

3 December 2014**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND
CULTURAL SERVICES****DELIVERY OF THE HEALTH AND WELLBEING STRATEGY****Purpose of the Report**

1. The Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2014 and the Delivery Plan was approved in October 2014. This report gives the current position and outlines current issues and recommends how the Board members can support delivery of the Strategy ambitions. It also outlines plans for ongoing reporting and monitoring of progress.

Summary

- The Delivery Plan for the Health and Wellbeing Strategy has been published.
- Chairs of the Integrated Commissioning Groups responsible for delivering the Strategy have met and agreed principles for the Delivery Plan and reporting arrangements.
- Further work is underway to make actions within the Delivery Plan specific and measureable.
- Integrated Commissioning Groups are refining the actions to deliver each priority, identifying milestones and performance measures.
- A reporting schedule has been developed and roles and responsibilities agreed.

Information and Advice

2. The Health and Wellbeing Strategy for Nottinghamshire was agreed following a public consultation. The vision of the Board within the Strategy is:

We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have better quality of life, especially in the communities with the poorest health.'

3. To achieve this vision, four ambitions were agreed to give people **a good start**, to help them to **live well**, to help people **cope well** and support them to maintain their independence and to get everyone to **work together**.
4. Within these ambitions, twenty priority areas were identified as areas where the Board can have the biggest impact on health and wellbeing:

Figure 1: Health and Wellbeing Strategy ambitions and priorities

A GOOD START		<p>Work together to keep children & young people safe</p> <p>Improve children & young people's health outcomes through integrated commissioning of services</p> <p>Close the gap in educational attainment</p> <p>Provide children & young people with the early help support that they need</p> <p>Deliver integrated services for children & young people with complex needs or disabilities</p>
	LIVING WELL	<p>Reduce the number of people who smoke</p> <p>Reduce the number of people who are overweight & obese</p> <p>Improve services to reduce drug & alcohol misuse</p> <p>Reduce sexually transmitted disease & unplanned pregnancies</p> <p>Increase the number of eligible people who have a NHS Health Check</p>
	COPING WELL	<p>Improve the quality of life for carers by providing appropriate support for carers & the cared for</p> <p>Supporting people with learning disabilities & Autistic Spectrum disorders</p> <p>Support people with long term conditions</p> <p>Support older people to be independent safe & well</p> <p>Provide services which work together to support individuals with dementia & their carers</p>
	WORKING TOGETHER	<p>Improving services to support victims of domestic abuse</p> <p>Provide coordinated services for people with mental ill health</p> <p>Ensure we have sufficient & suitable housing, including housing related support, particularly for vulnerable people</p> <p>Improve workplace health & wellbeing</p> <p>Improve access to primary care doctors & nurses</p>

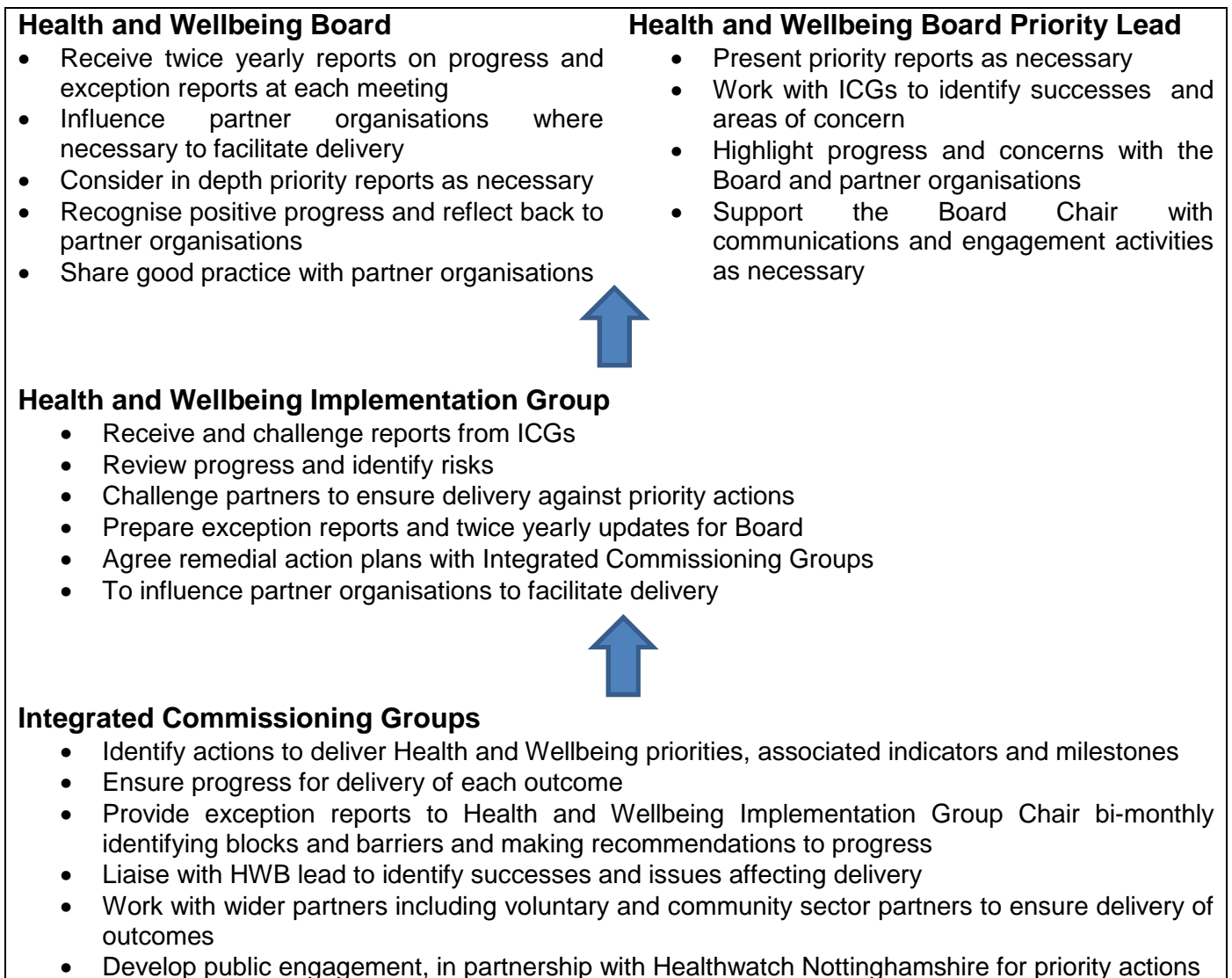
5. Feedback from the Strategy consultation showed that accessibility was essential. The Board agreed that a short Strategy document should be prepared which should be supported by a Delivery Plan giving more information about the specific actions and leadership to realise these ambitions.
6. A range of Integrated Commissioning Groups are responsible for delivering each priority and the preparation of the Delivery Plan.
7. Following a meeting of the chairs of the Integrated Commissioning Groups and agreement by the Board, the Delivery Plan has been published on the Nottinghamshire County Council website as an internet based resource.
8. This is available via the link: www.nottinghamshire.gov.uk/HWDeliveryplan

9. Since the Strategy was agreed, there have been a number of developments which have affected the development of the Delivery Plan, including the Care Act, the Crisis Care Concordat, the implications of the financial challenge and the agreement of the Better Care Fund. This has demonstrated the need for the Delivery Plan to be a 'live' document and to be continually updated to reflect the changing circumstances within health and social care both nationally and locally. Each Integrated Commissioning Group will therefore be responsible for maintaining their section of the Delivery Plan and seeking Board approval for changes as required. Future updates to the Board will report these developments.
10. Each priority is being developed and refined to provide clear outcomes, indicators to demonstrate progress and performance measures. Initial actions will also be refined to ensure that they focus on the partnership work required to deliver the Strategy, rather than business as usual and this will be reflected in future reports. The internet resource ensures that the Delivery Plan is available to wider partners and the public.
11. At the meeting of the Integrated Commissioning Group Chairs, it was suggested that all of the priority areas should be mapped against related plans and that future performance reports will include areas of overlap with the Care Act and Better Care Fund.
12. A number of principles have been proposed for the Health and Wellbeing Strategy Delivery Plan:
 - Each priority will be supported by 3 key actions
 - Outcomes will reflect where the Board can have the biggest impact through a partnership approach
 - Performance management systems will continually be developed and improved
 - Outcomes will be supported by clear indicators and outcome measures
 - Integrated Commissioning Groups will develop datasets for reporting
 - Performance will be measured on achievement against national averages and statistical neighbours

Roles and responsibilities

13. The Health and Wellbeing Implementation Group will maintain oversight of the Delivery Plan. They will review exceptions, challenging and reviewing issues accordingly. The Chair of that Group will also meet with the Integrated Commissioning Group Chairs as necessary to ensure a link through to the Health and Wellbeing Board and the Implementation Group.
14. Following previous discussions, Health and Wellbeing Board members have been asked to indicate their preference for lead responsibilities. The Health and Wellbeing Board sponsors will provide a direct link between the Health and Wellbeing Board and the Integrated Commissioning Groups responsible for delivering the health and wellbeing priorities and act as a senior lead to challenge work plans and delivery against actions.
15. Appendix 1 outlines proposed Health and Wellbeing Board leads for each priority.
16. Integrated Commissioning Group Chairs will be asked to make contact with Board leads to brief them of the current position for that priority and discuss future working arrangements.

Figure 2: Roles and responsibilities



Current position

17. The Integrated Commissioning Groups have provided an initial summary of actions for the first year of the Health and Wellbeing Strategy to deliver priorities. These actions are listed in Appendix 2. Integrated Commissioning Groups were asked to assess progress for actions for delivery within the 2014/15 financial year against a traffic light system of green (no issues, on track for delivery or complete); amber (issues identified or delivery delayed) or red (work has not been started or is behind schedule)
18. There are currently 86 actions listed, of which 64 (74%) which were rated green and already complete or are on track for completion during this year.
19. There are two actions which are red rated (2%) indicating that work has not started or is significantly behind schedule.

Red rated actions

Reduce the number of people who overweight and obese

- 2.9 Develop a spatial planning policy framework to secure Public Health gain

There is a plan to develop a framework but initial sign up by the districts and boroughs is required. Resource is also required to develop the framework.

Support people with learning disabilities and Autistic Spectrum Disorders

- 3.8 Partnership Working - Develop a pooled budget and sign off the joint strategy for people who challenge services.

While the Strategy has been agreed and signed off, pooled budgets will not be in place until at least 2015/16.

20. There are 20 actions which were rated amber (23%) reflecting that progress was behind schedule or will not be completed by the end of the year without adjustment.

21. Most of these are rated amber because of delays but are still scheduled for completion before the end of the financial year. However the Board may wish to consider the following issues which may benefit from Health and Wellbeing Board support:

Amber rated actions

Reduce the number of people who overweight and obese

- 2.6 Complete the procurement exercise and mobilise an integrated obesity prevention and weight management service for adults (including pregnant women), children and young people in each district that meets local need, targeting at risk groups. Following further guidance from NHS England and Public Health England, work as appropriate with CCGs regarding Tier 3 specialist weight management services.

The service is currently being retendered but the financial envelope may be insufficient to impact on reducing excess weight.

- 2.7 Work with EH/TS Officers to develop a countywide 'merit' scheme for fast food outlets and develop performance measures for this work.

Capacity of Environmental Health Officers may limit the roll out of the scheme across the County.

Support people with learning disabilities and Autistic Spectrum Disorders

- 3.13 Develop a clear transitions process for people with Autism.

While NHS Trusts have 1 year's funding to look at transition for people with Asperger's, there is a lack of clinical support for adults with Asperger's.

Providing services which work together to support individuals with dementia and their carers

- 3.33 We will continue the implementation of enhanced community services and services that support people to remain in their own home.
- Enhance the Intensive Recovery Intervention Service (IRIS)

While there is additional NHS capacity following a move of resources from the Nottinghamshire Health Care Trust into the community there is some uncertainty about continued funding for social work posts in Mid-Nottinghamshire and Bassetlaw.

22. Actions rated red or amber are listed with further information in Appendix 3.

23. These actions will be challenged by the Health and Wellbeing Implementation Group on behalf of the Board and plans to address issues submitted. Where blocks continue to exist or actions are not improving progress, these will be highlighted to the Board in the next exception report due in February 2015.

24. Information on the housing priority is currently been developed in conjunction with a JSNA chapter which is now available on Nottinghamshire Insight. There has been significant progress led by district council representatives from the Health and Wellbeing Implementation Group in establishing an Integrated Commissioning Group to manage delivery of this priority. A supporting action plan has been drafted for discussion at the

November Health and Wellbeing Implementation Group meeting and progress will be reported in February 2015.

25. Access to primary care is a priority led by NHS England (for both Nottinghamshire and Derbyshire and South Yorkshire), based on their Primary Care Strategy which has previously been reported to the Board. Given the nature of this priority, progress reports will continue to be received directly from the Board representative for NHS England to the Health and Wellbeing Board and the Health and Wellbeing Implementation Group.

Ongoing monitoring

26. In line with previous requests from the Board, future reporting will be based on a short report of exceptions to be presented to each meeting. More comprehensive reports will be presented to the Board twice yearly, recognising that outcomes will require sustained, long term progress.
27. Exception reports will include plans for remedial action and recommendations for the Board where appropriate to tackle issues or barriers to delivery.
28. Integrated Commissioning Groups are currently being asked to review the action plans for their priority area to ensure they include clear outcomes, indicators and performance measures and focus on partnership work where the Board can have the greatest impact. The Board will be kept informed of progress in refining the Delivery Plan within the reporting scheme.
29. The schedule of reports for 2015 will be:

February 2015	Exception report
April 2015	Exception report
June 2015	Full progress report
July 2015	Exception report

Statutory and Policy Implications

30. 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 agree the leads for each Health and Wellbeing Strategy priority area in Appendix 1.

2. That the Board notes the progress made in delivering the Health and Wellbeing Strategy for Nottinghamshire.
3. That the Board receives an exception report in February 2015.

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Constitutional Comments ()

31. To follow.

Financial Comments (SS 24/11/14)

32. There are no financial implications arising directly from this report.

Background Papers and Published Documents

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

[Approval of the Health and Wellbeing Strategy](#)
Health and Wellbeing Board 5 March 2014

[Health and Wellbeing Strategy Delivery Plan](#)
Health and Wellbeing Board 3 September 2014

[Health and Wellbeing Strategy Delivery Plan webpages](#)

Electoral Divisions and Members Affected

- All