

Health and Wellbeing Board

Wednesday, 04 May 2016 at 14:00

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

AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 6 April 2016 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Dementia in Nottinghamshire - Framework for Action 2015-16 | 9 - 32 |
| 5 | Integrated Healthy Child and Public Health Nursing Programme | 33 - 40 |
| 6 | Planning Healthier Environments in Nottinghamshire | 41 - 48 |
| 7 | Sustainability and Transformation Plan - Presentation by David Pearson, Lead Officer for the Nottinghamshire Plan | |
| 8 | Chair's Report | 49 - 64 |
| 9 | Work Programme | 65 - 68 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting **HEALTH AND WELLBEING BOARD**

Date Wednesday, 6 April 2016 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Kay Cutts MBE
Kate Foale
Martin Suthers OBE
Jacky Williams

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Gavin Lunn	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Phil Mettam	-	Bassetlaw Clinical Commissioning Group
	Vacancy	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Chris Cutland - Deputy Police and Crime Commissioner

ALSO IN ATTENDANCE

Frankie Cook - Nottinghamshire Healthcare NHS Foundation Trust
Peter Herring - Sherwood Forest Hospitals NHS Foundation Trust
Peter Homa - Nottingham University Hospitals NHS Trust
Professor Chris Packham - Nottinghamshire Healthcare NHS Foundation Trust

OFFICERS IN ATTENDANCE

Joanna Cooper - Better Care Fund Programme Manager
Jenny Charles-Jones - Public Health
Paul Davies - Democratic Services
Gill Oliver - Public Health

MINUTES

The minutes of the last meeting held on 2 March 2016 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Dr John Doddy, Dr Gavin Lunn and Chris Cutland.

MEMBERSHIP

It was reported that Councillor Foale had been appointed in place of Councillor Weisz, for this meeting only.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

STRATEGIC SERVICE PLANS AND ESTABLISHMENT OF ACCOUNTABLE CARE PARTNERSHIP IN BASSETLAW

Phil Mettam, Chief Executive, Bassetlaw CCG gave a presentation about the development in Bassetlaw of integrated care, the Sustainability and Transformation

Plan (STP) and an Accountable Care Partnership. He emphasised that while Bassetlaw would be part of the South Yorkshire STP, there would be engagement with the Nottinghamshire STP. He explained how the Accountable Care Partnership would be a three year programme to develop new and sustainable models of care. He responded to Board members' questions and comments.

There was some unease that Bassetlaw would form part of the South Yorkshire STP, but assurances were welcomed that Bassetlaw would work with partners in the county in the interests of local people. The likely cost of the Accountable Care Partnership was queried. Mr Mettam stated that the cost would be mainly in terms of people's time in developing new ways of working, which could in themselves require resources. Part of the project would be to assess what aspects of a fully developed Accountable Care Organisation could be adopted by the partnership.

In reply to a question about financial sustainability, Mr Mettam explained that the focus for the next three years was sustaining services, and preparing for transformation which would go beyond five years. Sustainability depended on the next five year spending review, how much resources could be recycled, and the efficiencies arising from integrated working.

It was pointed out that partners should ensure that local people did not suffer from the complex organisational setting in Nottinghamshire. Asked about financial pressures and priorities, Mr Mettam indicated that Bassetlaw CCG's budget was £174m, with funding gap of £17m. The STP priorities were derived either from national priorities or local needs. He explained that the Accountable Care Partnership would have an independent chair, and be administered by the CCG management team. He added that the CCG would continue to be responsible for ensuring that statutory duties were met, including equality issues.

RESOLVED: 2016/023

That the presentation be received.

UPDATE ON SHERWOOD FOREST HOSPITALS TRUST

Peter Herring, Interim Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust (SFHT) and Peter Homa, Chief Executive, Nottingham University Hospitals NHS Trust (NUH) gave a presentation to update the Board on the developing partnership between the two trusts. They explained why NUH had been chosen as the preferred partner, and outlined the benefits of the partnership for staff, patients and the wider health and social care system. They outlined the next steps to be taken, and responded to questions and comments.

Board members were pleased to note that, although the final legal status of the partnership was still to be decided, it was being seen as a merger of the two trusts rather than a takeover. In reply to questions about resources and the underlying financial position of SFHT, Mr Homa stated that they understood the scale of the challenge and the resources required. He pointed out that 96% of acute trusts were in deficit. At NUH the deficit for 2015/16 would be £47.2m, with the main issue being the tariff for emergency care. At SFHT, Mr Herring indicated that the 2015/16 deficit was approximately £50m, of which one-third related to the private finance initiative (PFI)

contract. They explained that a recovery plan for SFH would be developed, and that there were discussions with the Department of Health about the financial aspects.

Reference was made to Care Quality Commission (CQC) findings that end-of-life care at SFHT required improvement. It was queried whether there was sufficient awareness of community services for end-of-life care, and whether end-of-life care would receive sufficient attention. Mr Homa accepted the comments which had been made.

It was pointed out that research showed that when large NHS trusts merged, there was a risk of management being distracted. The representatives were asked if they recognised this, and had plans to avoid the risk. Mr Homa stated that the risks were recognised, and the risk of distraction had been a serious consideration for NUH. However, he referred to the experienced board and strong clinical leadership at NUH, and to the successful merger of the Queen's Medical Centre and City Hospital.

Board members referred to the commitment of the staff at Sherwood Forest Hospitals, and to the effect on morale of the CQC's criticisms.

The Chair thanked Mr Herring and Mr Homa for their presentation, and asked for an update in nine months time.

RESOLVED: 2016/024

That the presentations be received, and a further update be presented to the Board in nine months time.

STRATEGIC PUBLIC HEALTH FRAMEWORK FOR NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

Chris Packham, Associate Medical Director, Nottinghamshire Healthcare NHS Foundation Trust (NHCT), introduced the Trust's strategic framework for public health, which covered both staff and patients. He invited the Board's comments on the framework.

He was asked for assurances about delivery of the framework, and how public health would be integrated into providers' plans. Professor Packham responded that targets were being developed, and that commissioners could request providers to give greater emphasis to public health. In reply to a comment about the Trust's services being difficult for clinicians to navigate, he stated that some vanguards would help with navigation. On the other hand, there were risks that the scene would become more complex, with more providers. In his view, there should be joint work by commissioners and providers to simplify navigation.

Board members welcomed the framework. They recognised that it could not address every issue, with adolescent mental health being cited as an example. Professor Packham stated that there would be robust, evidence-based staff training. He indicated that the Trust was aware of the difficulties of young people leaving care, and the transition to adult mental health services. He observed that the Trust did what it could, within the scope of the services it was commissioned to provide.

RESOLVED: 2016/025

That the Strategic Public Health Framework for Nottinghamshire Healthcare NHS Trust be noted, as part of the overall implementation of the Nottinghamshire-wide Health and Wellbeing Strategy.

THINK FALLS: TAKING ACTION

Gill Oliver and Frankie Cook gave a presentation on the proposed pathway for the prevention and management of falls. They outlined the scale of the problem in Nottinghamshire, and explained how the pathway had been developed in Bassetlaw and was now proposed for implementation across the county.

Board members recognised the impact which falls could have on patients and their families, as well as commissioners and providers. They encouraged a rigorous approach to implementation, with clear expectations and performance measures. Involving voluntary organisations was suggested. Given the potential benefits from the new pathway, the Board agreed to strengthen the recommendations in the report, and it was:

RESOLVED: 2016/026

- 1) That the proposed pathway be agreed and its implementation be supported.
- 2) That members take this work forward locally with the County Council, CCGs and providers, and a report be provided in three months time about how the pathway is being implemented.
- 3) That a proposal be developed for evaluating the implementation and impact of the pathway.

BETTER CARE FUND PLAN 2016/17

David Pearson and Joanna Cooper introduced the Better Care Fund Plan for 2016/17. The report summarised the main points of the plan, and outlined the stages of the assurance process. The plan itself was appended to the report, and supporting documentation could be viewed on the County Council website. It was indicated that there had been positive feedback from NHS England and the regional assurance team. In reply to a question, they stated that Healthwatch would be invited to send a representative to attend BCF Programme Board meetings.

RESOLVED: 2016/027

- 1) That the Better Care Fund Plan 2016/17 be approved for submission to NHS England.
- 2) That the assurance process be noted.
- 3) That approval of the assurance plans within the required timeframes be delegated to the Corporate Director, Adult Social Care, Health and Public Protection (as Chair

of the BCF Programme Board) in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board.

CHAIR'S REPORT

The One You Campaign referred to in paragraph 23 of the report was particularly recommended to Board members.

The Chair stated that this would be the last Board meeting for Chris Kenny and Joe Pidgeon. She thanked them for their contributions, and wished them well for the future.

RESOLVED: 2016/028

That the Chair's report be noted.

WORK PROGRAMME

E-cigarettes were suggested as a possible future item. It was explained that views about them were constantly developing at the present time, but that Public Health should present a report when the picture was clearer.

RESOLVED: 2016/029

That the work programme be noted.

The meeting closed at 4.50 pm.

CHAIR

4 May 2016**Agenda Item: 4****REPORT OF REPORT OF DIRECTOR OF PUBLIC HEALTH****DEMENTIA IN NOTTINGHAMSHIRE – FRAMEWORK FOR ACTION 2016-2020****Purpose of the Report**

1. That the Board approves the publication of the **Nottinghamshire Dementia Framework for Action 2016 – 2020** which aims to improve services for people with dementia and their carers.
2. That Board member organisations use the Framework for Action (Appendix A) to inform further development of their local dementia plans.
3. That the development of the plan will be overseen by the County-wide Dementia and Older People's Mental Health Group.
4. That Board members continue to promote Dementia Friends and Dementia Friendly Communities within their organisations/local area.

Information and Advice

5. Dementia is a priority nationally and in Nottinghamshire. This Framework has been developed following publication of the new Prime Minister's Challenge 2020 and NHS Planning Guidance 2016/17 – 2020/21. This report:
 - Presents a Framework for Action Appendix A
 - Reports on progress to address Dementia in Nottinghamshire Appendix B

Other Options Considered

6. None.

Reason/s for Recommendation/s

7. Dementia is a key priority both nationally and for Nottinghamshire. The **Framework for Action**:
 - Builds on the Dementia Joint Strategic Needs Assessment
 - Provides overall direction and promotes equitable access to services in different areas

- Provides an information resource, ideas from local people and stakeholders and a summary of the evidence base and current policy to assist member organisations in further developing local plans
- Identifies dementia as a particularly important priority for better integration between health and social care services, and between statutory and voluntary sector services
- Maintains investment in dementia services and identifies no-cost/low-cost actions

Statutory and Policy Implications

8. 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

9. It is particularly important to meet the challenge of dementia in a time of financial difficulty. The recommendation is therefore to develop an overarching **Framework for Action** for Nottinghamshire which maintains investment in dementia services and identifies no-cost/low-cost solutions.

Implications for Service Users

10. To ensure that people with dementia and their carers are supported to live well with dementia by ensuring that services work together and continue to raise awareness.

RECOMMENDATION/S

1. That the Board approves the publication of the **Nottinghamshire Dementia Framework for Action 2016 – 2020** which aims to improve services for people with dementia and their carers.
2. That Board member organisations use the Framework for Action (Appendix A) to inform further development of their local dementia plans.
3. That the development of the plan will be overseen by the County-wide Dementia and Older People's Mental Health Group.
4. That Board members continue to promote Dementia Friends and Dementia Friendly Communities within their organisations/local area.

Chris Kenny

Director of Public Health, Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (LM 14/04/2016)

11. The recommendations in the report fall within the Terms of Reference of the Health and Well Being Board.

Financial Comments (KAS 14/04/16)

12. The financial implications are contained within paragraph 9 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.

- Dementia Health Outcomes report presented to the Board April 2011
- [Prime Minister's Challenge 2020](#)
- [Dementia Stakeholder Event](#)

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Dementia Framework for Action 2016–2020

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1. INTRODUCTION

Dementia is a priority nationally and in Nottinghamshire. This Framework has been developed following publication of the new Prime Minister's Challenge 2020 and NHS Planning Guidance 2016/17 – 2020/21. The Department of Health has also published a detailed Implementation Plan to support the Challenge which prioritises 18 of the original 50 commitments to be addressed over the next 4 years. A new CCG improvement and assessment framework 2016/2017 has been developed which identifies dementia as a clinical priority and is aligned to the NHS Planning Guidance. Both sets of commitments are listed in **Appendix 1**.

The Nottinghamshire Plan has also been informed by local discussions in Nottinghamshire, including carers' groups, at Dementia Cafes and a Dementia Stakeholder event held in November 2015. A summary of local views is attached at Appendix 2. The development of the plan will be overseen by the County-wide Dementia and Older People's Mental Health Group.

The aims of the Framework are adopted from NHS England's Well Pathway for Dementia (**Appendix 3**):

- a. Preventing Well - raising awareness, understanding and knowledge about dementia
- b. Diagnosing Well – ensure people get a timely diagnosis
- c. Supporting Well – ensure people get appropriate advice and support
- d. Living Well – enable people with dementia and their carers to live comfortably in their local communities
- e. Dying Well – enable people with dementia to have a good death

The overall outcome of this Framework is to provide services which work together better to support individuals with dementia and their carers

This paper should be considered alongside the Dementia Joint Strategic Needs Assessments (JSNA) for Nottinghamshire, which set out the strategic context, NICE recommendations, current services and gaps in provision (link below).
[Nottinghamshire Dementia JSNA, 2014](#)

Key points

- 10,246 people live with dementia in Nottinghamshire. This is expected to increase to 11,546 by 2020, an increase of 12.6%
- 30-50% of people in acute hospitals have dementia, delirium or other cognitive impairment
- People live for many years after the onset of symptoms of dementia
- Dementia is overwhelming for carers and they need adequate support
- There are a range of behaviours which can increase our risk of developing dementia, including smoking, obesity and physical inactivity
- People with dementia and their carers need to be involved in formulating plans and services.

2. THE POPULATION AT RISK

The size of the population ages over 65 and predicted prevalence is set out in **Appendix 4**. **Figure 1** shows that number of people aged over 65 registered in Nottinghamshire CCGs is expected to increase by 11.8%. **Figure 2** shows the resident population by Local Authority and this is expected to increase by 10%. There is a difference between resident and registered populations due to lower increases in some Local Authority areas. The impact of population growth on expected Dementia Prevalence is calculated by CCG and is in **Figure 3**.

The population at risk therefore is people aged over 65, approximately 10,000 of whom may have dementia or mild cognitive impairment. Of these, at least two thirds, 7,126, have a diagnosis recorded on their GP's practice register. Of these:

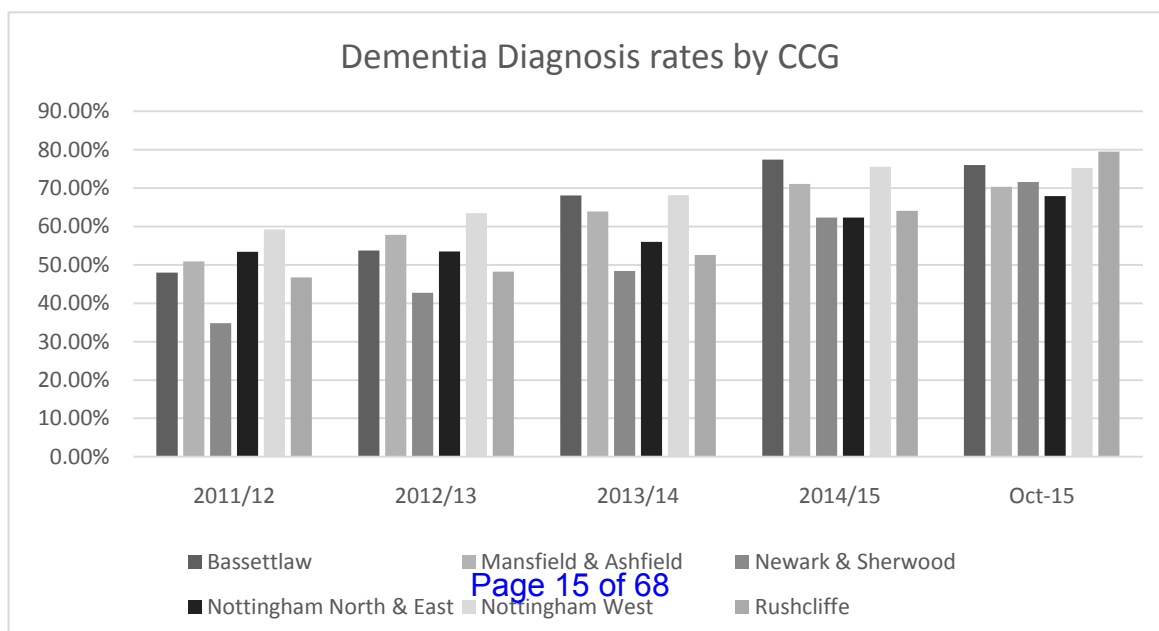
- 55.4% have mild dementia
- 32.1% have moderate dementia
- 12.5% have severe dementia
- 38% of all people with dementia live in care homes, 62% live at home
- Whilst the proportion of all older people residing in care homes has decreased from the early 1990s to the late 2000s (from 5% to 3%), the prevalence of dementia among them seems to have increased, from 56% to 70%.

All from [Dementia UK Update 2014](#)

Estimates of the prevalence of people with dementia under 65 are difficult to confirm as the numbers are low. NHS England notes that 97% of all **diagnoses** are for people aged over 65. If this ratio is applied to prevalence, the estimated number of people under 65 who may have dementia is approximately 340. The Working Age Dementia service however, receive between 400-500 referrals p.a. suggesting that actual numbers may be higher.

3. INDICATORS AND BASELINE GRAPHS

The only reliable and consistent measure giving a baseline performance in dementia is the dementia diagnosis rate which has been monitored for several years. Diagnosis rates have risen steadily over the last 5 years, as the graph below shows. All 6 CCGs exceed the national target of 66.7%



	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North East	Nottingham West	Rushcliffe	Total
Prevalence	1499	2270	1601	1840	1455	1581	10246
Diagnosed	1106	1601	1149	1233	975	1060	7126
% rate	73.78%	70.53%	71.8%	67.01%	67.01%	67.05%	69.54%

Public Health England has created a Dementia Profile which provides indicators arranged into six data domains, reflecting the Well Pathway [PHOF Dementia Profile](#):

- Prevalence (measured as % of all ages and over 65)
- Preventing well (performance across a range of risk factors e.g. smoking, weight, CHD)
- Diagnosing well (no indicator yet)
- Living well (social isolation among adult carers)
- Supporting well (rate of admissions to hospital where people also have Alzheimer's)
- Dying well (place of death of people with dementia).

The profile shows that, compared with England, Nottinghamshire has:

- a higher recorded dementia diagnosis
- higher recorded prevalence of obesity and CHD
- lower % of adult carers who have as much social contact as they would like
- similar or higher rates of hospital admission where people also have dementia
- similar rates of people with dementia dying at home, in a care home or in hospital.

4. FACTORS DRIVING THE BASELINE

The CFASII report shows that later-born populations have a lower risk of prevalent dementia than those born earlier in the past century, that is, a decrease of 1.8% (8.3% compared with 6.5%) in people aged 65 years and older CFASII report. This research has informed the prevalence rates used by NHS England from April 2015.

Nevertheless the numbers of people with dementia will continue to rise because of our increasing older population, specifically:

- Numbers of older people and as a percentage of total population
- Numbers of people aged over 80
- Numbers of frail older people with multiple co-morbidities.

The single biggest risk factor for dementia is age.

5. DATA DEVELOPMENT

Additional local information that would contribute to this plan is:

- Activity information available for dementia services, specifically, number of people diagnosed by the memory assessment service (compared to number of referrals) and including the Working Age Dementia services
- Equalities information for the local population, specifically referrals and diagnoses of people from BaME groups.

6. EVIDENCE BASE FOR WHAT WORKS TO LIVE WELL WITH DEMENTIA

- Prevention - the single biggest modifiable risk factor is in relation to vascular dementia and this risk can be reduced by adopting a healthy lifestyle in mid-life. Specifically this means not smoking, eating healthily, being physically active and reducing alcohol consumption. These changes could prevent between 3-20% of new cases over 20 years. [Blackfriars Consensus](#)
- Diagnosing Well – good practice in assessment and diagnosis, has identified 3 successful models [Models of Dementia Assessment & Diagnosis](#)
 - A primary care managed service with specialist care outreach
 - A specialist care managed service with primary care delivery
 - An entirely specialist led service.

The Nottinghamshire model most closely resembles (ii), with the capacity for GP diagnosis where appropriate e.g. for patients in care homes.

There is no evidence to support population screening, however, evidence suggests most people prefer to know if they have dementia in order to access appropriate support and treatment and to plan for the future
<http://www.bmj.com/bmj/section-pdf/898705/12>

The way in which the diagnosis is given is also important to people.

Culturally appropriate assessment screening tools and cognitive stimulation therapy are needed.

- Supporting and Living Well - access to post-diagnostic treatment, advice and support is important but insufficient. More research is also needed to identify what are the most effective components of care that enable a person with dementia and their carer to live well and maintain independence . Key components include:
 - Information and advice
 - Personal care
 - NHS and hospital care
 - Care homes
 - Treatments for symptoms or behaviour
 - Living Well including:
 - support for carers
 - feeling included in society
 - activity and spirituality

The [Prime Minister's Challenge 2020](#) calls for the development of a solid evidence base for most of these components.

- d) Dying Well – people with dementia are more likely to be admitted to hospital or at care home towards end of life. They may also receive poor care because they are unable to communicate their needs and wishes. Advance care planning and staff training are therefore important. [SCIE Dementia: End of Life Care Evidence](#)

7. RECOMMENDATIONS

Recommendations attached at **Appendix 5**. Recommendations are intended to follow through into local plans for member organisations where indicated. The plan will continue to develop over the period of the Challenge.

Appendix 1

1. 18 Key commitments from the Prime Minister's Challenge on Dementia 2020 linked to 5 themes:

a) Continuing the UK's Global Leadership Role

Commitment 1: An international dementia institute established in England.

b) Risk Reduction

Commitment 2: Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.

c) Health & Care

Commitment 3: In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.

Commitment 4: Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards. Effective metrics across the health and care system, including feedback from people with dementia and carers, will enable progress against the standards to be tracked and for information to be made publicly available.

Commitment 5: GPs playing a leading role in ensuring coordination and continuity of care for people with dementia, as part of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care.

Commitment 6: All hospitals and care homes meeting agreed criteria to becoming a dementia-friendly health and care setting.

Commitment 7: All NHS staff having received training on dementia appropriate to their role. Newly appointed healthcare assistants and social care support workers, including those providing care and support to people with dementia and their carers, having undergone training as part of the national implementation of the Care Certificate, with the Care Quality Commission asking for evidence of compliance with the Care Certificate as part of their inspection regime. An expectation that social care providers provide appropriate training to all other relevant staff.

d) Dementia Awareness and Social Action

Commitment 8: Alzheimer's Society delivering an additional 3 million Dementia Friends in England, with England leading the way in turning Dementia Friends in to a global movement including sharing its learning across the world and learning from others.

Commitment 9: Over half of people living in areas that have been recognised as Dementia Friendly Communities, according to the guidance developed by Alzheimer's Society working with the British Standards Institute. Each area should be working towards the highest level of achievement under these standards, with a clear national recognition process to reward their progress when they achieve this. The recognition process will be supported by a solid national evidence base promoting the benefits of becoming dementia friendly.

Commitment 10: All businesses encouraged and supported to become dementia friendly, with all industry sectors developing Dementia Friendly Charters and working with business leaders to make individual commitments (especially but not exclusively FTSE 500 companies). All employers with formal induction programmes invited to include dementia awareness training within these programmes.

Commitment 11: National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

e) Research

Commitment 12: Funding for dementia research on track to be doubled by 2025.

Commitment 13: Increased investment in dementia research from the pharmaceutical, biotech devices and diagnostics sectors, including from small and medium enterprises (SMEs), supported by new partnerships between universities, research charities, NHS and the private sector. This would bring world class facilities, infrastructure, drive capacity building and speed up discovery and implementation

Commitment 14: Dementia research as a career opportunity of choice, with the UK being the best place for Dementia Research through a partnership between patients, researchers, funders and society.

Commitment 15: Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

Commitment 16: Cures or disease-modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

Commitment 17: Open access to all public funded research publications, with other research funders being encouraged to do the same.

Commitment 18: More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

[Prime Minister's Challenge 2020](#)

2. CCG improvement and assessment framework 2016/17

- Estimated diagnosis rate for people with dementia
- Dementia care planning and post-diagnostic support

[CCG Assessment Framework 2016](#)

Appendix 2

Dementia Services in Nottinghamshire – feedback from people with dementia and carers

Throughout October and November 2015 discussions were held with carers' groups, and Dementia Cafes and key themes were presented at the Health & Wellbeing Board Dementia Stakeholder event. About 100 people were invited to contribute their views in face to face meetings. A request was also made on-line via <http://www.dementiacarer.net/>

The briefing and questions are set out below:

Consultation with carers

Dementia is a key priority within Nottinghamshire's Health and Wellbeing Strategy and is a condition that crosses health, social care, voluntary sector and other boundaries. It is particularly relevant for the population of Nottinghamshire which has an increasing proportion of older people who may be at risk. It is also important to acknowledge the immense and invaluable role that carers play in supporting people with dementia.

The Health & Well-being Board is planning a stakeholder event which will focus on dementia. This will aim to inform a Nottinghamshire-wide plan for the Health & Wellbeing Board and its partners. This will provide a local focus to address the recommendations in the Prime Minister's Challenge2 020 (link below) which sets out new recommendations for improving care for people with dementia and carers:

<https://www.gov.uk/government/publications/prime-ministers-challenge>

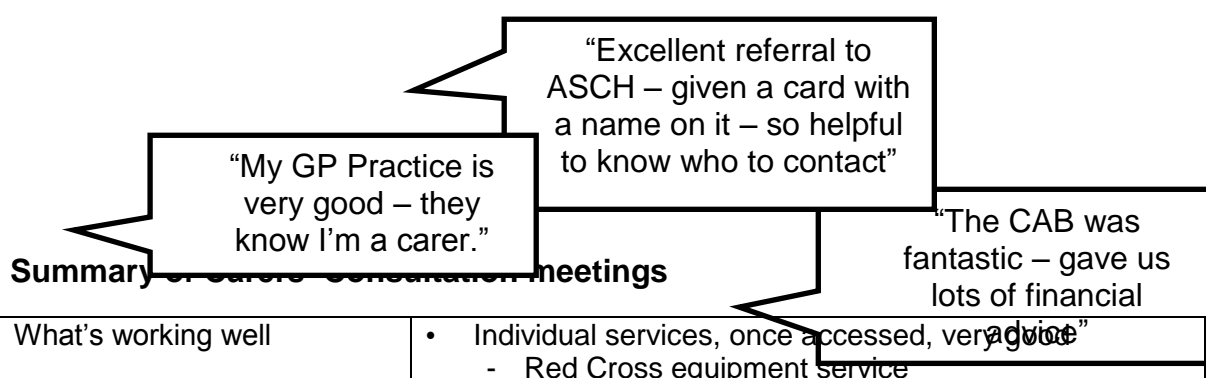
We are seeking the views of resident carers to inform and influence the work of the Council, the local NHS and 3rd sector, which will be discussed at the stakeholder event in the autumn.

Questions

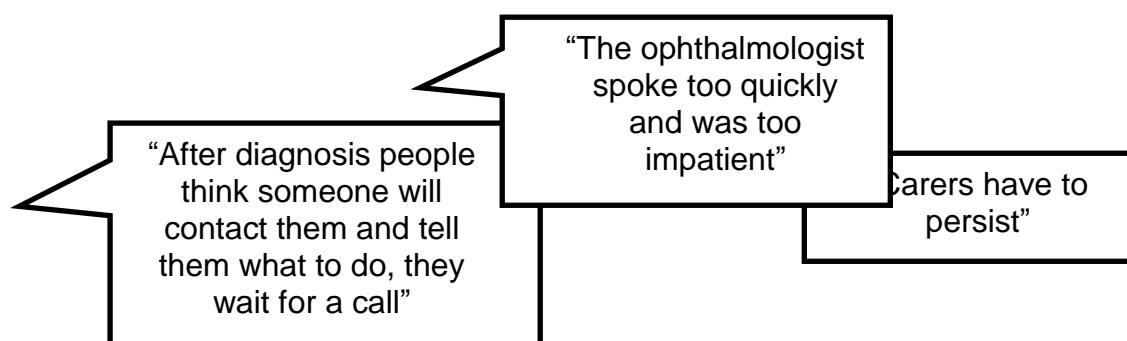
What's working well?
What isn't working well?
How can we improve it?

Meetings were held in:

Worksop
Newark
Stapleford
Mansfield








	<ul style="list-style-type: none"> - Day care/Care home/Social worker - GP Practice/ Sheila Gibson clinic - CRISP/PRISM • Access to information - CAB • Self-help groups <ul style="list-style-type: none"> - Worksoop group - Crossroads - Forget-me-not • Carer seen separately in clinic
What isn't working well?	<ul style="list-style-type: none"> • Lack of accessible local services • Lack of co-operation and co-ordination between health & social care • Lack of understanding about dementia among health and social care staff • Day care mix of clients • Layout of GP practice • Very trying to have to visit so many people with a person with dementia • Word 'carer' is off-putting • Dealing with changes to day care fees • Lack of services for people with Working Age Dementia
How can we improve it?	<ul style="list-style-type: none"> • Having someone to follow you through rather than time-limited services • Not having to repeat yourself many times • For assessments HCP needs to come more than once • Help for isolated carers (who do not attend groups) • Delivering the diagnosis 'kindly' • Occupational therapy advice about aids and adaptations • Annual review • More men working in care homes • Financial advice – confusion around different allowances



Appendix 3

The Well Pathway for Dementia

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 <p>Risk of people developing dementia is minimised</p>	 <p>Timely diagnosis, integrated care plan, and review within first year</p>	 <p>Access to safe high quality health & social care for people with dementia and carers</p>	 <p>People with dementia can live normally in safe and accepting communities</p>	 <p>People living with dementia die with dignity in the place of their choosing</p>
<p>"I was given information about reducing my personal risk of getting dementia"</p>	<p>"I was diagnosed in a timely way"</p> <p>"I am able to make decisions and know what to do to help myself and who else can help"</p>	<p>"I am treated with dignity & respect"</p> <p>"I get treatment and support, which are best for my dementia and my life"</p>	<p>"Those around me and looking after me are supported"</p> <p>"I feel included as part of society"</p>	<p>"I am confident my end of life wishes will be respected"</p> <p>"I can expect a good death"</p>
<p>STANDARDS:</p> <p>Prevention⁽¹⁾ Risk Reduction⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Diagnosis⁽¹⁾⁽⁵⁾ Memory Assessment⁽¹⁾⁽²⁾ Concerns Discussed⁽³⁾ Investigation⁽⁴⁾ Provide Information⁽⁴⁾ Care Plan⁽²⁾</p>	<p>STANDARDS:</p> <p>Choice⁽²⁾⁽³⁾⁽⁴⁾ BPSD⁽⁶⁾⁽²⁾ Liaison⁽²⁾ Advocates⁽³⁾ Housing⁽³⁾ Hospital Treatments⁽⁴⁾ Technology⁽⁵⁾ Health & Social Services⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Integrated Services⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite⁽²⁾ Co-ordinated Care⁽¹⁾⁽⁵⁾ Promote independence⁽¹⁾⁽⁴⁾ Relationships⁽³⁾ Leisure⁽³⁾ Safe Communities⁽³⁾⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Palliative care and pain⁽¹⁾⁽²⁾ End of Life⁽⁴⁾ Preferred Place of Death⁽⁵⁾</p>
<p>COMMISSIONING GUIDANCE:</p> <ul style="list-style-type: none"> Develop commissioning guidance based on NICE guidelines, standards and evidence-based best-practice. Agree minimum standard service specifications, set business plans, mandate and resources. Work with ADASS, PHE & other ALBs on co-commissioning strategies to provide an integrated service. 				
<p>MEASUREMENT:</p> <ul style="list-style-type: none"> Develop Quality, Access and Prevention metrics to form the basis of the CCG scorecard. Identify data sources and agree with HSCIC, et al on the extraction processes. Set 'profiled' ambitions for each metric, to form the basis of the transformation plan. 				
<p>TRANSFORMATION, RESEARCH, INNOVATION, TECHNOLOGY, PATIENT ENGAGEMENT AND BEST-PRACTICE:</p> <ul style="list-style-type: none"> Transformation: using CCG scorecard to set & achieve a national standard for Dementia services. Intervention: Intensive Support Team to provide 'deep-dive' support and assistance for CCGs that fall short. Innovation: Intel from Research, Patient involvement, best-practice and technology to influence change. 				
<p>References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.</p>				

Appendix 4: Population figures and dementia prevalence

Figure 1 shows that number of people aged over 65 registered in Nottinghamshire CCGs is expected to increase by 11.8%.

Figure 2 shows the resident population by Local Authority and this is expected to increase by 10%. There is a difference between resident and registered populations due to lower increases in some Local Authority areas. The impact of population growth on expected Dementia Prevalence is calculated by CCG and is in **Figure 3**.

Figure 1: Over 65 population by CCG 2015 and 2020 (registered)

CCG	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North and East	Nottingham West	Rushcliffe	Nottinghamshire
2015	23,143	34,549	26,827	29,473	19,186	25,211	158,391
2020	26,138	38,565	30,113	32,664	21,090	28,554	177,123
Diff	2,995	4,016	3,286	3,191	1,904	3,343	18,732
% incr.	12.9%	11.6%	12.2%	10.8%	9.9%	13.2%	11.8%

Source: PH Info

Figure 2: Over 65 population by Local Authority 2015 and 2020 (resident)

LA	Bassetlaw	Ashfield	Mansfield	Newark & Sherwood	Gedling	Broxtowe	Rushcliffe
2015	24,073	22,858	19,798	24,989	23,570	22,764	23,656
2020	26,787	25,148	21,688	27,615	25,743	24,565	26,412
Diff	2,714	2,290	1,890	2,626	2,173	1,801	2,756
%	11.2%	10.0%	9.5%	10.5%	9.2%	7.9%	11.7%

Source: PH Info

Figure 3: Over 65 dementia prevalence by CCG 2015

CCG	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North and East	Nottingham West	Rushcliffe	Nottinghamshire
2015	1,499	2,270	1,601	1,840	1,455	1,581	10,246
2020	1,692	2,633	1,796	2,038	1,599	1,788	11,546

Source: NHS England Planning Trajectory 2015/16 adjusted for CFASII

Appendix 5

Recommendations for Action from the Dementia Stakeholder Event

Action	Lead Responsibility
1. Raising awareness and Reducing the risk of dementia a) Preventing Well i) Public Health to promote awareness of the risk of dementia to adults through lifestyle services: smoking , obesity & weight management, alcohol and substance misuse and Health Checks ii) Raising awareness of the symptoms of dementia through Health Checks so that relatives and carers can identify onset iii) Tackle stigma and shame about dementia in BaME communities	Public Health
2. Primary Care/General Practice a) Diagnosing Well i) Maintain diagnosis rates at least two thirds prevalence ii) Review Nottinghamshire Dementia Referral Guidelines (autumn 2017) b) Supporting Well i) Develop local plans to improve the quality of post-diagnostic treatment and support including Annual Reviews (Links to 3. Below) ii) Consider dementia friendly GP practices: (1) Identify a Dementia Champion (2) Dementia Friends for all staff (3) Consider dementia friendly layout in new build/refurbishment schemes c) Dying Well i) Preparation for families	Nottinghamshire CCGs
3. Meaningful Care after Diagnosis a) Supporting Well i) Provision of a care plan and appropriate information on what services are available locally and how these can be accessed e.g. DASS ii) Quality of annual reviews in Primary care iii) Better integration of health and social care; mental and physical healthcare iv) NHS & social care staff training in the community, hospital, care homes and home care v) Housing options e.g. Extracare vi) Use of technology b) Living Well i) Ensuring access to information, advice and a social care assessment	Nottinghamshire CCGs HWBB CCGs & ASCHPP Provider organisations ASCHPP & DCs ASCHPP
3 Carers a) Living Well	ASCHPP

<ul style="list-style-type: none"> i) Carers of people with dementia being made aware of and offered: <ul style="list-style-type: none"> (1) Information, education and training (2) Emotional and psychological support (3) Home care/respice (4) Compass workers 	
<p>4 Dementia Friendly Communities (DFCs)</p> <ul style="list-style-type: none"> a) Living Well <ul style="list-style-type: none"> i) Work with the local Dementia Action Alliance to promote DFC's in local areas ii) Promote awareness in specific groups: BaME groups, deaf people, police schools iii) Promote dementia awareness in NHS contracted services: dentists, pharmacists, opticians iv) Promote dementia awareness in the workplaces (links to risk reduction) 	<ul style="list-style-type: none"> All HWBB NHSE HWBB

Abbreviations

ASCPP Adult Social Care, Health and Public Protection

DC District Council

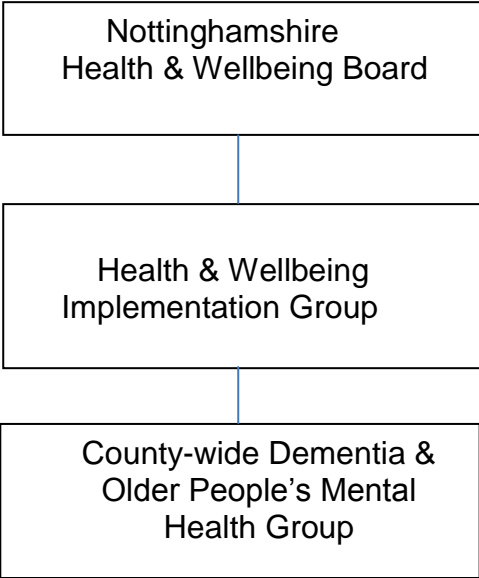
HWBB Health & Wellbeing Board

NHSE NHS England

Appendix 6

Implementation of the Framework – Governance Arrangements

Implementation will be overseen by the County-wide Dementia & Older People’s Mental Health Group. The group’s membership includes: CCG dementia leads, ASCH, Public Health, Voluntary sector, Healthwatch, Provider clinicians (mental health & acute Trusts), Centre for Dementia, University of Nottingham



Progress on National and Local Strategies

1. Local strategies were developed in response to the national strategies on dementia; “Living well with Dementia: A National Dementia Strategy” 2009-14 and “The Prime Minister’s Challenge” 2012. These laid out the priorities for dementia care across England as;

- Improved public and professional awareness and understanding of dementia
- Earlier diagnosis and intervention (67% (two thirds) of people predicted to have dementia to have a formal diagnosis by March 2015
- A higher quality of care for people living with dementia and their carers
- Appropriate use of anti-psychotic medication for behavioural problems in people with dementia
- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

2. What has been achieved so far?

- **Improved public and professional awareness and understanding of dementia**
 - Run awareness raising and publicity events
 - Provided e-learning for all social care staff
 - Provided training for appropriate health and social care staff
 - Revised GP referral guidelines
 - Held learning events for GPs and primary care staff
 - Promoted Public Health England’s Dementia Friends campaign
 - Introduced more easily accessible information through:
 - the NCC website, ‘Nottinghamshire Help Yourself’
 - ‘Reading about Dementia’ service available through local libraries
- **Earlier diagnosis and intervention**
 - Implemented new localised Memory Assessment Service (MAS)
 - Commissioned additional social support services for people who are newly diagnosed provided by the Alzheimer’s Society
 - Commissioned a county-wide Intensive Recovery Intervention Service (IRIS) to provide care and treatment for people with moderate to severe dementia
 - Supported the use of assistive technology and specifically “Just Checking”
- **A higher quality of care for people living with dementia and their carers**
 - In Hospitals
 - Identified lead clinicians and developed staff training programmes
 - Developed Rapid Response Liaison Teams in NUH and Sherwood Forest Hospitals to give advice and support to people with dementia and other mental health problems in general hospitals
 - Supported a specialist mental health and medical crises ward (QMC)
 - In Care Homes

- Developed and provided staff training, including awareness, person centred-care and end of life issues;
 - Commissioned a specialist Dementia Outreach Service county-wide
 - Established dementia specific quality standards and introduced the Dementia Quality Mark
- In the Community
 - Improved access to Personal Budgets for people with dementia following a joint project with the Alzheimer's Society
 - Introduced specialist assessment beds for people with dementia and/or mental health problems in the south of the county.
- **Appropriate use of anti-psychotic medication** - GPs review people with dementia on anti-psychotic medication to reduce or stop this where appropriate.
- **Carers**
 - Introduced a new type of support worker for carers, Compass workers, to work with the specialist dementia services to support carers of people with moderate to severe dementia.
 - Supported the development of a web site for carers: <http://www.dementiacarer.net/>
 - Launch of Nottinghamshire Carers Hub

4 May 2016**Agenda Item: 5****REPORT OF HEALTH AND WELLBEING BOARD****INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING
PROGRAMME****Purpose of the Report**

1. To share information regarding the commissioning of children's public health nursing services as a single, integrated 'Healthy Child and Public Health Nursing Programme' for 0 to 19 year olds.
2. To seek feedback from the Health and Wellbeing Board regarding the commissioning plans outlined in this paper.

Information and Advice

3. Contracts for children's public health nursing, comprised of Health Visiting, Public Health School Nursing and the Family Nurse Partnership, will cease 31st March 2017. In line with national direction, Nottinghamshire County Council is commissioning an integrated 'Healthy Child and Public Health Nursing Programme' for 0 to 19 year olds to be operational from 1st April 2017. Nottinghamshire County Council has engaged broadly to inform the development of the commissioning plans.

Commissioning arrangements

4. Commissioning responsibility for children's public health nursing services for 0 to 5 year olds, delivered via Health Visiting and the Family Nurse Partnership Programme (an intensive home visiting service for vulnerable young mothers) transferred from NHS England to Nottinghamshire County Council on 1st October 2015. Nottinghamshire County Council has commissioned children's public health nursing services for 5 to 19 year olds, delivered via Public Health School Nursing, since April 2013.
5. These changes have brought together commissioning responsibility for all children's public health nursing, offering an opportunity to integrate services more effectively in order to improve outcomes for children, young people and families.
6. These services are currently provided Nottinghamshire Healthcare NHS Foundation Trust and a direct award contract has been issued from 1st April 2016 to 31st March 2017 to enable a procurement process to take place.

National policy and evidence base

7. The importance of giving every child the best start in life and reducing health inequalities via prevention and early intervention is well documented.
8. The Healthy Child Programme (HCP) is an early intervention and prevention public health programme, published by the Department of Health in November 2009. The HCP offers every family a programme of screening tests, developmental reviews, and information and guidance to support parenting and promote healthy choices. It also provides a framework to identify families that are in need of additional support and children who are at risk of poor outcomes. The delivery of the HCP is led by Health Visitors, School Nurses and Family Nurses as public health practitioners working in partnership with a range of agencies to improve health, social and educational outcomes.
9. The national HCP 0-19 includes:
 - Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF 2009)
 - Healthy Child Programme Rapid review to update evidence (PHE 2015)
 - Healthy Child Programme: From 5-19 years old (DH/DCSF 2009)

Development of the service model

10. The development of the service model has been informed by a broad programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations and Health and Wellbeing Board partners.
11. It has been informed by guidance published by the Department of Health in January 2016 to support the commissioning of the Healthy Child Programme, and by local intelligence and needs assessment.
12. A programme of market engagement has been carried out since December 2015 to shape the development of the proposed service model, evaluate the feasibility of delivery, and gauge the level of interest in the market.

Healthy Child and Public Health Nursing Programme

13. The service delivery model reflects best available evidence, national guidance and local intelligence. The model also reflects the importance of developing an enhanced culture of multi-agency working across partners to most effectively meet the needs of children, young people and families in Nottinghamshire.
14. The integrated model:
 - a. Builds on the rapid national Health Visiting service transformation, led by NHS England, that has taken place over the past five years
 - b. Implements the recommendations from the Nottinghamshire County Council School Nursing review carried out across 2014/15
 - c. Allows flexibility in relation to the delivery of the Family Nurse Partnership Programme, a licensed programme which is likely to undergo transformation nationally over the next few years
 - d. Integrates services across the 0 to 19 age range to offer a seamless care pathway for children, young people and families
15. The aims of the integrated service are to:
 - help parents develop and sustain a strong bond with their children

- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and support for immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- ensure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five'.

16. Table 1 confirms the scope for the integrated service and highlights key interdependencies

Table 1: Scope of the integrated Healthy Child and Public Health Nursing Programme

<i>In scope (included in integrated service)</i>	<i>Out of scope (key partner/ interdependency)</i>
<ul style="list-style-type: none"> ▪ Health Visiting ▪ Family Nurse Partnership Programme ▪ Public Health School Nursing ▪ National Child Measurement Programme ▪ Breastfeeding support (which may include peer support) ▪ Preparation for Birth and Beyond (Department of Health's antenatal education programme, delivered in conjunction with partners) ▪ Promotion of public health and healthy lifestyle choices, brief intervention, making every contact count. 	<ul style="list-style-type: none"> • Children's centres / early years provision, commissioned by NCC • Antenatal and new-born screening, commissioned by NHS England • Maternity services, commissioned by CCGs • 6 to 8 week health review by GPs, commissioned by NHS England • Child health information systems, commissioned by NHS England • Targeted services, commissioned by NCC and/or CCGs • Vaccinations for school age children, commissioned by NHS England.

17. The integrated model consists of:

- Nine universal reviews delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support
- Four levels of provision, based on need and delivered in line with the Healthy Child Programme, with safeguarding at the core
- Targeted support and evidence based interventions, focused on high impact areas
- Health promotion across the life-course

18. Figure 1 summarises the universal offer for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

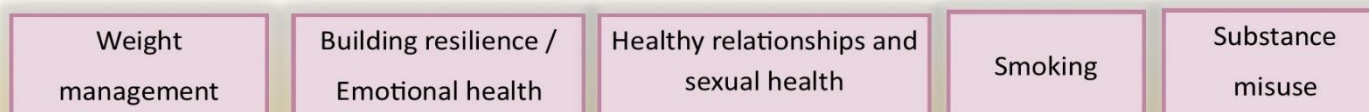
Nottinghamshire Healthy Child and Public Health Nursing Programme for 0 to 19 year olds



Evidence based interventions/ targeted support: high impact areas: life-course approach

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight and nutrition
- Managing minor illnesses and reducing accidents
- Health, wellbeing and development at age 2, and support to be 'ready for school'
- Building resilience and improving emotional health and wellbeing
- Keeping safe, managing risk and reducing harm
- Healthy lifestyles
- Maximising achieving and learning
- Supporting additional health and wellbeing needs
- Transition and preparing for adulthood

Public health life-course: support and brief interventions



- Improved access - Improved experience - Improved outcomes - Reduced inequalities

4 levels of service provision for 0 to 19 year olds:

1. Community 2. Universal 3. Universal Plus 4. Universal Partnership Plus

Safeguarding children and families

Single assessment process

Shared language, culture and branding

DRAFT

DRAFT

19. The model will be underpinned by delivery of brief interventions, supported referrals to appropriate services and pro-active follow-up for public health priorities such as healthy weight, healthy relationships and sexual health, smoking, substance misuse, and building resilience, emotional health and wellbeing. Increased support for breastfeeding will be included.
20. It is recognised that there will be challenges within a child or young persons' life and times when they need additional support. The model incorporates targeted support and evidence based interventions focused on high impact areas. Targeted support could include but is not limited to:
- promotion of parent and infant mental health and secure attachment
 - evidenced-based parenting interventions
 - prescribing medication
 - use of evidence based approaches to promote positive lifestyle choices
 - support for language and communication development
 - support for social and emotional development
 - individual or group work for children and young people at risk of poor outcomes linked to emerging public health needs, such as children identified as overweight or obese, young people who do not attend school, school aged pregnant teenagers and young people with emotional health and wellbeing needs.
21. In order to integrate care across the age range of 0 to 19 years the provider of the service will be expected to share resources and skill mix across the 0 to 19 years pathway, recognising particular specialisms where appropriate. Management structures will reflect management of multi-disciplinary staff groups rather than particular professional groups. These multi-disciplinary groups may include specialist community public health practitioners, family nurses, nursery nurses, assistant practitioners, volunteers, peer support workers and administrative staff. There will be named links for key partners.
22. NCC will contract with a single provider for delivery of the integrated service across Nottinghamshire, though subject to rigorous checks via the procurement process a provider could use a lead provider or sub-contracting model.
23. The integrated model, fully informed by a programme of engagement with key stakeholders, and formally consulted on across April 2016 will be presented to Public Health Committee in May 2016 for agreement to tender.

Statutory and Policy Implications

24. 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

25. The financial envelope for the integrated Healthy Child and Public Health Nursing Programme will reduce year-on-year across the three year contract due to a reduction in the

national public health allocation, announced in the Comprehensive Spending Review in November 2015. The integrated service model aims to streamline service delivery and release capacity and commissioners will work closely with the new provider of the service to manage these efficiencies.

Safeguarding of Children and Vulnerable Adults Implications

26. Safeguarding is a key element of the commissioning plan in relation to this service.

Implications for Service Users

27. There will be improved health and wellbeing outcomes for children, young people and families as a result of an integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

RECOMMENDATION/S

- 1) The Board is asked to note the information provided regarding the commissioning of children's public health nursing services as an integrated 'Healthy Child and Public Health Nursing Programme' for 0 to 19 year olds.
- 2) The Board is asked to share feedback on the commissioning plans outlined in this paper as key stakeholders.

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Constitutional Comments (LM 14/04/2016)

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

Financial Comments (KS – 14/04/2016)

29. The financial implications are contained within paragraph 25 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.

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.

Integrated Healthy Child Programme and Public Health Nursing – Commissioning Proposals, Public Health Committee, 17 March 2016

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3697/Committee/507/SelectedTab/Documents/Default.aspx>

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at

www.nottinghamshire.gov.uk/schoolnursing

Nottinghamshire School Nursing Review – implications for Commissioners, Children's Trust Board 6th November 2014

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/?entryid217=431744&p=2>

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive>

Electoral Division(s) and Member(s) Affected

All

4 May 2016**Agenda Item: 6****REPORT OF DIRECTOR OF PUBLIC HEALTH****PLANNING HEALTHIER ENVIRONMENTS IN NOTTINGHAMSHIRE****Purpose of the Report**

1. This report sets out how the planning system can promote health and reduce health inequalities. The Health and Wellbeing Board is asked to:
 - Note the contents of the report
 - Approve the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire' document in order to ensure that Nottinghamshire utilises the potential that the planning system can have on health.
 - Request all districts in Nottinghamshire to endorse the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire' document as part of their Local Plans.
 - Agree to the development of a 'Planning and Health Engagement Protocol' between planning authorities, Clinical Commissioning Groups and Public Health to ensure that health is given consideration at the earliest possible stage during planning processes.

Information and Advice

2. *'Too often we intervene too late in the pathway to ill health and forget that health starts where we live, learn, work and play.'* (Institute for Health Equity 2012).

The built and the natural environment are both 'major determinants of health and wellbeing'. Planning healthier communities not only improves physical health but can improve mental health and wellbeing. Appendix 1 shows health problems linked to the built environment.

3. The National Planning Policy Framework (NPPF) (2012) requires planners to work in partnership with public health and other organisations in the promotion of healthy communities and help create healthy living environments. Both the NPPF and The National Planning Practice Guidance (NPPG) (2012) set out a role for planners to consider health and wellbeing through both the plan-making and decision-making processes. This states that local plans should:
 - Promote health, social and cultural wellbeing and support the reduction of health inequalities.
 - Consider the local health and wellbeing strategy and other relevant health improvement strategies in the area

- Enable an environment that supports people of all ages to make healthy choices by promoting active travel and physical activity, access to healthier food, high quality open spaces and opportunities for play, sport and recreation
 - Promote access to the whole community by all sections of the community, whether able bodied or disabled.
4. Since April 2013, Local Authorities have had the responsibility to join local health policy up with other strategies such as planning, transport infrastructure and housing. To reduce health inequalities the healthy planning goals are:
- **Avoiding adverse health impacts from development** (health protection) – air quality, water quality, noise, dereliction and land pollution, waste management, light pollution, community severance.
 - **Providing a healthy living environment** – housing (quality, space standards, affordability, mixed tenure, type, density); good quality safe and stimulating public realm; accessible to all; parks and green open space, water features, play facilities; community facilities; recreation and sports facilities; employment opportunities (variety, skill levels, working hours); education and learning; walking and cycling routes; public transport network; food production and distribution.
 - **Promoting and facilitating healthy lifestyles as the norm** – pattern of development (mixed use), movement/connectivity and urban design quality to promote active travel, physical activity and mental well-being; active travel (safe, direct routes, secure parking and facilities for walking and cycling); physical activity (access to green open space, play, recreation and sports facilities); healthy eating (access to affordable safe and nutritious food, space for local food growing); safe space for social interaction and play; buildings to be designed to maximise physical activity by encouraging walking and use of stairs and providing sufficient secure cycle storage.
 - **Providing good access to health facilities and services** – health centres, GP's, dentists, hospitals, pharmacists to meet current and future population needs.
 - **Responding to global environmental issues** (climate change, resource depletion, waste management) – minimising carbon emissions by transport and development, sustainable design, construction methods and building materials; sustainable/renewable energy; flood risk; biodiversity and nature conservation; waste disposal and recycling.
5. A good planning system can create better places where it is easy for people to lead healthier lifestyles, in which illness is prevented, people's lives are improved with health and social care costs cut. The planning function in local government is an important lever to shape the natural and built environment through green spaces, housing, transport and our high streets and town centres. Through local plans (which set the land and development vision for each district) and approaches to planning applications health and wellbeing can be improved and negative impacts mitigated against. Using a Health Impact Assessment checklist ensures that the health and wellbeing of residents is taken into account when decisions on planning applications, plans and strategies are made.
6. With around 200,000 extra homes being built every year for the next five years, the NHS Five Year Forward View (2014 & 2015) states the need for the NHS to work with local

councils to improve population health by helping to 'design in' health and modern health care from the outset ensuring that they are at the heart of housing and urban planning to tackle the health and care challenges of this century – obesity (including type 2 diabetes), dementia and new models of digital health. In practical terms this means a triple agenda: designing in healthy living, capitalising on new home based care and technologies to support older people at home and sharing infrastructure across public services to make smarter use of investment. The WHO report 'Global report on diabetes' (2016) also states the importance of urban planning in enhancing health.

7. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). Priority 5 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments to live and work in Nottinghamshire, supporting all of the four ambitions, a good start, living well, coping well and working together. The aim is to facilitate a joint approach across Health and Wellbeing partners to ensure that environments are planned to maximise health and wellbeing which promote healthy lifestyles and access to support/services.
8. In October 2015, the Nottinghamshire Health and Wellbeing Stakeholder event, Planning Healthier Environments facilitated by the Town and Country Planning Association (TCPA) brought together key individuals and organisations with the aim to understand how to capture the potential of the planning system to promote healthy communities and tackle obesity. This event was one of a number held across the country and is referenced in the recently published national document: [Building the Foundations](#): Tackling obesity through planning and development (page 35).
9. During December 2015 and January 2016 discussions were held with local planners to ensure that there was a shared understanding of spatial planning and health, identifying how planners and health colleagues should work together in the future and to discuss what actions were needed. Local planning forums consist of planners who make up the Nottingham Strategic Housing Market Area (SHMA) which includes Nottingham City and Erewash in Derbyshire. At the meetings attended, planners from these areas wished to be included in the work being undertaken by Nottinghamshire.
10. As a result of the workshop and meetings with local planners, the first action agreed was the development of a Nottinghamshire Planning for Health and Wellbeing guidance document that all Districts could adopt as part of their Local Plans to ensure that health was given consideration during the planning process. The document 'Spatial planning for the Health and Wellbeing of Nottinghamshire' was drafted by colleagues in the Nottinghamshire County Council Planning Department. This was consulted on in March and the final version is for approval by the Health and Wellbeing Board. The document can be viewed on the [web page for this meeting](#) of the Health and Wellbeing Board, and is available as a background paper to this report.
11. It is proposed that the next action is to develop a 'Planning and Health Engagement Protocol' between planning authorities, Clinical Commissioning Groups and Public Health similar to [Planning and Public Health](#) document developed in Norfolk. This is to ensure that health is given consideration at the earliest possible stage during the planning process with agreement as to when a Health Impact Assessment should be undertaken. This will ensure that the potential positive and negative impacts on health and wellbeing of proposals will be considered in a consistent, systematic and objective way, identifying opportunities for

maximising potential health gains and minimising harm and addressing inequalities taking account of the wider determinants of health.

Other Options Considered

12. This report takes account of national best practice to develop an approach to housing and urban planning to create healthier places to live in Nottinghamshire.

Reason/s for Recommendation/s

13. To ensure that the Health and Wellbeing Board has an overview of how local planning processes can create healthier places to live, that it supports the endorsement of the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire' document and it agrees to additional action around housing and urban planning to promote health.

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.

Implications for Sustainability and the Environment

15. The purpose of the planning system is to contribute to the achievement of sustainable development. Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents. Local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

1. Note the contents of the report.
2. Approve the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire' document in order to ensure that Nottinghamshire utilises the potential that the planning system can have on health.
3. Request all districts in Nottinghamshire to endorse the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire' document as part of their Local Plans.

4. Agree to the development of a 'Planning and Health Engagement Protocol' between planning authorities, Clinical Commissioning Groups and Public Health to ensure that health is given consideration at the earliest possible stage during planning processes.

Dr Chris Kenny
Director of Public Health

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Constitutional Comments (LM 14/04/2016)

16. The recommendations in the report fall within the Terms of Reference of the Health and Well Being Board'.

Financial Comments (KS 14/04/2016)

17. 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.

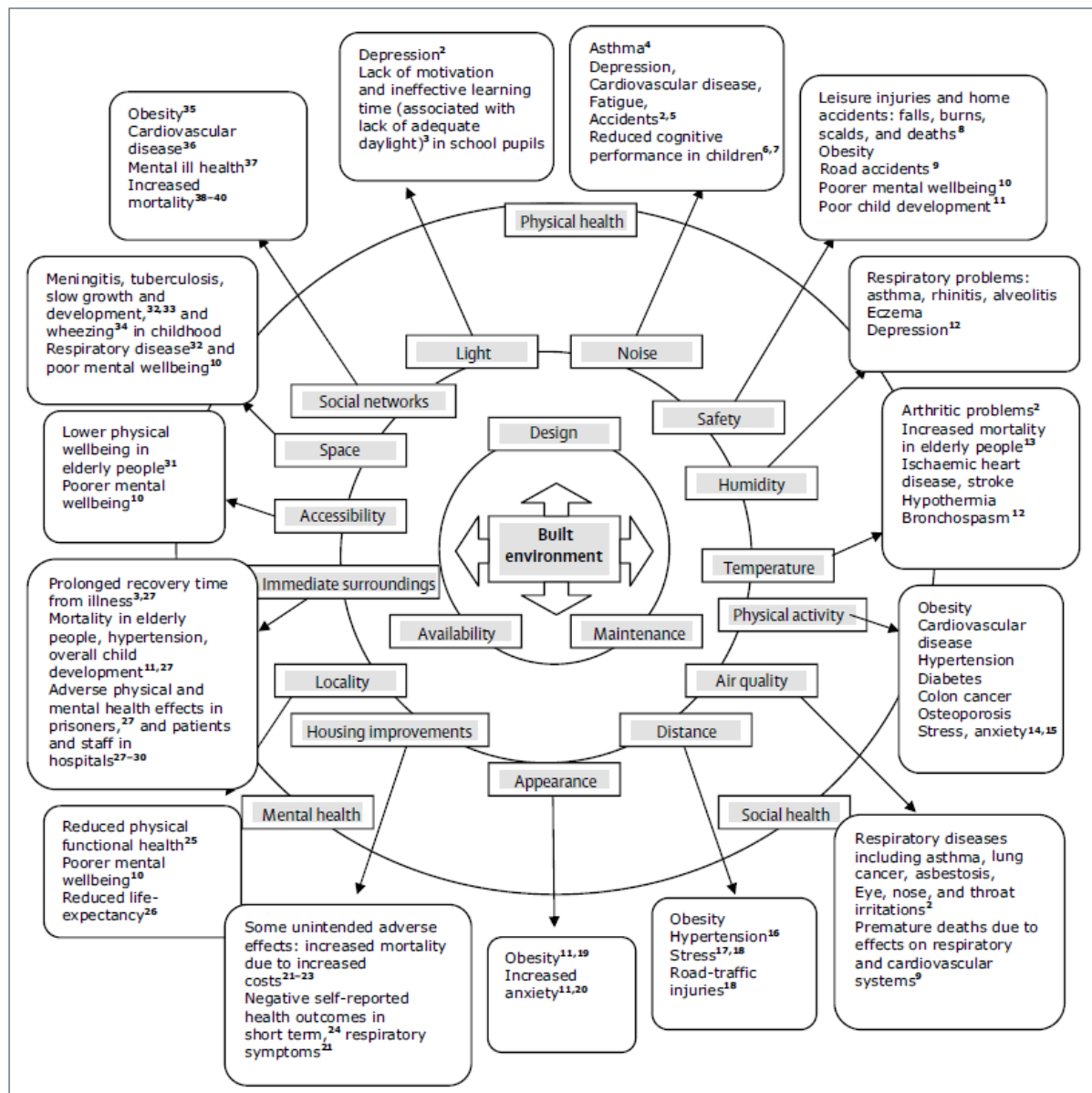
- [National Planning Policy Framework](#) (2012)
- [National Planning Practice Guidance](#) (2012)
- Fair Society, Healthy Lives: [The Marmot Review](#) (2012)
- [Five Year Forward View](#) (2014)
- [The Forward View into Action](#): Healthy New Towns Programme (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Air Quality](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Physical activity](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Diet and nutrition](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Excess weight in children, young people and adults](#) (2016)

- [Global Report on Diabetes](#) (2016)
- [Building the Foundations](#): Tackling obesity through planning and development (2016)
- [Tipping the Scales](#): Case studies on the use of planning powers to limit hot food takeaways (2016)
- [Spatial Planning for the Health and Wellbeing of Nottinghamshire](#) (2016)

Electoral Division(s) and Member(s) Affected

All

APPENDIX 1: Built environment and health



(Taken from Rao M et al (2007) The Built Environment and Health. The Lancet 370 (9593) 1111-1113)

4 May 2016**Agenda Item: 8****REPORT OF COUNCILLOR JOYCE BOSNJAK - THE CHAIR OF THE
HEALTH AND WELLBEING BOARD
CHAIR'S REPORT****Purpose of the Report**

1. To provide members of the Health and Wellbeing Board with information on relevant local and national issues.

Information and Advice**1. David Pearson appointed Lead Officer for Transforming Health and Social care Services**

I am pleased to confirm that David Pearson, Corporate Director for Adult Social Care and Health and Public Protection, has been appointed as the lead officer to develop a blueprint for improved health and social care for Nottinghamshire (including the City) over the next five years.

The role, which he will work on for one day a week, will be to deliver the NHS Five Year Forward View and ensure that health and social care services are planned by place rather than solely around individual organisations.

As part of this, David will lead on the development of a Sustainability and Transformation Plan, which will set out how health will be improved, quality of care delivery will be transformed and finances will be sustainable in Nottinghamshire.

David Pearson said: "My ambition is to work closely with all the organisations involved to make sure that the Sustainability and Transformation Plan is a genuine catalyst for the change that is required. I want to ensure that we complement rather than duplicate the work already taking place and add value and impetus in a context where the challenges are great, but so are the opportunities.

"I intend to use the experience that I have gained nationally in recent years to do what I can to influence the overall process so that it works best at a local level."

For more information visit <https://www.england.nhs.uk/2016/03/leaders-confirmed/>

2. New Smokefree Service for Nottinghamshire

I am very pleased to announce that on 1 April a new Tobacco Control Service, Smokefree Life Nottinghamshire, was launched. This service is commissioned by Nottinghamshire County Council and provided by Solutions 4 Health.

Solutions 4 Health are a national company with extensive experience of providing Tobacco Control Services. The new Nottinghamshire service will support people who already smoke to stop, and will work with local stakeholders and communities to prevent young people from starting to smoke and reduce the harm caused by tobacco use, including illegal tobacco, across the county.

This new service will be innovative and flexible and will be based around the individual needs of service users, using a range of evidence based methods to offer the right service at the right time in the right place ultimately making it as easy to quit as it is to smoke.

The Smokefreelife Nottinghamshire team can be contacted on: 0115 772 2515 or 0800 246 5343, text quit to 66777 or visit: www.smokefreelifenottinghamshire.co.uk.

You can also email: info@smokefreelifenottinghamshire.co.uk.

Some GPs and community pharmacies also offer support sessions. Where this isn't available, they can direct to the nearest support.

For more information please contact Lucy Elliott, Public Health Manager: 0115 9773489 or email lucy.elliott@nottsc.gov.uk

3. Adult Safeguarding Briefing - 18 May 2016

As was mentioned at the last meeting of the Board, all members of the Board are invited to join County Councillors at a briefing about Adult Safeguarding at 13.00 on Wednesday 18 May 2016 at County Hall.

The briefing will be an opportunity to explore recent developments in adult safeguarding and to better understand the role of the local authority and responsibilities of councillors. In addition, The Nottinghamshire Safeguarding Adults Board organises two events for partner organisations each year. The dates for these are 17 May and 22 November 2016 (both from 9.30 to 12.00, agenda topic to be confirmed later).

For more information please contact Keith Ford Democratic Services keith.ford@nottsc.gov.uk.

4. New Nottinghamshire County Council Smoke Free Policy

I am pleased to announce that County Councillors approved a new Smoke Free policy at the April Policy Committee (20/4/16).

The new policy aims to simplify and strengthen the County Council's existing approach to no smoking at work by discouraging people from smoking while at work at any time. Working time includes all paid hours worked and excludes unpaid lunch breaks. Smoking during work time, including flexi time, is not permitted.

The decision reflects the County Council's commitment to the Local Government Declaration on Tobacco Control and sets a positive example for other employers to follow.

In Nottinghamshire around 1,300 people die each year from smoking related illnesses. Giving up smoking is recognised by health professionals as the single greatest behaviour change someone can make to improve their health.

The Council recognises that smoking is an addiction. Further information about support to quit can be found on the [Smokefree Life Nottinghamshire](#) website

The policy will be implemented in full from 23 May 2016.

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

PROGRESS FROM PREVIOUS MEETINGS

6 Health inequalities Prioritisation & Planning workshop 22nd March

A Health Inequalities Prioritisation & Planning workshop was held 22nd March 2016 build on the Health Inequalities report presented to the Health and Wellbeing Board in November.

The session was aimed at Health and Wellbeing Board members and strategic leads for:

- health / health inequalities planning
- service integration and transformation
- primary care quality improvement
- early years and education
- economic development
- voluntary sector supporting vulnerable groups.

Participants worked in district-based groups to prioritise evidence-based actions to address local health inequalities, embedding these actions in existing plans or developing new plans in partnership between the NHS, local authorities and the business and voluntary sectors.

The priorities for action agreed for the majority of districts were:

- tobacco, drugs, alcohol
- maternity and early years (teenage pregnancy, birth weight, breast feeding, child poverty, education)
- housing (fuel poverty, warm homes)
- mental health, social isolation, emotional health
- obesity, green spaces.

A summary will follow.

For more information contact Helen Scott, Senior Public Health Manager: 07872 420790 or email helen.scott@nottscc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

7. [Update on Key Trading Standards Matters](#)

Report to Community Safety Committee
1 March 2016

8. [Healthwatch Nottinghamshire - Question of the Month](#)

Report to Health and Scrutiny Committee
14 March 2016

9. [Update on the work of the Community Voluntary Sector Team](#)
Report to Grant Aid Sub-Committee
26 January 2016
10. [Nottinghamshire University Hospitals long term partnership with Sherwood Forest Hospitals and future strategy](#)
Report to Joint City & County Health Scrutiny Committee
15 March 2016
11. [Integrated healthy child programme and public health nursing service 0-19 years – commissioning proposals](#)
Report to Public Health Committee
17 March 2016

A GOOD START

12. [Increase in scarlet fever cases across England](#)
Public Health England
A report on the steep increases in scarlet fever notifications across England, with a total of 6157 new cases since the season began in September 2015. This is the third season in a row where the incidence of scarlet has shown a marked elevation. Around 600 cases are being notified each week at present with further increases expected as we reach the peak season, which typically occurs between late March and mid-April.
13. [SEND: guide for health professionals](#)
The Departments of Health and Education
SEND resources published for healthcare professionals. This webpage provides links to resources relating to children and young people with special educational needs and disability (SEND). The resources are intended to assist commissioners, health and wellbeing boards (HWBs), health service providers and professionals.
14. [Child health profiles](#)
Public Health England.
[The 2016 child health profiles](#) provide a snapshot of child health and wellbeing for each local authority in England using key health indicators. The profiles will enable local organisations to work in partnership to plan and commission evidence-based services based on local need. They allow comparison of outcomes between local populations in order to identify and learn from better performing areas.
15. [Health behavior in school-aged children](#)
The World Health Organisation Europe.
The Health Behaviour in School-aged Children study covers diverse aspects of adolescent health and social behaviour, including self-assessment of mental health; obesity and body image; dietary habits; engagement in physical activity; support from families and peers; tobacco, alcohol and cannabis use; and bullying. The latest report focuses on the effects of gender and socioeconomic differences on the way that young people grow and develop.

16. [The future of child health services: new models of care](#)

Nuffield Trust

The report highlights what the problems are in current health care services for children and young people, and investigates how emerging new models of care could provide an opportunity to address these. Different services and models of care for children and young people have been emerging around the UK, both within the Vanguard scheme and inspired by it.

17. [Tackling childhood obesity](#)

The Local Government Association.

Published the report: 'Healthy weight, healthy futures: local government action to tackle childhood obesity.' This document sets out twenty case studies of innovative programmes to tackle childhood obesity.

18. [Healthy pregnancy information resource](#)

The Infant & Toddler Forum

A new online resource [Ten steps for a healthy pregnancy](#). The resource has been developed to support midwives when advising mothers-to-be on healthy lifestyles. Available online, the leaflet, poster and in-depth booklet outline the steps for healthy pregnancy that women can incorporate day-to-day before and during pregnancy. All the material is supported by leading organisations, the National Obesity Forum, the Association for Nutrition and the Pre-school Alliance.

19. [Spotting the signs of child sexual exploitation](#)

Health Education England in association with the Department of Health and NHS England

A video has been produced that provides advice to support healthcare and other community staff on [identifying the signs of child sexual exploitation](#) (CSE) in vulnerable young people. While the film highlights the issue of CSE, it also provides practical advice on what to do if healthcare professionals and others suspect a patient or person in their care is at risk and makes it clear that there is a responsibility to report any activity that they think is suspicious.

20. [Pregnancy vaccination new promotion material](#)

Public Health England

A leaflet has been published [Pregnancy: how to help protect you and your baby](#). This new information leaflet describes the various vaccinations that help protect the mother and baby during and after pregnancy. The leaflet explains: the flu vaccine; whooping cough vaccine and the rubella vaccine.

LIVING WELL

21. [Aiming for a tobacco free UK by 2035](#)

Cancer Research UK and the UK Health Forum

Jointly published [Aiming high: why the UK should aim to be tobacco free](#). to coincide with National No Smoking Day this report highlights that if recent trends were to continue, the number of smokers would be on track to fall to 10 per cent by 2035, but Cancer Research UK is urging the government to adopt a bold ambition for a tobacco free UK meaning only around five per cent smoke in the next 20 years. Achieving this ambition could mean 97,000 fewer new cases of smoking related disease over the next 20 years, including around 36,000 cases of cancer.

22. [Training for patient safety](#)

Health Education England

A published report Improving 'Safety Through Education and Training'. Produced by the Commission on Education and Training for Patient Safety and supported by Imperial College the report sets out ambitions, the case for change, what is working well including case studies and where improvements need to be made to make the greatest difference to patient safety both now and in the future. It sets out the future of education and training for patient safety in the NHS over the next ten years, making twelve recommendations to Health Education England and the wider system.

23. [Housing disrepair and health](#)

Care and Repair England

An independent charitable organisation which aims to improve older people's housing has published [Off the Radar Housing disrepair and health impact in later life](#). This report sets out the national picture with regard to the scale of poor housing conditions amongst older people, the resulting impact on the health and wellbeing of an ageing population, and the concentration of poor housing in the owner occupied sector. The report highlights that the estimated costs of poor housing to the NHS is £1.4 billion pa. The cost to the NHS, in first year treatment costs, of the poorest housing among older households (55yrs+) is c. £624 million.

24. [Eatwell guide](#)

Public Health England

A new [Eatwell](#) Guide has been launched which sets out how much people should be eating and drinking, updates food groups to reflect foods people need to eat more and less of and, for the first time, includes messages on hydration. The Eatwell Guide also includes messages on labelling to help people choose, cook and eat healthier options.

25. [National diabetes prevention programme launched](#)

NHS England

Details of a nationwide programme to help stop people developing Type 2 diabetes. [Healthier You: the NHS Diabetes Prevention Programme](#) will start this year with a first wave of 27 areas covering 26 million people and making up to 20,000 places available. Those referred will get tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes.

COPING WELL

26. [Secondary mental healthcare for common mental disorder](#)

National Institute of Healthcare Research

The National Institute of Healthcare Research sets out the evidence for organising secondary care mental health interventions by condition rather than by geography. In 2010, South London and Maudsley NHS Foundation Trust established a programme replacing the borough directorates responsible for adult mental health services with three clinical academic groups, each of which took on a subset of adult services straddling all four boroughs. This [study](#) assesses whether the programme has led to changes in activity and health care quality.

27. [Care and support specialised housing fund](#)

The Department of Health and Homes and the Communities Agency Announced the results, for the second round of the [Care and Support Specialised Housing Fund](#) (CASSH). CASSH was first launched in 2012, and aims to support the development of specialised housing for older people, adults with physical disabilities, learning difficulties or mental health needs. A total of 79 schemes are set to receive around £84.2 million to develop up to 2,000 affordable homes.

28. [Cognitive therapies for depression](#)

The National Institute for Health Research (NIHR) Published a Highlight looking at Cognitive therapies to treat depression in adults. The Highlight summarises new NIHR research which looks at when, and for whom, cognitive therapies might work. It also brings together the views of people living with depression, and people working with them, about what this new evidence means to them.

29. [Bringing together physical and mental health – A new frontier for integrated care](#)

The Kings Fund

Until now, most efforts to promote integrated care have focused on bridging the gaps between health and social care or between primary and secondary care. But the NHS five year forward view has highlighted a third dimension – bringing together physical and mental health.

This report makes a compelling case for this ‘new frontier’ for integration. It gives service users’ perspectives on what integrated care would look like and highlights [10 areas](#) that offer some of the biggest opportunities for improving quality and controlling costs

30. [Virtual reality pilot for people with dementia in Salford](#)

BASIC (Brain and Spinal Injury Charity)

Salford residents with dementia are taking part in a virtual reality rehabilitation pilot.

[BASIC](#), a specialist brain injury charity based on Eccles New Road, have installed a Computer Assisted Rehabilitation Environment (CAREN). This virtual reality system puts people at the helm of life-sized interactive games and activities, exposing them to environments that are physically challenging without putting them in any real danger.

WORKING TOGETHER

31. [Role of the third sector in care and support planning](#)

National Voices

A paper from National Voices suggests that the knowledge, skills, experience and resources of third sector organisations are crucial to the widespread implementation of care and support planning. The report, [What is the role of VCSE organisations in care and support planning?](#), argues that charities have a vital role in supporting people to develop care and support plans, and in working with people with long-term conditions and their clinical teams to put the plans into practice.

32. [Commercial access to health data](#)

Ipsos, MORI

Ipsos MORI is a leading full service UK research company which specialises in brand communication, advertising and media research, consumer, retail & shopper and healthcare research, customer and employee relationship management research. [The One - Way](#)

[Mirror: Public attitudes to commercial access to health data](#). This report prepared for the Wellcome Trust focuses on what the public thinks about patient records being used by commercial organisations and finds that the majority are in favour as long as there is a clear public benefit and appropriate safeguards are in place. The findings show that there is a low awareness about the uses of health data within the NHS, as well as how commercial organisations can use the data. While there is a core group of people who do not want health data shared at all.

33. [Genomics and personalised medicine](#)

The Department of Health together with Healthcare UK and UK Trade and Investment Published [Genomics and personalised medicine - how partnership with the UK can transform healthcare](#). Learning more about genomes can help us to identify the cause of genetic diseases e.g. people with cancer, the cancer cells have developed a different genome to the healthy cells. Comparing the normal and cancer genomes may give clues about possible ways to treat the cancer. This report explains what genomics and personalised medicine are, how they can be applied, and why the UK is at the forefront of this field. The NHS will be the world's first healthcare system to launch a genomics medicine service.

34. [Wellbeing team helps Stockton people stay at home](#)

Primary Care commissioning

A multi-professional assessment team supported by the Better Care Fund is helping vulnerable people in Stockton-On-Tees stay in their own homes. The seven-strong wellbeing team, which includes seconded nurses, physiotherapists and social workers plus a manager, is piloting a holistic assessment addressing people's health, social care and welfare needs.

35. [Improving outcomes for people with neurological conditions](#)

NHS England

Working with partners to deliver a coordinated programme of work aimed at improving care and outcomes for people with neurological conditions. The programme is stimulating the testing and delivery of community based models for person centred coordinated care and developing an evidence base to demonstrate the value and benefits of good community neurology care.

36. [Integrating services to improve patient care](#)

The Royal College of Physicians and Royal College of General Practitioners

Published [Patient care: a unified approach](#). This document contains nine case studies where GPs and physicians have worked closely together to produce new and integrated services. The case studies span a wide range of services in England and Wales, covering different specialties, different population groups and different ways of addressing complex issues.

37. [Premature mortality in people with autism](#)

The autism research charity [Autistica](#)

Published [Personal tragedies, public crisis: the urgent need for a national response to early death in autism](#) (*this link will download a pdf*). This report examines the evidence for premature death in autism and sets out recommendations for medical research funders to increase understanding of premature mortality in autism; for the government to establish a National Autism Mortality Review and improve data collection; and for service providers to develop specific plans to prevent early death in autism.

38. [Self-care](#)
The Health Foundation
Published [Making the change: behavioural factors in person-and community-centred approaches for health and wellbeing](#). Drawing on studies of what influences behavior, this report sets out a number of factors that can lead to greater involvement in self-care. It provides a framework for understanding the drivers of behavior and includes examples and case studies to illustrate how the theories work in practice.
39. [Get well soon: reimagining place-based health](#)
New Local Government Network
This report, by the Place-Based Health Commission chaired by Lord Victor Adebawole, argues that the NHS must construct a 15 year plan to shift money out of hospitals and into investment in communities. It demonstrates that the health service in its current form is not sustainable, and sets out a new plan for shifting the system to focus on preventing illness, shorten stays in hospitals and help people live independently for longer.
41. [Sustainability and Transformation Plans: independent sector providers' involvement](#)
The NHS Confederation and NHS Partners Network
Published [Capital, capacity and capability: independent sector providers helping to develop a strong Sustainability and Transformation Plan](#). Initial guidance for Sustainability and Transformation Plans (STPs) acknowledged the independent sector should play a key role in helping individual footprints to meet the stated requirements for STPs and in ensuring the plans are effectively delivered. This document has been developed to provide more detail on how that support could be realised and is broken up into three main areas capital, capacity and capability.
40. [Fit for purpose?](#)
The Health Foundation has
Published [Fit for purpose? Workforce policy in the English NHS](#). This report gives an overview of the components of workforce policy in the English NHS and the bodies which shape it. The report proposes ways in which workforce policy could be strengthened to improve the quality and productivity of care.
41. [Joint working](#)
The Royal Pharmaceutical Society and the Royal College of Nursing
Published jointly [Nurses, pharmacists and patient pathways; working together across primary and community care](#). This report showcases ways in which nurses and pharmacists are working together and delivering care to different groups of patients. The purpose of the report is to inspire pharmacists and nurses to make changes locally in the way that they work together.

HEALTH INEQUALITIES

42. [Reducing stillbirths and early neonatal death](#)
NHS England
Published [Saving babies' lives: a care bundle for reducing stillbirth](#). This guidance is designed to support providers, commissioners and professionals take action to reduce stillbirths and early neonatal death. It brings together four elements of care that are recognised as evidence-based and/or best practice: reducing smoking in pregnancy; risk

assessment and surveillance for foetal growth restriction; raising awareness of reduced foetal movement; and effective foetal monitoring during labour.

43. [Scaling Up Improvement Programme](#)

The Health Foundation

Seven health care projects were selected to be part of its £3.5 million improvement programme [Scaling Up Improvement](#). The programme aims to improve health care delivery and/or the way people manage their own care through the delivery of successful health care improvement interventions at scale. The projects cover haemodialysis care, young people's mental health, support for intensive care unit survivors, long-term conditions, young people with eating disorders, reducing injury after childbirth, and hip fracture.

44. [Making Every Contact Count guidance updated](#)

The Departments of Health and Education Public Health England and Health Education England

Published [Making Every Contact Count: evaluation framework](#). This framework has been developed to support the implementation of Making Every Contact Count (MECC) and is intended for use by local MECC programme managers and operational leads, and those who have an oversight of lifestyle services delivery within their role. It may also be of interest to local health improvement commissioners. This document adds to the suite of other guidance documents published in January 2016.

45. [Reducing dementia risk](#)

Public Health England

Published its latest edition of [Health Matters](#). This fourth edition focuses on midlife approaches to reduce the risk of developing dementia, and the importance of moving away from thinking of dementia as simply an inevitable part of ageing. This resource is targeted at public health professionals, and brings together important facts, figures and evidence of effective interventions to tackle major public health problems.

46. [Salt consumption levels](#)

Public Health England

Published details of [The National Diet and Nutrition Survey \(NDNS\)](#) which shows that on average adults are eating eight grams of salt per day. Adults have cut their average salt consumption by 0.9 grams per day in the decade from 2005 to 2014 according to the survey. This report continues the series of urinary sodium surveys across the general adult population in United Kingdom countries since 2005/06. The results are used by government to monitor progress towards the recommended maximum salt intake for adults of no more than 6 grams per person per day.

47. [Uniting to end TB in England](#)

Public Health England

In the spirit of the motto of this year's World TB Day (Unite to end TB), Public Health England (PHE) is celebrating the strong progress made towards implementing the national strategy in collaboration with NHS England and other major stakeholders. One year ago, PHE and NHS England jointly launched the 5-year strategy to eliminate TB as a public health problem, and announced an £11.5 million investment as part of a collaborative initiative to decrease TB cases and reduce health inequalities. A significant step has been the formation of 7 regional TB control boards across England, which bring together PHE,

local authority public health, the NHS, NHS England, local commissioners and charities to work collaboratively to control TB in their area, 'uniting to end TB'

48. [Widening digital participation](#)

NHS England

Reported that due to its [widening digital participation pilot scheme](#) 200,000 homeless, older and vulnerable people have had 'lessons' to get online and contact their doctor thus reducing GP visits and costs to the NHS. In the first two years of the scheme 14,000 people registered with a GP and looked online first before contacting the doctor. Half of those who would have gone to the GP or A&E said they would now use NHS Choices, 111 or a pharmacy first.

49. [Key facts and trends in mental health: 2016 update](#)

The Mental Health Network (MHN)

Published the fourth edition of its [factsheet](#) on key statistics and trends in mental health. It includes new figures, statistics and resources, giving an overview of the major trends and challenges facing mental health services.

50. [End of life care audit](#)

The Royal College of Physicians

Published [End of Life Care Audit: Dying in Hospital National report for England 2016](#).

Commissioned by the Healthcare Quality Improvement Partnership this report shows that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014. However, there is still room for improvement, particularly in the provision of palliative care services 24-7; the audit also shows how some hospitals did well in many areas but not in others.

51. [Latest quarterly Sentinel Stroke National Audit Programme \(SSNAP\) results](#)

The Royal College of Physicians has published details of [the twelfth report from the Sentinel Stroke National Audit Programme \(SSNAP\)](#). The results revealed that twenty six stroke services scored an overall 'A' score for the quality of care they provide for patients, demonstrating that a world class service is achievable. The report relates to patients admitted between October and December 2015 and includes named hospital results for the entire inpatient care pathway.

Local and National Consultations

52. [Nottinghamshire Transforming Care Programme 2016 - Concerning children, young people and adults with learning disabilities and/or autism who display behaviour that challenges](#).

The aim is to transform care and support for individuals so that their care is focused on keeping them healthy, well and whenever appropriate supported in the community rather than staying in unnecessary inpatient settings.

The organisations responsible for leading the programme are as follows:

NHS Commissioners Nottingham City, Nottingham West, Nottingham North and East, Rushcliffe, Newark and Sherwood, Mansfield and Ashfield, Bassetlaw CCG, NHS England Specialised Commissioning. Local Councils Nottingham City Council, Nottinghamshire County Council.

Attached is the consultation document which accompanies the survey. Please take some time to read through the consultation document and then complete the short survey. The consultation document is also accessible via the link.

Nottinghamshire Transforming Care Programme 2016 [consultation](#) closes on the 20 May (midnight) 2016.

53. [Carers' strategy: call for evidence](#)

The Department of Health has launched a consultation [How can we improve support for carers?](#) The Department believes there is a requirement for a new strategy for carers that sets out how more can be done to support them. To help develop the strategy, they want to hear from carers, those who have someone who care for them, business, social workers, NHS staff and other professionals that support carers. The Consultation [link](#) for the survey details closes on 30th June 2016.

54. [Pharmacy dispensing models consultation](#)

The Department of Health

Consultation on proposed changes to the Human Medicines Regulations and the Medicines Act.

These changes are to allow independent pharmacists to make use of "hub and spoke" dispensing models - a hub pharmacy dispenses medicines on a large scale, often by making use of automation, preparing and assembling the medicines for regular spoke pharmacies that supply the medicines to the patient. The [consultation](#) closes on 17 May.

Other Options Considered

2. To note only

Reason/s for Recommendation/s

3. N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Jenny Charles Jones
Public Health Manager
T: 0115 977 2130
Jenny.charles-jones@nottsc.gov.uk

Constitutional Comments

5. This report is for noting only, no constitutional comments are required.

Financial Comments

6. 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 Division(s) and Member(s) Affected

All.

4 May 2016**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

The latest template can always be found on the intranet - <http://intranet.nottscc.gov.uk/departments/chiefexecutives/democratic-services/report-writing/reporttemplates/>

	Health & Wellbeing Board (HWB)
8 June 2016	<p><i>District representatives pre-meet</i></p> <p>Digital Roadmap for Nottinghamshire (Andy Evans)</p> <p>Tobacco Declaration update (John Tomlinson)</p> <p>(Report) Strategic Action 1 Breastfeeding update (Kerrie Adams/Helena Cripps)</p> <p>(Report) Sustainability transformation plan (Lucy Dadge/Joanna Cooper)</p> <p>(Report) Strategic action 7 and Priority action 18 – housing & Excess Winter Deaths among Older People in Nottinghamshire update (Joanna Cooper)</p> <p>(Report) Healthwatch Nottinghamshire – financial challenges (Jez Alcock)</p> <p>Chair's report:</p>
13 July 2016 (To be held at Mansfield Civic Centre)	<p><i>Pre-meeting demonstration – Help Yourself Website (John Stronach)</i></p> <p>Children, Young People and Families Plan.</p> <p>Report from Health & Wellbeing Implementation Group (HWIG)</p> <p>Update on Sustainability Transformation Plan (Rebecca Larder/Dawn Atkinson)</p> <p>Chair's report:</p>
7 September 2016	<p><i>Strategic Action 2 Child Sexual Exploitation update</i> (Steve Edwards/Terri Johnson)</p> <p>Update on hoarding framework (NFRS John Mills)</p>

Health and Wellbeing Board & Workshop Work Programme

	<p>Learning disability & autism self-assessments <i>(Cath Cameron-Jones)</i></p> <p>Chair's report:</p>
5 October 2016	<p>Young People's Health Strategy (Kate Allen/Andy Fox) <i>update from paper to HWB Oct 2015</i></p> <p>Substance misuse services <i>(Barbara Brady//Lindsay Price/Tristan Poole)</i></p> <p>Thinking Falls: Taking Action – Falls Pathway Update <i>(Gill Oliver)</i></p> <p>Chairs report:</p>
9 November 2016	Chair's report:
7 December 2016	Chair's report:
4 January 2017	<p>Wellbeing@Work update</p> <p>Chair's report:</p>