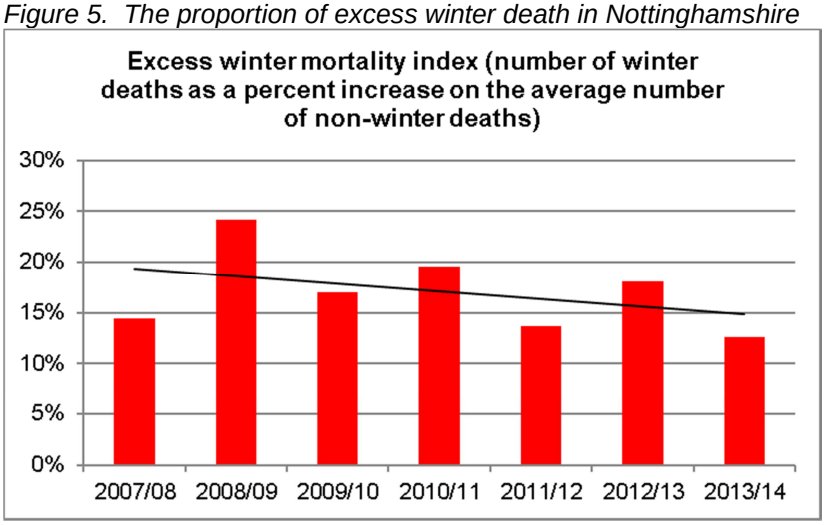
Indicator		Year	England	East Midlands	Nottingham-shire	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe
1.17	Fuel Poverty	2013	10.4%	10.4%	9.4%	9.5%	9.7%	9.7%	9.1%	9.6%	9.5%	8.7%
4.15i	Excess Winter Deaths Index (all)	2012 /13	20.1	21.2	19.1	11.1	28.7	11.6	20.5	10.0	21.9	31.2
4.15ii	Excess Winter Deaths Index (85+)	2012 /13	28.2	28.2	22.6	22.6	36.3	20.8	21.0	14.6	12.1	32.0
4.15iii	Excess Winter Deaths Index (3 years, all ages)	2010 /13	17.4	18.2	17.4	10.6	21.0	14.6	18.0	15.3	17.2	26.5
4.15iii	Excess Winter Deaths Index (3 years, 85+)	2010 /13	24.1	24.0	22.1	11.4	29.2	20.5	18.5	20.9	20.8	33.3

3. In 2013/14 there were an estimated 301 excess winter deaths in Nottinghamshire. Figures 4 and 5 show the percentage values and variations of excess winter deaths by year and for three and seven year periods. Figure 5 demonstrates that there have been reductions in excess winter deaths since 2007/08.

Figure 4.Numbers of excess winter death in Nottinghamshire between 2007/08 to 2013/14 in percentage values.

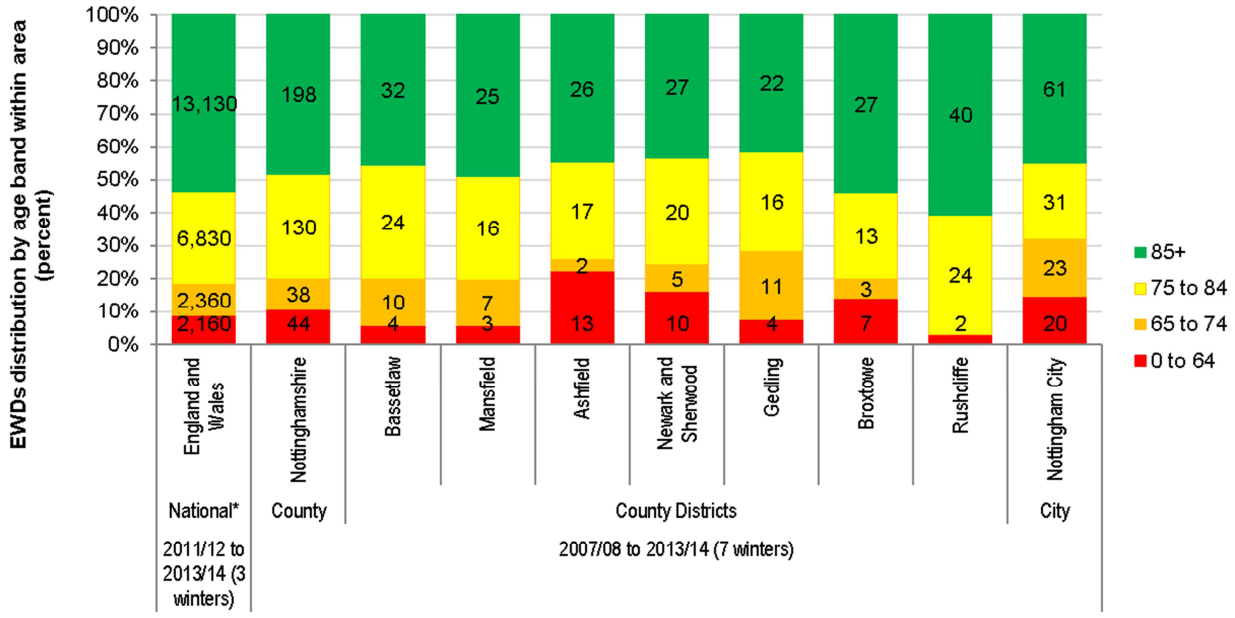
Winter period	Number of excess winter deaths	Excess winter mortality index (number of winter deaths as a percent increase on the average number of non-winter deaths)
2007/08	352	*14%*
2008/09	574	*24%*
2009/10	403	*17%*
2010/11	467	*20%*
2011/12	332	*14%*
2012/13	442	*18%*
2013/14	301	*13%*
Last 3 winters	1,075	*15%*
Last 7 winters	2,870	*17%*

Figure 5. The proportion of excess winter death in Nottinghamshire



4. Nottinghamshire, like the rest of England, has more excess winter deaths among people aged over 75 (Figure 6).

Figure 6. The proportion of excess winter death by age bands



Source: ONS Excess winter deaths (2013/14 provisional), local analysis from local extracts ONS Mortality file
**Note: National: average calculated over last 3 winters (2011/12 to 2013/14)*

5. There is variation across Nottinghamshire and within districts in the number of excess winter deaths where the impact of the winter season has a stronger or weaker correlation with excess deaths. Figure 7 shows the distribution of excess winter deaths across Nottinghamshire.

6. Whilst there has been progress in Nottinghamshire on reducing the number of excess winter deaths and improving fuel poverty, winter still has a considerable impact on our local health and social care system. Research reports that poor housing costs the NHS at least £2.5 billion a year in treating conditions exacerbated by living in a cold, damp and dangerous home (Friedman 2010). In their analysis of emergency hospital admissions via hospital Emergency Departments (A&E), the Kings Fund demonstrate that these have increased between 2012/13 and 2014/15, showing that those attending A&E are more unwell and more likely to require a hospital admission. Of particular note is the rise in emergency admissions from A&E during the winter months (December to March), most notable for respiratory conditions (Figure 9).

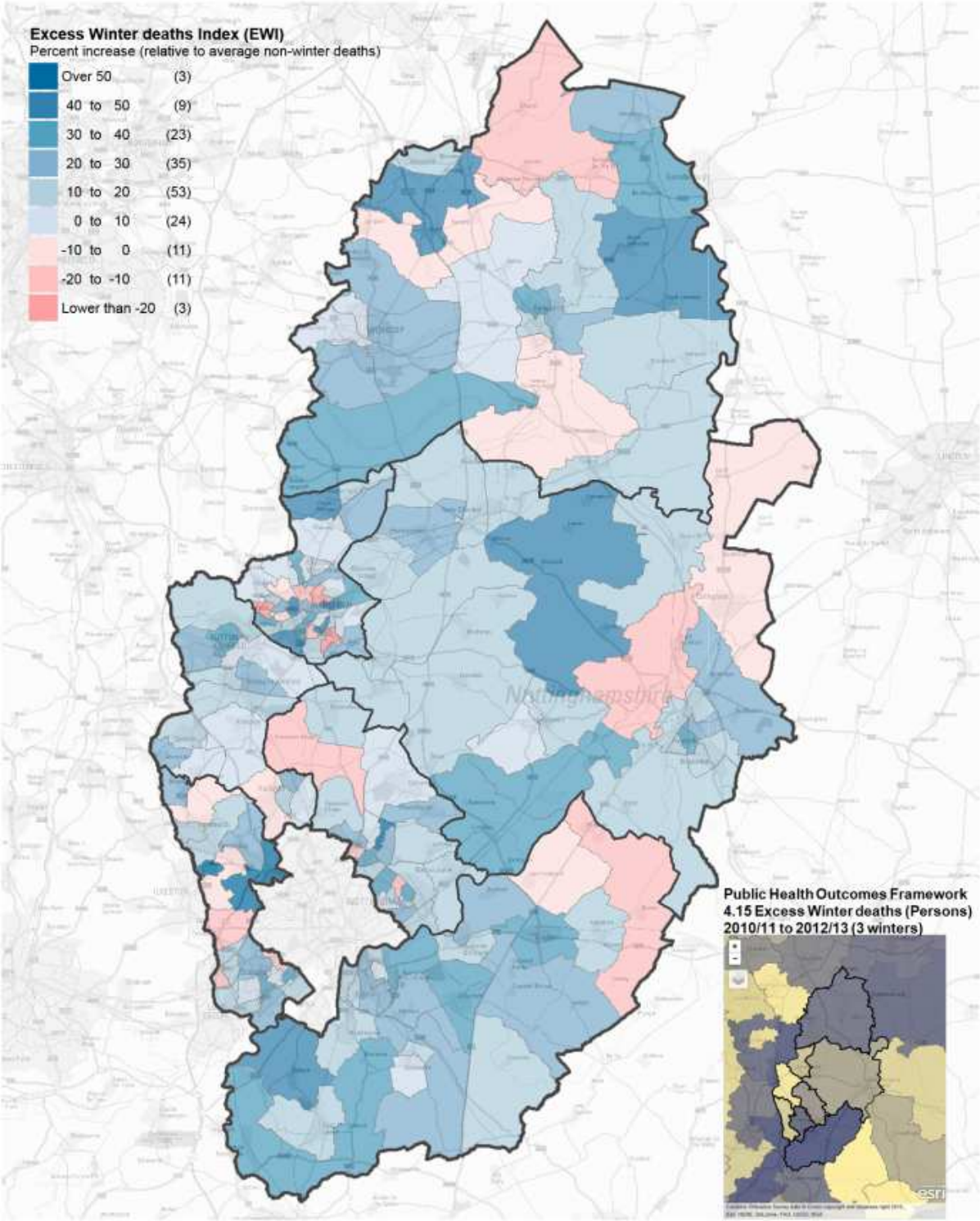
7. This national data is supported by local intelligence. For example:

   7.1. For out of hours services in Bassetlaw, patient activity during the peak holiday period 24th December to 2nd January increased in 2014/15 compared to 2013/14:
      7.1.1. By 22% for patients seeing a GP
      7.1.2. By 48% for patients seeing a SSP (Specialist Screening Practitioner)
   7.2. One Bassetlaw practice measured demand and found a 10-15% increase in demand for same day appointments over late December and early January
   7.3. Causes of admissions / attendances at Bassetlaw Hospital included: Respiratory (Pneumonia, Asthma, COPD, Chest infections), Cardiovascular, Gastrointestinal, Other complications and Frailty, with small decreases in the number of patients seen as a result of trauma.

Figure 7. excess winter deaths by ward 2007/08 to 2014/15 (7 winters)

Excess winter deaths 2007/08 to 2013/14 (7 winters) pooled

The Excess Winter deaths Index (EWI) is the number of excess winter deaths expressed as a proportion of the expected winter deaths (that is the average number of non-winter deaths)



Produced by the Nottinghamshire County Council Public Health Intelligence Team (NCCPHIT/IB)
Contains Ordnance Survey data © Crown copyright and database right 2015
Data source: Local analysis of ONS PHMF extracts.

Figure 8. Emergency admissions from A&E, England and Wales

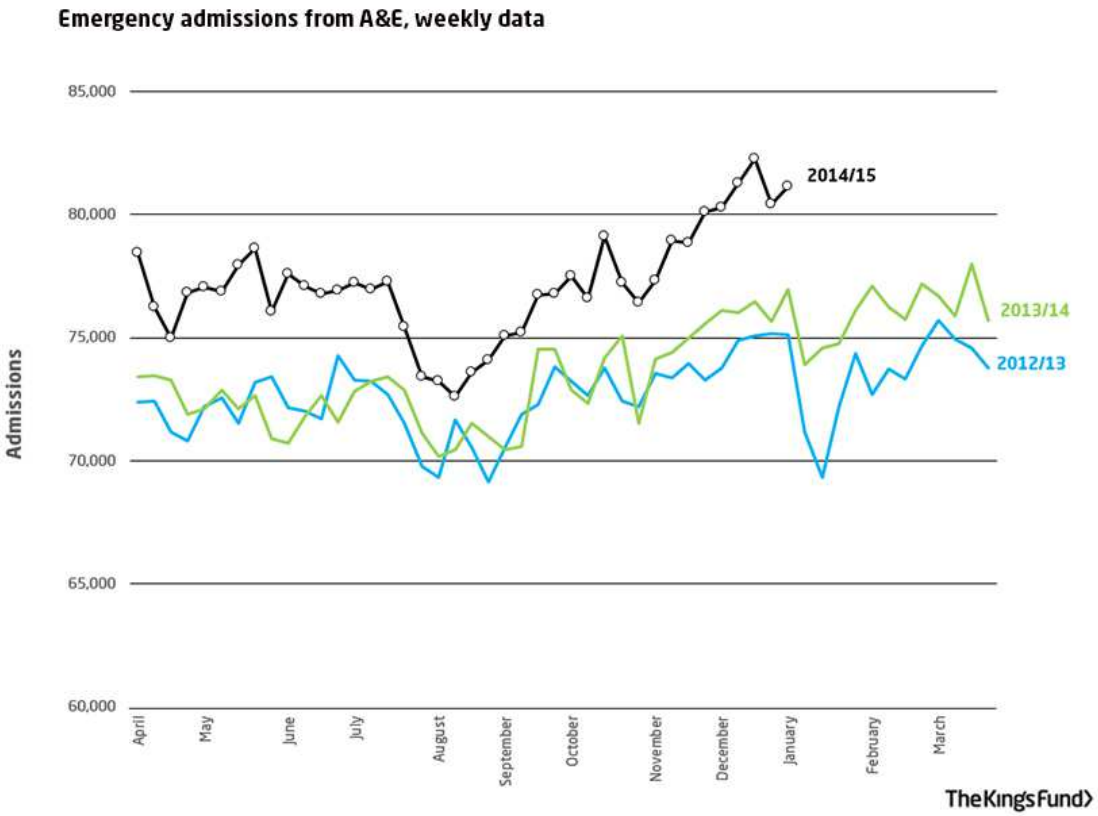
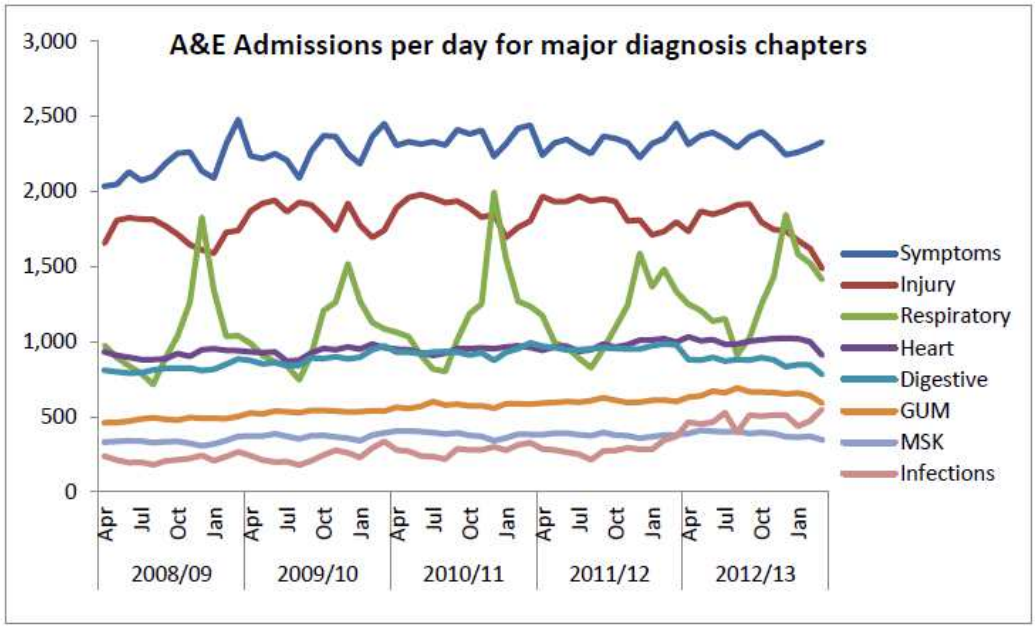


Figure 9. Emergency admissions from A&E, England and Wales



Source: Urgent and Emergency Care Review Team

Nottinghamshire County Council

Report to the Health and Wellbeing Board

07 October 2015

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL

BETTER CARE FUND PERFORMANCE AND UPDATE

Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and the impact of recent policy changes. The Health and Wellbeing Board is requested to:

   1.1. Approve the revision to the BCF1 target regarding non-elective admission plan subject to NHSE approval.
   1.2. Consider for ratification the proposed changes to NHS Mansfield and Ashfield CCG financial contribution to the pooled fund.
   1.3. Note the national revision to the definition BCF 2 and 6 regarding care home admissions and the impact that this has had on the targets.
   1.4. Note the performance exception report for Q1 2015/16 and receive further reports in December 2015 and March 2016.
   1.5. Approve the Q1 2015/16 national quarterly performance report.
   1.6. Consider the approach for approving Q2 and Q3 NHSE performance reporting.
   1.7. Note progress with Seven Day Services.
   1.8. Note the Integrated Care Pioneer offer of support.

Information and Advice

2. This paper sets out:

   2.1. Background information on the necessary amendments to the BCF1 target and impact on the Nottinghamshire BCF plan.
   2.2. Amendments to the Mid Nottinghamshire plan
   2.3. Definitional changes to national care home admission indicator and its impact.
   2.4. Quarter 1 2014/15 performance exception report and national reporting
   2.5. Progress on seven day services
   2.6. The offer of support as part of the Integrated Care Pioneer programme.

Revision to BCF non-elective plan

3. At the start of the year NHSE led confirm and challenge sessions with CCGs on activity plans for 2015/16 for both emergency and planned care. This led to significant amendments to plans and an overall increase in the amount of contracted hospital activity. As a consequence CCGs re-worked significant elements of their financial and operational plans.

This has impacted on the proposed reduction for non-elective admissions within the BCF plan.

4. The NHSE Better Care Support Team released a template on 17 July giving all Health and Wellbeing Boards (HWB) the opportunity to revisit the BCF non-elective plan for 2015. This follows two exercises earlier in 2015 to confirm non-elective plans nationally. The original BCF plan was to reduce non-elective admissions for the Nottinghamshire County HWB by 3.7% in 2015 compared to the baseline year of 2014.

5. Due to the timescale in returning the template, each CCG reviewed the two sets of plans and made a local decision about whether to revise the BCF plan. All six CCGs decided to align their operational and BCF plans to ensure a consistent understanding of plans within the health and care system of each unit of planning.

6. Due to the timing of the submission to NHSE it was not possible to obtain HWB approval prior to submission. The BCF Programme Board agreed in July that it would be prudent to await feedback from NHSE prior to submitting the revised plan to the HWB should there be any further challenge on the plan.

7. The amended plan equates to a 5.1% increase in non-elective activity at the HWB footprint. At the time of writing this report there has been no feedback from NHSE on whether the proposal to align the operational and BCF plan has been approved.

8. As a consequence to this, there is no pay for performance (P4P) pot associated with the Nottinghamshire BCF as there is no reduction in non-elective activity, which is the metric that P4P was linked to. It should be noted that the P4P was not an additional allocation to the CCGs so there is no net financial loss to CCGs as a result of not having a P4P element within the BCF.

9. Once approved, all CCGs and Nottinghamshire County Council will be required to formally amend the section 75 pooled fund agreement to reflect the amendments to the plan and the P4P element.

10. The HWB should note that the Nottinghamshire County health and care community remain committed to delivering more out of hospital care. The revised operational plans mean that CCGs are committed to paying the acute trusts for the activity they undertake and will be performance managed by NHSE against these plans. However, the strategic intent to ensure people are only admitted to hospital when they need to be continues to be a priority across our health and social care community; progress against the original BCF target will be monitored and services will continue to be developed to ensure this goal is delivered. For example, in July the South Nottinghamshire (including Nottingham City) unit of planning was announced as an Urgent and Emergency Care Vanguard. The vanguard site will be looking at how organisations can work together in a more joined up way, and through patients being given support and education to manage their own condition. Work will also be undertaken on removing the barriers between physical and mental health to improve the quality of care and experience for all.

Amendments to Mid Nottinghamshire's BCF plan

11. During the 2015/16 planning round, NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs significantly increased plans for emergency and planned care activity in response to confirm and challenge sessions with NHS England. This impacted on the associated financial plan resulting in a reduction in the BCF investment.

12. The Mid Nottinghamshire Better Together programme is the bedrock of the CCG's contribution to the Nottinghamshire BCF plan. Delivery is moving at pace with the successful implementation of key schemes. The programme has been undergoing a full review to assess progress, refresh milestones and revise investments and benefits, as necessary and in line with the CCGs planning reconciliation processes with NHSE.

13. This review has prompted a number of changes:

    13.1. Scheme l; self-care and care planning, is now live but experienced two-months delay in implementation therefore the CCG's in-year costs have been reduced accordingly.

    13.2. Scheme m; specialist intermediate care teams (SICTs); has a key risk around workforce availability, which is delaying set-up. Mitigating actions are being taken in the short-term e.g. the wider use of the "transfer of care" approach

    13.3. Longer term plans are in place to resolve the workforce issues and the implementation of the teams is expected to commence in 2016.

14. The financial impact of these changes is managed within Newark and Sherwood CCG's contribution to the BCF fund as mitigations have been put in place to deliver the same outcome as the SICTs in the interim. This includes a change of use of the Fernwood Unit in Newark and also the crisis response teams. However, specific mitigations have not yet been identified for NHS Mansfield and Ashfield CCG, and changes to this plan are shown below (Table 1). The HWB can be assured that NHS Mansfield and Ashfield CCG remains £1.9m above the minimum contribution to the BCF.

Table 1: NHS Mansfield and Ashfield CCG financial plan

		Original submission £,000	**Revised value £,000**	**Variance £,000**	**Comments**
Locality Integrated Care Teams	k	6,820	3,328	(3,492)	Adjustment of budget to align to project management arrangements stripping out IMT, self-care, specialist and intermediate care from LICTs and putting into SICTs and self-care and care planning.
Self care and care planning	l	99	357	258	Realignment of budget to include all self-care costs, additional costs transferred from

		Original submission £,000	Revised value £,000	Variance £,000	Comments
					LICTs balanced by two-months slippage in costs associated with a delayed go-live date. This is now live.
Specialist Integrated Care Teams	m	1,968	3,557	1,589	Re-phasing of implementation of SICTs has reduced 2015/16 expenditure; this is now budgeted for 2016/17. This is masked by the inclusion of specialist and intermediate aspects of the LICT teams and also includes short term mitigations such as transfer of care.
Improved primary care access and support closer to home	n	1,302	1,128	(174)	Discrete MACCG primary care project improving GP access now funded through the Prime Ministers Challenge Fund and therefore excluded from the BCF.
Better Together implementation support	o	583	1,409	826	IMT costs now excluded from other lines and included within implementation to facilitate effective monitoring.
Communications (social marketing).	p	62	86	24	Small increase in the cost of the planned communications project following the commercial tender.
Care Act funding		486	486	-	No change
Protecting social care		3,936	3,936	-	No change
Total		**15,257**	**14,287**	**(969)**	

National definition changes and subsequent revision to BCF care home admission targets

15. For 2015/16, changes have been made to the Adult Social Care Outcome Framework indicator included within the BCF. Subsequently, the BCF Programme Board have reviewed the plans for BCF2 and 6:

15.1. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (BCF2).

15.2. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes (BCF6).

16. The national definition used to calculate the numerator for the BCF2 target has been changed. Previous data collections treated clients whose admission was for shorter than 12 weeks as a "temporary admission" and therefore these admissions were not included (12 week disregard). The new definition stipulates that all care home admissions for over 65s are now considered as permanent admissions and there is no longer a 12 week disregard.

17. As a result of this change to the national definition, the BCF Programme Board recommend that the targets for BCF2 and 6 are revised.

18. Table 2 shows the historical performance based on the existing and revised definition and the proposed BCF target for 2015/16. The target was calculated based on the original methodology for calculating BCF targets (statistically significant difference) and without altering the level of ambition set out in our plans (7% reduction in activity between 2014/15 and 2015/16).

Table 2: BCF 2 permanent admissions to care homes for over 65s

	13/14 actual applying 12 week disregard	**14/15 actual applying 12 week disregard**	**14/15 actual for all admissions**	**15/16 Original BCF target**	**15/16 proposed revised BCF target**
Numerator (admissions)	973	921	1,115	970	1,063
Denominator (over 65s population)	149,420	157,948	157,948	161,709	161,709
Rate	**651.18**	**583.10**	**705.93**	**599.8**	**657.35**
% change from 14/15 to 15/16	**-**	**-**	**-**	**-7%**	**-7%**

19. BCF6 needs to be amended in light of the removal of the disregard which increases the denominator. Due to validated data on care home admissions being issued annually, the 2015/16 target applied to activity during 2014/15. Table 3 shows historical performance and the proposed target for 2016/17 (referring to actual activity in 2015/16), which accounts for a 9% reduction in activity.

Table 3: BCF6 proportion of permanent admissions to care homes directly from hospital for over 65s

	April – March 2012/13*	**2014/15 actual** April – March 2013/14 activity*	**2015/16 target** April – March 2014/15 activity**	**2016/17 target** April – March 2015/16
Numerator (care home admissions from hospital)	217	133	416	361
Denominator (all care home admissions)	334	379	1,115	1063
Actual	**65.0%**	**35.1%**	**37.3%**	**-**
Target	**-**	**38.2%**	**34.5%**	**33.96%**

*Calculated using a sampling methodology
**Provisional data

Quarter 1 2014/15 performance exception report and national reporting

20. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2015/16. In addition the Q1 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

21. Q1 2015/16 performance metrics are shown in Table 4 below.

21.1. Three indicators are on track (BCF2, BCF3 and BCF5)
21.2. Three indicators are off track and actions are in place (BCF1, BCF4 and BCF6)

Table 4: Performance against BCF performance metrics

Performance Metrics	**2015/16 Target**	**2015/16 Q1**	**RAG rating and trend**	**Issues**
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,425 (revised target 2,680) (Q1 15/16)	2,559 (Q1 15/16)	R ⇔	Further iteration to confirm non-elective plans submitted 27th July. Once revised NHSE target approved, performance is on track. On-going development of schemes during 2015/16.

Performance Metrics	2015/16 Target	2015/16 Q1	RAG rating and trend	Issues
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	599.8 (revised target 657.35)	549 (15/16 YTD under new definition)	G ⇧	New target set based on including admissions previously excluded under the 12 week disregard rule.
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	93.7% (15/16 YTD)	G ⇧	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,151.4 (Q1 15/16)	550.2 (15/16 YTD)	R ⇔	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	96.7% (Q1 15/16)	G ⇩	
BCF6: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	33.96% (TBC)	36.0% (15/16 YTD)	R ⇔	Reporting now based on actual data rather than sampling process. Work on transfer to assess models during 2015/16 should support reduction in admissions directly from hospital.

22. Expenditure is currently on plan and reconciliation of Q1 spend is underway.

23. The Better Care Support Team issued an analytical tool in June relating to delivery of the Q4 2014/15 P4P delivery against the BCF plan. This confirmed there was no P4P in Q4 given that performance was above plan for all CCGs. This will be reflected in the BCF financial plan as soon as the final non-elective plans are confirmed. As outlined in paragraph 8, there is no net financial loss to CCGs.

24. The BCF Finance, Planning and Performance subgroup monitor all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 5).

Table 5: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF004	There is a risk that IT requirements to ensure the delivery of integrated care are not delivered.	12	Connected Notts work across the County. Work is ongoing within units of planning to increase information sharing at local levels.
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans, as well as impact on release of payment for performance element of the plan.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups. Plans for 2015/16 currently under review.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with the rest of the County. HWB facilitating a County wide meeting to discuss workforce issues. Planned for November.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

25. The Q1 2015/16 national report was submitted to NHSE on 28 August as a draft pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually by the BCF Finance, Planning and Performance

sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, it is proposed that the quarterly report will be resubmitted to the Better Care Support Team. Further national reporting is due on the following dates

25.1. Q2 (2015/16) data returns due 27 November 2015
25.2. Q3 (2015/16) data returns due 26 February 2016
25.3. Q4 (2015/16) to be confirmed

26. Due to these timescales, it is proposed that the reports be submitted to NHSE in draft by the BCF Programme Board for consideration by the HWB in December 2015 and March 2016. Should there be any amendments to the reports, then this would be resubmitted to the Better Care Support Team.

Seven Day Services

27. One of the national conditions of the BCF is to develop services in health and social care to support patients being discharged and prevent unnecessary hospital admissions at weekends. In Nottinghamshire there is a commitment to providing safe, high quality services for our citizens and patients in all settings seven days a week. It is widely recognised that this does not mean all services have to be available all day every day.

28. The NHS Services, Seven Days a Week Forum reported in December 2013 highlighting key issues impacted on by a reduced level of service provision at the weekend:

28.1. **Mortality rates:** the higher mortality rate is multifactorial and is likely to be a consequence of variable staffing levels in hospitals at the weekend, the absence of senior decision makers of consultant level skill and experience, a lack of consistent specialist services, such as diagnostic and scientific services at weekends and a lack of availability of specialist community and primary care services, which might otherwise support patients on an end-of-life care pathway to die at home.
28.2. **Length of hospital stay:** Length of stay can indicate whether relationships across the wider health and social care system are organised effectively - matching capacity to demand and supporting the flow of patients along their pathway, benefiting both patient care and system efficiency.
28.3. **Re-admission rates:** If a patient's health deteriorates once they have been discharged from hospital, they may need to be re-admitted for further care. In some cases this is an avoidable result of shortcomings in their care. At weekends, important collaboration and multi-disciplinary planning between the hospital, community health services and social care becomes increasingly difficult, and may impact negatively on re-admission rates.
28.4. **Patient experience:** The quality of care and communication for patients, their families and carers can be woefully inadequate without the right levels of expertise, staffing and attention to individual patients' needs. When too few senior decision makers are present, communication with patients, their families and carers is hindered. This is a problem at weekends.

29. Nationally, acute trusts are now being monitored on their progress with delivering four of the ten clinical standards relating to seven day service provision in secondary care. It is anticipated that the system wide approach to delivery of services seven days will start to be monitored at a national level.

30. In July the BCF Programme Board reviewed progress on seven day services across Nottinghamshire using the NHS Improving Quality Seven Day Services 10 Point Implementation Checklist and are satisfied with the progress made to date. As outlined in the BCF plan, schemes are in place across the County to ensure patients' needs are met throughout the week. For example;

30.1. In Mid Nottinghamshire the locality multi-disciplinary care teams now work at the weekend to provide co-ordinated care in the patient's own home or place of residence to avoid unnecessary hospital admission.

30.2. A pilot is running in Rushcliffe CCG whereby Gamston Medical Centre opens at the weekend and a GP sees patients triaged via NHS 111 on behalf of all practices in the CCG. GPs from each practice participate in a rota to deliver the service.

30.3. Telehealth services in Bassetlaw are available seven days a week to support patients with long-term health conditions.

Integrated Care Pioneer

31. The NHSE New Models of Care Team has developed its offer of support to Integrated Care Pioneers (Mid and South Nottinghamshire) in light of Mid Nottinghamshire achieving vanguard status for its Primary and Acute Care Services model of care. The initial focus is on sharing good practice with EU partners and developing an Organisational Development plan for the Pioneer care systems.

31.1. Mid Nottinghamshire will receive the majority of support through the Vanguard programme which provides a tailored support package.

31.2. The Pioneer team will continue to liaise with the South Nottinghamshire County CCGs and align the support with Nottingham City CCG (also an Integrated Care Pioneer) wherever possible. As mentioned in paragraph 10 above, South Nottinghamshire has recently been announced as an Urgent and Emergency Care Vanguard and will receive a support package through this programme.

Other options

32. None

Reasons for Recommendations

33. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

34. To obtain approval for the revisions to the Nottinghamshire BCF plan as outlined above.

Statutory and Policy Implications

35. 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

36. As outlined in Table 1 the proposed changes to the Mid Nottinghamshire CCGs' schemes will result in a reduction of the size of the Pooled Budget from £59.3m to £57.9m. This is still above the minimum requirement of £49.7m.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. Approve the revision in line with changing national expectations to the BCF1 target, regarding non-elective admission plan, which at the time of this report is still subject to formal NHS England approval.

2. To consider for ratification the proposed changes to NHS Mansfield and Ashfield CCG financial contribution to the pooled fund.

3. To note the national revision to the definition BCF 2 and 6 regarding care home admissions and the impact that this has had on the targets.

4. To note the performance exception report for Q1 2015/16 and receive further reports in December 2015 and March 2016.

5. To approve the NHSE Q1 2015/16 performance report.

6. To consider the approach for approving Q2 and Q3 NHSE performance reporting.

7. To note progress with Seven Day Services.

8. To note the Integrated Care Pioneer offer of support.

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

For any enquiries about this report please contact:
Joanna Cooper Better Care Fund Programme Manager
Joanna.Cooper@nottscc.gov.uk / Joanna.Cooper@mansfieldandashfieldccg.nhs.uk
0115 9773577

Constitutional Comments (LMcC 21/09/15)

39. The recommendations in the report fall within the Terms of Reference of the Health and Wellbeing Board.

Financial Comments (KAS 18/09/15)

40. The financial implications are contained within paragraphs 14 and 36 of the report.

Background Papers and Published Documents

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

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16". http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16

Electoral Divisions and Members Affected

- All

Appendix 1 – BCF Q1 Performance National Report

Cover and Basic Details	
Q1 2015/16	
Health and Well Being Board	**Nottinghamshire**
completed by:	Lucy Dadge
E-Mail:	lucy.dadge@mansfieldandashfieldccg.nhs.uk
Contact Number:	01623 673330
Who has signed off the report on behalf of the Health and Well Being Board:	To be retrospectively approved by HWB on 7 October

Budget Arrangements

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

Budget arrangements	
Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

National Conditions

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		The plan is agreed by the HWB, CCGs and County Council. There is a Programme Board in place with representation from all partners including providers and District Councils.
2) Are Social Care Services (not spending) being protected?	Yes		The minimum expected payment has been met within the plan. There are a number of schemes within the plan that further enhance the protection of social care services.
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		Plans are being implemented during 2015/16 to ensure progress toward 7 day services in key areas of delivery. Partners have progressed plans in Q1 with County wide oversight to support learning and consistency where appropriate.
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care	Yes		Excellent progress has been made in populating systems with the NHS number. On-going matching of new records to the PDS service remains complicated but is on track with more work continuing throughout 2015. Agreement for the use of the NHS number has been in place for some time,

services?			Connected Nottinghamshire (the County and City wide programme enabling the IT requirements) has oversight on this work.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		All procurements now have a set of requirements addressing the requirements for Open APIs. Recent procurements have addressed this specifically and now basing development of these APIs on the NHS England API standards document.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		Connected Nottinghamshire has oversight of the Nottinghamshire Health and Social Care Records Information Group. This GP Caldicott Gaurdian led group is leading the way in relation to IG requirements and ensuring Nottinghamshire has good information sharing for direct care in line with Caldicott 2 recommendations and best practice pseudonymised or annonymised sharing for reporting.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes		There is an identified case management approach across the County with risk stratification tools being used to identify those people most at risk of a hospital admission. All areas use a MDT approach, the specific details vary by unit of planning e.g. in Mid Notts the multi-disciplinary, multi-agency PRISM teams lead this approach.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		Trajectories included in the initial submission were shared with providers, these were integral to local planning. Providers and commissioners continue to work together to deliver performance trajectories and mitigate risks and consequences of non-delivery.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Nottinghamshire

	Baseline				Plan			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938

	Actual						
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available
D. REVALIDATED: HWB version of plans to be used for future monitoring.	20,925	20,929			-5.1%	-4,190	£0

	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	-2688	-3200	-3756	-4190	£0	£0	£0	£0

	Performance against baseline				Suggested Quarterly Payment						
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
D. REVALIDATED: HWB version of plans to be used for future monitoring.	-2777	76			£0	£0			£0	£14,375,000	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR
Cost per non-elective activity	£1,490

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£0	£0		
Actual payment locally agreed	£0	£0		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	£0	£0		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:
Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Nottinghamshire

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,642,000	£13,438,000	£13,438,000	£15,402,000		
	Actual*	£16,642,000	-	-	-		

Please comment if there is a difference between the total yearly plan and the pooled fund	Bassetlaw CCG amended its financial contribution to the BCF as part of the NHSE operational planning round. The amendments were approved by HWB in June 2015. This has reduced the Notts pooled fund to £58,922,000. Due to changes to non-elective plans, once approved, this removes the P4P element of the pooled fund. Two CCGs are reviewing the BCF investment in light of the revised non-elective plans, therefore the plans and forecast for Q2 onwards is anticipated to change.

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,064,000	£13,592,000	£14,413,000	£16,852,000		
	Actual*	£14,064,000	-	-	-		

Please comment if there is a difference between the total yearly plan and the pooled fund	As noted above, due to changes to non-elective plans, there is no longer a P4P element of the plan. However, as reported to the HWB at Q1 the value will remain within the pooled fund. Therefore Q1 P4P is owing to the fund which will be resolved at the Q1 reconcilation and is therefore accrued for as reported in this return.
Commentary on progress against financial plan:	The return has been completed to align with the M3 HWB reporting. There is anticipated to be an amendment to the Mid Notts CCG element of BCF investment in light of the changes to the CCG activity plans agreed with NHSE as part of the operational planning process. The CCGs will remain above the minimum contribution. These changes are subject to approval from the HWB in October. There is continued commitment to the schemes within the BCF, and CCG investments are focused accordingly. Expenditure was below plan in Q1 due to delays in a number of schemes.

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:	Nottinghamshire

Local performance metric as described in your approved BCF plan	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes

Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/ 16	Q2 15/ 16	Q3 15/ 16
Local performance metric plan and actual	38	35	35	35	35	36		

Please provide commentary on progress / changes:	This is an annual rather than quarterly target. Performance is monitored monthly using unvalidated data. Work is under way implementing various models, e.g. transfer to assess, which should reduce the number of admissions direct from hospital during 2015/16. The data is now available at CCG level to support further scrutiny and operational action at a local level.
Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.

Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/ 16	Q2 15/ 16	Q3 15/ 16
Local defined patient experience metric plan and actual:	67	0	0	69	66	65		

Please provide commentary on progress / changes:	This is an annual rather than quarterly target. The data for Q1 refers to the data published in July 2015. The Q4 data refers to the data published in January 2015. Work is ongoing to implement models to support self care such as the Ashfield Health and Wellbeing Village, and shared decision making to support patients in actively participating with healthcare professionals in decision making.

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:	Nottinghamshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	4.Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	No		Where required, units of planning have developed organisational development plans to support implementation.
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	Sharing of good practice through Better Care Exchange and Pioneer newsletter is valuable.

3. Developing underpinning integrated datasets and information systems	Yes	Webinars or other remote learning opportunities	Work is progressing well within Nottinghamshire, however, any updates from Pioneers and others who are progressing at a faster pace would be helpful.
4. Aligning systems and sharing benefits and risks	Yes	Wider events, conferences and networking opportunities	An offer of support is available through the Vanguard and Integration Pioneer programmes. This should be shared beyond those forums.
5. Measuring success	Yes	Central guidance or tools	There is a well established performance framework within Nottinghamshire to monitor progress with the BCF plans and outcomes. It would be helpful to learn from others how they are approaching the measurement of system wide transformation and outcomes.
6. Developing organisations to enable effective collaborative health and social care working relationships	No		An offer of support is available through the Vanguard and Integration Pioneer programmes.

Narrative

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q1 2015/16

Narrative	Remaining Characters	30,720

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
Following the NHSE confirm and challenge process relating to CCG activity plans, the Nottinghamshire County BCF Programme Board has recommended to the HWB that the BCF non-elective plan is aligned with CCG operational plans. This will ensure a shared understanding across partners and reflects the increase in activity during 2014/15. The HWB will be considering this recommendation in October. As a consequence of the significant changes to operational activity plans agreed with NHSE, all CCGs have reviewed the impact this has on the planned BCF investment and consequent impact on delivery. In order to ensure the credibility of activity and financial plans, CCGs have been working to align the operational and BCF plans. As a result, there will be further amendments to the planned BCF investment which are

currently being reviewed through the relevant governance processes and are therefore subject to approval at the time of submitting this return. Agreed amendments will be reflected in subsequent national returns.

Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays.

The 6 CCGs continue to work with local authority, District Councils and the Third Sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendances. and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Nottinghamshire County Council

Report to Health and Wellbeing Board

07 October 2015

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2015

Purpose of the Report

1. This report provides information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottinghamshire during 2014/5 and present plans to further develop the Joint Strategic Needs Assessment during 2015/16 for approval.

Information and Advice

Introduction and context

2. An overview of the national drivers for the JSNA and local governance and process was presented to the Health and Wellbeing Board in July 2014. This information has now been updated and incorporated into a JSNA Policy and Process document which is available on Nottinghamshire Insight click here. The policy and process document describes the objectives and principles of the JSNA; governance and responsibilities; overall JSNA process and the end-to-end process for the refresh of an individual topic chapter.

3. This report summarises progress against development plans agreed by the Health and Wellbeing Board in July 2014, which are summarised as follows:
   - continue to implement the ongoing refresh of JSNA topic chapters to ensure that all relevant sections are reviewed within a 3 year period;
   - as part of this ongoing review programme, review topic chapters for Children and Young People as a priority;
   - continuing support to the strategic commissioning groups which 'own' JSNA topic chapters to ensure they understand and can implement their responsibilities;
   - develop wider stakeholder engagement in the JSNA process, particularly with the voluntary and community sector and Healthwatch;
   - implement the work programme for Nottinghamshire Insight to improve the experience for users in finding resources, the content of Insight and the role of partners in developing Insight;
   - evaluate the JSNA programme to inform the on-going programme of development.

JSNA topic refresh

4. Since July 2014, the JSNA coordinator has worked with relevant 'owning' groups and organisations to review chapters of the JSNA. The areas listed in table one were prioritised for action due to access to new information, length of time since last refresh and timeliness to support the commissioning cycle.

5. The table below outlines progress for refresh of JSNA topic chapters[1].

	JSNA topic	Refresh stage	Due date
Cross cutting themes			
	Diet and nutrition	In progress	Nov 2015
	Obesity	In progress	Nov 2015
	Physical activity	In progress	Nov 2015
	Health care associated infections in community settings	In progress	Dec 2015
	Executive summary	In progress	Mar 2016
	CCG & District overview	In progress	Mar 2016
	Substance misuse: alcohol and drugs	In progress	Mar 2016
	Housing and Homelessness	In progress	Date TBC
	Carers (adults and OP)	*Completed*	*Sept 2014*
	Tobacco	*Completed*	*Sept 2014*
	Health Impacts of Air Quality	*Completed*	*July 2015*
	The People of Nottinghamshire: population, demography & wider determinants	*Completed*	*July 2015*
Children & Young People			
	Maternity and early years	In progress	Nov 2015
	Transitions	In progress	Nov 2015
	Looked after Children and Care Leavers	In progress	Nov 2015
	Child Poverty	In progress	Dec 2015
	Avoidable injuries	In progress	Dec 2015
	Disability	In progress	Date TBC
	Teenage pregnancy	*Completed*	*May 2014*
	Oral health	*Completed*	*July 2014*
	Emotional H&W	*Completed*	*July 2014*
	Young offenders	*Completed*	*Sept 2014*
Adults			
	Suicide prevention	In progress	Nov 2015
	Adult mental health	In progress	Nov 2015
	Disability: autism	In progress	Jan 2016
	Disability: physical and sensory	In progress	Jan 2016
	Long term neurological conditions	In progress	Jan 2016
	Cancer	In progress	Jan 2016
	Sexual violence	*Completed*	*Sept 2014*
	Communicable diseases: Hep B & C	*Completed*	*Sept 2014*
	Sexual health	*Completed*	*June 2015*
Older people			
	Loneliness	In progress	Nov 2015
	Mobility and falls (incl Physical activity)	*Completed*	*June 2015*

[1] Only JSNA topic chapters currently undergoing refresh are listed.

6. The Health & Wellbeing Implementation Group has kept oversight on the delivery of the JSNA work programme. As each topic was completed, the Group reviewed the content and approved the section on behalf of the Health & Wellbeing Board, prior to formal endorsement by the Board as part of this annual report.

Children and Young People JSNA topic review

7. The review of the topics for the Children and Young People's section of the JSNA took place in 2015. The purpose was to ensure that the breadth of topics is relevant, agreed and owned.

8. A task and finish group met twice in order to review the organisation of the topics for the Children and Young People's section of the JSNA. The task and finish group looked for opportunities to re-group topics together under broader headings; to include existing topics where appropriate in cross cutting JSNA themes and to remove a small group of topics which had either never been completed or were considered to be no longer required. The changes proposed by the task and finish group were approved by the Children's Trust in June 2015.

9. The proposals included combining the topic on the demography of children and young people within the general JSNA demography section.

10. An example of one of the new broader topics would be Maternity and Early Years which brings together the previously individual topics on maternity and early years, breastfeeding and healthy start, and childhood vaccination and immunisation.

11. Some topics were incorporated into cross cutting JSNA themes include: excess weight, tobacco control, sexual health, domestic violence, and young carers.

12. Topics which have been removed from the JSNA include:
    - interventions with families, as information will be included in a range of other topics;
    - library usage, as it was not considered appropriate as a stand-alone topic in Children and Young People's section of the JSNA. Libraries are collating evidence as part of a service review;
    - and the health needs of young people who are not in education employment or training (NEET). The health needs of this group are similar to other vulnerable groups included elsewhere in JSNA chapters.

13. **Appendix A** provides a detailed list of the agreed changes to the topics. A revised schedule of JSNA topics with identified authors will shortly be published, which will then be monitored by the Children and Young People's JSNA Steering Group. The current process for the approval of refreshed JSNA topic by the Nottinghamshire Children's Trust Board will remain the same.

Support to owning groups

14. Continued support has been provided to owning groups via JSNA chapter authors, Public Health Managers and the JSNA Co-ordinator to ensure owning groups understand their responsibilities and role in the JSNA process.

Wider stakeholder engagement in the JSNA process

15. Government reforms have placed an emphasis on embedding involvement and engagement with partners, the public and the voluntary sector within the JSNA process. A number of activities have taken place over the year in order to develop a local plan to strengthen engagement and involvement in the JSNA. These activities include: reviewing national guidance, attending regional events aimed at strengthening engagement and involvement, and consultation with local stakeholders at an HWB stakeholder network event.

16. Work in this area is focused around three projects: developing a compact for the JSNA with the voluntary and community sector; incorporating qualitative and quantitative data from voluntary and community organisations and Healthwatch into the JSNA; and developing an online JSNA resource to support funding applications.

17. Implementation of these projects has begun and is expected to achieve the following benefits:
    - Increased awareness of JSNA and Health and Wellbeing Strategy
    - Strengthened relationships between the voluntary and community sector and JSNA leads and the Health and Wellbeing Board
    - Strengthened evidence base and enriched understanding of needs/unmet needs of local populations especially vulnerable groups
    - Improved use of qualitative data in JSNA
    - Improved use of JSNA to support statutory sector commissioning and voluntary and community sector fundraising
    - Shared understanding of community assets
    - Opportunities for voluntary and community sector to input into JSNA priorities.

Development of Nottinghamshire Insight

18. The JSNA process delivers a range of JSNA products: topic chapters, executive summary, CCG/district summaries, detailed datasets, maps and a document library. These JSNA products are delivered via a web-based interface, Nottinghamshire Insight. Development of Insight is co-ordinated and managed by the Insight Health and Wellbeing Steering Group. The aim of the group is to oversee the development of effective on-line sharing of data and intelligence through Insight to meet the needs of JSNA and wider requirements across Nottinghamshire County Council.

19. The work programme in 2014/15 for Nottinghamshire Insight has delivered: the development of the internet pages for Insight to improve the content of the pages and how the user moves around and between the different pages (these pages will be launched publicly shortly); updating of the JSNA area of Insight including interactive JSNA documents; reviewed and updated data views, profiles and the document library; expanded roles of partners in maintaining and developing Insight.

20. Once the new Insight pages are live (expected to be early in the New Year), a presentation will be given to the Health & Wellbeing Board to outline the new functionality to Board members.

Evaluation of JSNA programme

21. The Nottinghamshire County Council JSNA undergoes a programme of continuous improvement, to capture future national guidance, local priorities and feedback from consultation and engagement with key stakeholders. It is important, however, that the JSNA is evaluated in order to:
    - Ensure continuous improvement in the quality of the JSNA
    - Provide evidence for internal scrutiny, and
    - Develop a culture of audit and evaluation.

22. A full JSNA evaluation protocol has been developed[2] and the objectives of the audit are to:
    - determine if the JSNA provides a clear vision and scope
    - identify if the JSNA has a clear governance structure and evidence of strong leadership
    - identify if Nottinghamshire County Council has the capacity, skills, data and knowledge required to deliver the JSNA
    - understand partner and stakeholder involvement in the JSNA process
    - determine if the JSNA product is accessible, relevant and practical for stakeholder use and
    - explore the links between the JSNA product and planning and commissioning decisions.

23. The findings of the initial data gathering exercise will be presented to the JSNA Steering Group in September 2015. Additionally, semi-structured interviews will be conducted with wider stakeholders to understand and explore their views and perceptions of the JSNA process and a high level performance report will be produced by the Insight team to give an overview of the JSNA usage.

Development plans for 2015/16

24. The work programme for the JSNA is monitored through the JSNA Steering Group. The group has proposed a development plan for 2015/16 to ensure the JSNA meets the objectives outlined in the JSNA Policy and Process (see link in paragraph 2) such as: clear vision and scope; engaging and involving stakeholders and partners; accessible JSNA products; links between the JSNA, strategic objectives and local commissioning decisions.

25. Development plans cover four broad areas. Detailed project plans are available for each of these which are to:
    a. consider outcomes of JSNA evaluation and incorporate response into current development plans in order to ensure that the JSNA has a continuous programme of improvement
    b. develop and implement plans for reviewing JSNA topics in adults, older people and cross cutting themes. The review of the topics for the Children and Young People's section of the JSNA in 2015 has ensured that the breadth of topics is relevant, agreed and owned. It is proposed that topics across the rest of the JSNA should be reviewed in order to ensure that they are appropriate and should include the identification of any gaps. A process to reviewing topics will be

[2] Full protocol available from report author

agreed by October 2016 and this will be implemented between October 2015 and March 2016

c. complete development work for Nottinghamshire Insight. The 2015/16 work programme for Nottinghamshire Insight includes: upgrade to hardware and software; completing changes to the way in which the user moves around and between the different pages; public launch of new webpages and navigation; user workshops to gain feedback on the changes; promotion of the new Insight webpages and an on-going programme of refresh and updating content and
d. complete development work for wider stakeholder engagement (see paragraphs 13 and 14 above).

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1) Endorse 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) Approve the proposed plans for development of the Joint Strategic Needs Assessment for 2015/16.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
Kristina McCormick
Public Health Manager Information and Intelligence
Telephone: 0115 97 72800
kristina.mccormick@nottscc.gov.uk

Constitutional Comments (LMcC 21/09/15)

26. The recommendations in the report fall within the terms of reference of the health and Wellbeing Board

Financial Comments (KAS 21/09/15)

27. 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 A: Proposed topics for the Children and Young People's section of the joint strategic needs assessment

Suggested new topic structure	Current Theme/Topic structure
Demography • **Include all at relatively top level and insert hyperlinks to more details JSNA topic reports or needs assessments as necessary** • **A section providing an overview of families in Nottinghamshire to be included** • **A brief overview of Child Protection to be included**	**Current population**
	Projected population
	Ethnicity
	Religion or belief
	Births and life expectancy
	Special Educational Needs and Disability
	Socio-economic profile
	Child poverty
	Educational attainment (including early years)
	NEET
	Skills levels
Child Poverty	**Child Poverty within Demography NB Statutory requirement to produce CP needs assessment.**
Healthy weight, nutrition and physical activity (Cross cutting)	**Excess weight**
Tobacco control (Cross cutting)	**Tobacco control**
Child oral health	**Child oral health**
Substance misuse (CYP specific)	**Substance misuse**
Sexual health	**Sexual health**
Teenage pregnancy (Cross cutting)	**Teenage pregnancy**
Sexual violence (Cross cutting)	**Sexual violence**
Domestic violence (Cross cutting)	**Domestic violence**
Maternity and Early Years **(Non-early years immunisations / vaccinations could go into data view)**	**Maternity and Early Years**
	Breastfeeding and Healthy Start
	Experience of maternity services
	Childhood vaccination and immunisation

Suggested new topic structure	Current Theme/Topic structure
	Screening **(Move into a data view on Insight)**
Disability (Transitions for disabled children as a subset of disability)	**Disability**
	Transitions
Carers (This will be incorporated into carers JSNA – cross cutting)	**Young carers**
Emotional health and well-being	**Emotional health and well-being**
Looked after children and care leavers (Incorporate health needs and educational attainment etc.)	**Looked after children**
Community safety for CYP	**Crimes committed against children**
Young offenders	**Youth justice**
	Health needs of young offenders
Children not accessing their full educational entitlement	**Attainment - School attendance**
	Attainment - School exclusions
	Attainment - Educated otherwise than at school
Safeguarding	**Sexual exploitation**
	Missing children
	Bullying and e-safety
Avoidable injury	**Avoidable Hospital Admissions**
	Road safety
Homelessness and supported accommodation	**Homelessness and supported accommodation**

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 October 2015

Agenda Item: 9

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

The Wellbeing@work workplace award scheme aims to work across key partners such as statutory, private, voluntary and community businesses to effectively reduce absenteeism and presenteeism across our workplaces. It is in line with the national 'Change for Life' programme to engage a key sector of the adult working age population, using the workplace as a setting to promote healthy lifestyle adoption and a sustainable health working culture and environment.

Progress to date includes:

- Stakeholders engaged
- Strategic Framework developed to include live action plan & toolkit revised
- Provider arm contracts aligned to ensure support for the workplace health scheme
- 3 meetings of the Strategy group held
- Continued support and taking forward the existing Bassetlaw model (14 organisations, two of which have just received their 'Platinum Award status)
- 73 champions signed up to the county model and trained in the RSPH (Royal Society of Public Health) level 2 accredited Health trainer training, with three further courses taking place during September/October
- 30 trained in 'Motivational Interviewing' training
- 20 trained in 'Mindfulness' techniques to help build resilience and share skills with others
- Community Mental Health First Responder Training scheduled for September, October & November 2015
- 15 new organisations signed up to the county model with 5 of these already achieving 'Bronze' accreditation
- **By the end of 2015 to workplace health scheme will be reaching over 30,000 of Nottinghamshire County working age population and since the launch of the original scheme in Bassetlaw (2010) over 360 workplace health champions have been trained as health trainers.**

Support for implementation has been gained through existing public health related contracts, and through voluntary sector support to more effectively utilise existing resources and to support providers to meet their targets through accessing the working age population in a workplace setting. Support also comes from our workplace health network, where we work together where applicable to share resources such as venues for training and event planning. 'Everyone Health' (provider for Healthy Weight Healthy Lives) now has a target to commence working with district leads to sign up 50 organisations in year one.

Other agencies are also interested in signing up including Nottingham Partnership Trust, Nottingham Police, Mansfield & Ashfield CCG's, Portland and Priory Schools and Laing O Rourke.

For more information contact Cheryl George, Senior Public Health Manager: cheryl.george@nottscc.gov.uk tel: 07584011613

3. The Mid-Nottinghamshire Self Care Hub

The Mid-Nottinghamshire Self-Care Hub service is a FREE 'one-stop-shop' for public and professionals and is designed to connect local services to help you access self-care support.

The self-care team can provide details about voluntary and community support as well as services/ activities/groups. Hub services are available to anyone over the age of 18 who is living or working in Mid-Nottinghamshire.

For more information contact Laura Chambers, Strategic Commissioning Manager laura.chambers@nottscc.gov.uk tel: 0115 9932563

Progress from previous meetings

4. Future in Mind/CAMHS Pathway Review Update

A report was presented to the December 2014 Health and Wellbeing Board which provided an overview of the findings of the CAMHS Pathway Review and proposed a new model to improve services to children and young people. Since the meeting, the government has published a taskforce report into improving children and young people's mental health and wellbeing, and set out a five year plan called Future in Mind, outlining improvements to be made in the following areas:

- Promoting resilience, prevention and early intervention;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable;
- Accountability and transparency; and
- Developing the workforce.

NHS England has now issued guidance to local areas at a health and wellbeing board unit of planning level, requiring them to develop transformation plans setting out how they will achieve the required improvements. The deadline for submission to NHS England is 16 October 2015. Once plans have been assured by NHS England, this will trigger the release of additional funding to be distributed via CCGs, to enable the transformation plans to be achieved. Because of time lines the Corporate Director for

Adult Social Care, Health and Public Protection/Deputy Chief Executive, will sign off the plans in consultation with me as Chair of the Board for submission on 16th and the Board will see the report at a future meeting. CCGs will also sign the plan off also since they are responsible commissioners and ultimately accountable for the use of funding. The local plan is being developed in line with the recommendations of the Pathway Review completed in 2014.

During the Spring and Summer of this year, Nottinghamshire CCGs (except Bassetlaw) all agreed to increase funding for CAMH Services for the next three years, in order to implement and allow time to evaluate the agreed new model. The national funding allocated is NOT adequate to meet the full amount required locally and in addition, we need resources to ensure we develop effective strategies to promote resilience, prevent children and young people developing emotional and mental health problems and ensure appropriate early intervention. We as a Board have had many discussions about the lack/gaps in this area and all recognise that if we shift our focus here, this would be better for children and young people and we can also reduce need for more costly services.

For further information, please contact Lucy Peel, Programme Lead, Children and Young People's Mental Health and Wellbeing Lucy.peel@nottscc.gov.uk.

5. Update on the progress of the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.

On 1 October 2014 the Health and Wellbeing Board officially endorsed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control, committing member organisations to sign the Declaration and to develop action plans in order to tackle tobacco use in Nottinghamshire.

To date all CCGs and Local Authorities have signed the Declaration and the local NHS Trusts have either agreed to sign or have actually signed the Declaration in the case of Sherwood Forest Hospitals Foundation Trust and Doncaster and Bassetlaw Hospitals Foundation Trust.

Nottinghamshire Fire and Rescue Service have signed up along with others who are considering sign up such as Nottinghamshire Police, Nottingham University, Children's Centres and North Notts College. Some private organisations for example, Eaton Production International, have also signed the Declaration as this is now a prerequisite for the Nottinghamshire Wellbeing@Work Scheme.

Organisations that have signed up have in place either a draft or finalised action plan and some actions are already being implemented, for example the review of smokefree policies and the introduction of smokefree play areas in some Local Authority areas.

A full report is planned for the December Health and Wellbeing Board Meeting.

For more information contact Lucy Elliott, Public Health Manager lucy.elliott@nottscc.gov.uk tel: 0115 9773489.

6. HWB Workshop – workforce

As part of its system leadership role overseeing the Better Care Fund, the Health & Wellbeing Board is seeking to understand local workforce issues in more detail and explore possible local joint solutions. As the issues are not unique to Nottinghamshire County, the Board has proposed to extend the discussions to cover the whole of Nottinghamshire including Nottingham City.

The Boards will jointly host a closed workshop in place of the County Board meeting on 4 November 2015.

The session will include the Health & Wellbeing Board and invited partners across health, local government, public, academic and third sector, with an interest in workforce.

The session is designed to give participants the opportunity to share experiences and discuss local strategies to address workforce issues, such as 7 day working, integrating workforce, skills and retention, the use of agency staff, new models and implications of the living wage.

The aims of the session are:

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

Further information and a draft agenda will be circulated shortly.

7. Stakeholder network event September 2015

The latest Stakeholder Network event took place on 22 September 2015 and was attended by 79 people from a range of voluntary and community organisations, the county and district councils and health services.

The event focussed on how the Health & Wellbeing Board can work with voluntary and community sector to improve health and wellbeing. The scene was set with an overview of the Boards work, how we can work together to improve the JSNA and the role of the voluntary sector consortium, which is being developed in Nottinghamshire. There was also an opportunity to 'speed date' to hear about a number of really exciting projects in Nottinghamshire and share good practice.

Documents from the meeting will be available on the Stakeholder Network webpage.

Thanks to Councillor Suthers, Councillor Aspinall and Joe Pidgeon who attended to represent the Board.

The next event will be between 6.30 and 8.30pm on 24 November 2015 and will focus on dementia. Your support at the event would be much appreciated.

Papers to other local committees

8. Establishment of a Health and Wellbeing Board Support Team
   Report to the Public Health Committee 2 July 2015

9. Child Sexual Exploitation (CSE) and Children Missing from Home and Care: Annual Report 2014-15
   Report to Children and Young People's Committee 13 July 2015

10. Transforming Care (Winterbourne) Update Report
    Report to the Adult Health and Public Protection Committee 7 September 2015

Update on policy and guidance

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

Starting well

11. **Food for Thought: promoting healthy diets among children and young people.**
    BMA
    This report sets out the measures needed to help promote healthier diets among children and young people. It recommends a range of interventions focused on improving attitudes and knowledge; limiting unhealthy cues and irresponsible retailing practices; and creating a healthy food environment. Some of the measures aim to directly protect children and young people, while others are to help parents and carers in making the right choices.
    Additional links: BBC news report Royal College of Physicians press release

12. **Children and young people's survey on health care**
    Care Quality Commission
    Nearly 19,000 children and young people have been given the chance to provide feedback on their hospital experiences. The survey was carried out by the CQC and will supply NHS England and the Department of Health with data to assess performance against national targets on patient experience. Nationally, 137 acute NHS trusts took part in the survey which was broken down into three age-appropriate questionnaires, specially developed to give children and young people a voice on health care.

13. **Smoking in vehicles**
    The Department of Health has released a short animation film about the change in the law on smoking in vehicles in England and Wales. From 1 October 2015 it will be illegal to smoke in a car (or other vehicles) with anyone under 18 present. The law is changing to protect children and young people from the dangers of secondhand smoke.

14. **New programme to improve young people's mental health services**
    NHS England has distributed £30m of funding to local areas for eating disorder services as part of the first stage of a new programme to improve children and young people's mental health and wellbeing. The money is to develop community-based eating disorder

services with a new standard so patients are seen within four weeks or one week for urgent cases by 2020.

LIVING WELL

15. **The international evidence on the prevention of drug and alcohol use Summary and examples of implementation in England**
Public Health England
This document provides a summary of the United Nations Office of Drug Control's International Standards on Drug Use Prevention highlighting examples of relevant guidelines, programmes and interventions currently available in International standards on drug use prevention in England. These examples aim to help those who commission, develop and implement prevention strategies and interventions to translate the standards into the English operating landscape. It also aims to help local authority commissioners to develop their prevention strategies and implement them in line with evidence.

16. **Alcohol's harm to others**
Institute of Alcohol Studies with the University of Sheffield School of Health and Related Research
This report examines the extent to which consuming alcohol can impact on people other than the drinker. It combines a review of the evidence on alcohol's harm to others and data from two surveys in which over 2,000 adults were asked about the harms experienced from others' alcohol consumption.
Additional link: RCGP press release

17. **New rules about tobacco, e-cigarettes and smoking**
The Department of Health
This guidance explains changes to the laws on tobacco, e-cigarettes and smoking that come into force on 1 October 2015. In particular, it explains the rules about smoking in private vehicles, including when the rules do and don't apply. (See also item 12)

18. **Stopping Smoking by using other sources of nicotine**
The Royal Society for Public Health
This position paper is calling for public confusion over nicotine to be addressed as a way of encouraging smokers to use safer forms of the substance. Tobacco contains nicotine along with many other chemicals, but nicotine by itself is fairly harmless. Electronic cigarettes and Nicotine Replacement Therapy (gum, lozenges, and patches) contain nicotine but don't contain the harmful substances found in cigarettes. The Royal Society is now calling for measures to promote safer forms of nicotine products to smokers and make it harder to use tobacco.
Additional link: BBC News report

19. **E-cigarettes: an evidence update**
Public Health England
An expert independent evidence review concludes that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. The review suggests that e-cigarettes may be contributing to falling smoking rates among adults and young people. Following the review Public Health England has published a paper on the implications of the evidence for policy and practice.

20. Smoking and quitting in England

Public Health England

This document provides information on the prevalence of smoking and evidence for what is known to work in promoting cessation at local and national level. It includes information on who smokes the most effective interventions to quit smoking and advice for those responsible for reducing tobacco use. This is the first of a planned series of resources.

Additional link: PHE press release

21. Joint statement on e-cigarettes

Public Health England and other UK public health organisations

All organisations agree that e-cigarettes are significantly less harmful than smoking, and that the evidence suggests that the health risks posed by e-cigarettes are relatively small by comparison but studies must continue into the long term effects. The organisations acknowledge that e-cigarettes are the most popular way in which smokers try to quit smoking, rather than using stop smoking services, but that these services remain the most effective way for smokers to quit the habit and remain stopped.

Additional link: Royal Society for public health press release

COPING WELL

22. Transforming Care for People with Learning Disabilities – Next Steps

Transforming Care Delivery Board (TCDB)

The TCDB has published a progress report on its joint work programme to transform services for people with learning disabilities and/ or autism. The programme is being delivered by NHS England, Local Government Association, Association of Directors of Adult Social Services, Care Quality Commission, Health Education England and the Department of Health, to change how we commission and deliver services, to enable more people with learning disabilities to live within their community and close to home.

Additional link: NHS England

23. New draft guidelines to help transform care for people with learning disabilities

NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS)

This new draft national framework is designed to improve care for people with learning disabilities, shifting services away from hospital care and towards community-based settings. The current version of the Service Model has been co-produced with providers, commissioners, health and care professionals and people with learning disabilities and their families, but will be a living document.

24. Reasons why people with dementia are admitted to hospital in an emergency

Public Health England's Dementia intelligence network

This document shows key national data related to people with dementia and their use of inpatient general hospital services during the financial year 2012/13. It includes information about why people are admitted, short stay emergency admissions, increases in hospital admissions and preventing avoidable emergency admissions. The dataset shows the clinical commissioning group and local authority data used in the report.

Additional link: Public Health England press release

25. **Use of police cells for those in mental health crisis halved**
Since it was launched in February 2014, the Crisis Care Concordat, a programme to improve standards in mental health crisis care across the country, has reduced the use of police cells as a 'place of safety' by more than 50 percent for people experiencing a mental health crisis. The Programme has also led to almost 10,000 people receiving emergency attention from mental health nurses working alongside police officers. These are known as street triage schemes.

26. **The Five Year Forward View Mental Health Taskforce: public engagement findings.**
The Mental Health Taskforce
This document summarises the findings and content received by the Taskforce since April 2015. Three clear themes have emerged: prevention, access and quality. The importance of integrating care and support was also identified as a critical factor to the successful delivery of equitable access and improved outcomes. The need to prioritise equality also came out strongly across each of these themes. These findings will inform the full report which will be published in the autumn.
Additional links: Mental Health Taskforce website NHS England press release

27. **Self-Care Week**
NHS staff, patients and carers are being urged to support and help raise awareness of Self-Care Week next month. The theme for the week, running from 16 to 22 November 2015, is 'Self-Care for Life' and aims to help people understand what they can do to better look after their own health and that of their family, as well as living as healthily as possible. For more information visit the Self-Care Forum website or email libby.whittaker@selfcareforum.org.

WORKING TOGETHER

28. Aligning public services: strategies for local integration
Chartered Institute of Public Finance and Accountancy (CIPFA) and Public Finance
This briefing explores the strategies needed to align and integrate local public services across traditional organisation boundaries. It features an article by Chris Ham which argues that health payment systems are not fit for the purpose of providing integrated, patient-centred care.

29. **Safely home: what happens when people leave hospital and care settings.**
Healthwatch England
This report highlights the importance of transfers of care across all settings acute, mental health, community and ambulance and to and from social care and care home settings. The information comes from patients and service users with direct experience of when transfers or discharge from care has gone wrong.
Additional link: BBC news report

30. **Health at work**
Public Health England
PHE has published two in a series of four topic overviews exploring priority issues around health, work and unemployment.

The impact of physical environments on employee wellbeing: topic overview: provides an overview of the literature on the impact of particular elements of the physical work environment on employee wellbeing. It specifically examines the office layout, office furniture, workplace lighting and temperature, and employee control over their work environment.

Measuring employee productivity: topic overview – provides an overview of the literature on employee productivity and the different ways to measure it. It includes information on measuring productivity, presenteeism (attending work whilst sick), and productivity and wellbeing.

31. New partnership between NHS England and the Fire and Rescue Services

A new partnership has been established between NHS England and the Fire and Rescue Services to carry out health checks on elderly people and patients with complex conditions. Working together with Public Health England, the Local Government Association and Age UK, the group has established a new working relationship aimed at improving the quality of life for people who would benefit from regular checks on their health and wellbeing, and better coordinated public services.

HEALTH INEQUALITIES

32. Inequalities in life expectancy: changes over time and implications for policy

The Kings Fund

This report assesses how the Marmot curve has changed over time and what that tells us about the success or otherwise of government policy on inequalities in health over the period 1999–2003 to 2006–10. This study brings together, for the first time at a small area level, data on a wide array of variables for 6,700 areas of England on wider determinants, lifestyles, demographics and public service variables widely thought to be significant in determining health and health inequalities.

33. Changes in health in England

A Public Health England-led study published in The Lancet shows health in England is improving although substantial opportunities exist for further reductions in the burden of preventable disease. Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013 indicates the gap in mortality rates between men and women has reduced, but marked health inequalities between the least deprived and most deprived areas remain. Declines in mortality have not been matched by similar declines in morbidity, resulting in people living longer with diseases. Health policies must therefore address the causes of ill health as well as those of premature mortality.

34. Reducing health inequalities

Public Health England

PHE has published two guides aimed at support staff working with people to reduced health inequalities:

- Promoting good quality jobs to reduce health inequalities - this practice resource and summary explain how working conditions affect public health and suggests how local bodies can help create jobs.
- Reducing social isolation across the lifecourse - this resource and summary explain how social isolation affects public health and outline ideas for reducing the problem

Consultations

35. Health and wellbeing consultations

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

- Review of Children's Centres service delivery ends 30 October 2015
- Sexual health integrated service model "You said, We did" feedback ends 9 October 2015
- 20 mph speed limits outside schools ends March 2016

National Consultations

36. Consultations into voluntary sector role in health and care

Two consultations have been published to help to determine the future of voluntary sector involvement in health and care. As part of the Voluntary, Community and Social Enterprise (VCSE) review, respondents from the voluntary and health and social care sectors can give their views on partnership working, and how closer collaboration could be fostered. The second consultation will also seek views on the role and effectiveness of the government's current 'voluntary sector investment partnership' suite of grants. Consultations close on Friday 6 November.

Other options considered

37. Report to be noted only.

Reason for recommendation

38. Report to be noted only.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the report be noted.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:
Nicola Lane, Public Health Manager. Email: nicola.lane@nottscc.gov.uk Tel: 0115 977 2130.

Constitutional Comments

14. This report is for noting only.

Financial Comments

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

Background Papers and Published Documents

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

- None

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 October 2015

Agenda Item: 10

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2015/16.

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.

4. These changes have been made to the programme since the last meeting:

7 October 2015	
Fire and Rescue Service and Health and Wellbeing	New item
6 January 2016	
Vanguard Sites Update	Requested by HWB on 2 Sept 2015
2 March 2016	
Dementia Update	To take account of Stakeholder Network event on 24 Nov 2015

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. 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

Health and Wellbeing Board Work Programme 2015 - 16

	Health & Wellbeing Board (HWB) 7 October 2015
4 November 2015	**** CLOSED WORKSHOP **** **Health & social care workforce (Assembly Hall, County Hall)**
2 December 2015	**Community empowerment & resilience programme** (Caroline Agnew) **BCF update & progress** (Lucy Dadge) **CYP Public mental health/academic resilience** (Kate Allen) Follow up to CAMHS paper Dec 2014 **Building a healthier environment** (Barbara Brady/Anne Pridgeon) follow up to workshop **Children's Safeguarding Board Annual Report (Chris Few/Steve Baumber)** **Update on the Tobacco Declaration** (John Tomlinson) **Chair's report:** • Update from Clinical Senate/networks – quarterly report (paper via regional network) • Update & learning from the third sector better data project (paper via regional network)
January 2016	**Nottinghamshire County Wellbeing@Work** (Mary Corcoran/Cheryl George) requested March HWB meeting *The impact of legal highs (TBC)* *Housing – progress in delivering the Health & Wellbeing Strategy (TBC)* *Implementation of the Care Act – update (TBC)* *NHS Five Year Forward View – new models of care update from CCGs (TBC)* Update on Vanguard Sites in Nottinghamshire – requested by HWB 2.9.15

February 2016	
March 2016	**Adults Safeguarding Board Annual Report** (Allan Breeton) **Dementia update** (Mary Corcoran/Gill Oliver)
April 2016	*Mental health – crisis support (TBC)*