Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 02 December 2015 at 14:00

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

AGENDA

<u>Notes</u>

(1)   Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2)   Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

(4)   Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5)   This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 7 October 2015 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

A   Joe Pidgeon   -   Healthwatch Nottinghamshire

NHS ENGLAND

     Vacancy   -   North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A   Chris Cutland   -   Deputy Police and Crime Commissioner

ALSO IN ATTENDANCE

Wayne Bowcock, Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service
John Buckley, Chief Fire Officer, Nottinghamshire Fire and Rescue Service
Joanna Cooper, Better Care Fund Programme Manager (Nottinghamshire)
Alex McLeish, Broxtowe Borough Council

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Mary Corcoran	-	Public Health
Paul Davies	-	Democratic Services
Andy Fox	-	Public Health
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health

MEMBERSHIP

It was reported that Councillor Natalie Harvey was no longer the representative from Broxtowe Borough Council.

VICE-CHAIR

It was reported that Dr Steve Kell had offered his resignation as Vice-Chair of the Board, although he would continue as the Bassetlaw CCG representative. The Chair expressed thanks for his work as Vice-Chair since the establishment of the shadow Board in 2011. She hoped that another CCG representative would be willing to take on the role.

MINUTES

The minutes of the last meeting held on 2 September 2015 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Chris Cutland, Dr Steve Kell, Dr Guy Mansford and Joe Pidgeon.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

ROLE OF NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE IN HEALTH AND WELLBEING

John Buckley introduced the report about the contribution which the Fire and Rescue Service could make to health and wellbeing. He pointed out that firefighters were trusted and respected, and well placed to work with vulnerable people in their own homes. He gave examples of projects in other parts of the country, and offered the Nottinghamshire service's skills to stakeholders to develop projects to improve health and wellbeing. The report recommended a workshop for Board members and other partner organisations to discuss plans for collaborative working.

During discussion, there was general support for the proposal for closer working. One suggestion was giving flu injections to elderly people in their own homes. In reply to a question about a pilot scheme in Ashfield with isolated older people, Mr Buckley explained that this project had proved to be too resource heavy for the outcomes achieved, and instead the Multi Agency Safeguarding Hub (MASH) was used to share information. In reply to a question about maintaining smoke alarms which had been fitted by the Fire and Rescue Service, he explained that the alarms fitted currently had a battery life of ten years, and were targeted at the most vulnerable. There was follow up after two years, and families and neighbours were encouraged to check the alarms.

Members supported the suggestion of a workshop with a range of partners, and saw benefit in arranging the workshop jointly with the City Council's Health and Wellbeing Board.

RESOLVED: 2015/036

1) That the contents of the report and the changes in the demands in Nottinghamshire Fire and Rescue Service be noted.

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

YOUNG PEOPLE'S HEALTH STRATEGY FOR NOTTINGHAMSHIRE

Kate Allen and Andy Fox introduced the report about the development of the Young People's Health Strategy. They referred to the strong engagement of young people during development of the Strategy, through a survey, mystery shopping and an event held on 13 August in Mansfield. Lack of support for young people with emotional and mental health issues had emerged as a key theme.

Points made during discussion included:

- There should be a mechanism for implementation and outcomes of the Strategy. - Outcomes would be measured by mystery shopping, surveys and continuation of the Young People's Health Strategy Steering Group.

- It was important to keep the proposed young people's health website up to date. - Partners would be asked for non-recurrent funding to set up the website. The Schools Health Hub would maintain the content.

- The website should be easily accessed through smart phones. Schools should put a link to the website on their websites.

- People working with young people should understand how the adolescent brain develops and changes.

- How would the Strategy address young people's emotional health at school? Schools should undertake more pastoral work. – Schools were becoming more interested in emotional health, as they recognised that good mental health contributed to children's achievement. Some members were of the view that personal, social, health and economic education (PHSE) should be compulsory in the curriculum.

- Survey responses did not distinguish between male and female respondents. However, it was suggested that girls were more likely than boys to talk to friends about a health problem.

- It was important that the Strategy was far reaching and included, for example, young people not in school and apprentices; and that it encouraged young people to make the most of available health resources. - The website was intended to achieve this, and would, for example, give advice on the sorts of questions which might be asked and how best to prepare for healthcare appointments.

RESOLVED: 2015/037

1) That the results of the Young People's Health Survey be noted.

2) That the Young People's Health Strategy be approved and adopted.

EXCESS WINTER DEATHS AMONG OLDER PEOPLE IN NOTTINGHAMSHIRE

Mary Corcoran and Joanna Cooper gave a presentation on the effects of cold weather on mortality and the local pattern of excess winter deaths in Nottinghamshire. The National Institute for Health and Clinical Excellence (NICE) had issued recommendations for mitigating the risk of death and ill health arising from cold housing. The report showed local progress in response to these recommendations, and invited the Board to set a strategic direction to build on achievements.

During discussion, it was pointed out that in Mansfield and Ashfield, a number of older people had coal fires, but did not always light them. There should be good information sharing among organisations: for example, GPs were notified of levels of infectious diseases and cold weather alerts, and this information could be shared with partners.

It was recognised that homes should be insulated properly. However in Nottinghamshire there were many homes without cavity walls. Ashfield District

Council was undertaking a mapping exercise of needs, and Ashfield Homes was mentioned as having an excellent record on home insulation. It was noted that excess winter deaths did not occur only in the more deprived parts of the county. Older people sometimes lived in homes which were no longer suitable for them. There was a need to build suitable housing, and to overcome any limitations which the planning system might impose.

Copies of the County Council's leaflet, "Keep Warm this Winter" were circulated. It was explained that copies were being made widely available. It was queried whether older people would understand temperatures in centigrade. Fahrenheit temperatures were given inside the leaflet.

RESOLVED: 2015/038

1) That the progress made to date be noted.

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

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

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

BETTER CARE FUND PEFORMANCE AND UPDATE

Joanna Cooper introduced the report about performance of the Better Care Fund in Nottinghamshire (BCF) in the first quarter of 2015/16, and recent BCF developments locally and nationally. NHS England had asked CCGs to reconsider their operational plans in the light of probable increases in non-elective hospital admissions, compared with the reductions set out in the BCF plan. In Nottinghamshire, aligning the BCF plan with the CCG plans meant the new target would be a 5.1% increase in such admissions, compared to the 3.7% reduction in the BCF plan. Subject to feedback from NHS England, there may be a further report to the Board. The BCF would continue to be monitored against the original target of a 3.7% reduction during 2015/16.

The report also covered changes to the Mid Nottinghamshire BCF plan, in response to risks which had been identified; national definition changes to BCF care home admission targets; performance in Quarter 1 and the timing of subsequent performance reports; work in Nottinghamshire to provide seven day services; and the offer of support from NHSE New Models of Care Team to support the Integrated Care Pioneers in Mid and South Nottinghamshire.

In reply to a question, it was explained that improving the rates of discharges from hospital to people's own homes was achieved by new ways of caring for people at home, more use of intermediate care, and changes to the ways that people were discharged from hospital.

Board members commented on their experiences of the impact of the Better Care Fund, which reflected the different rates of progress in the three planning areas.

RESOLVED: 2015/039

1) That approval be given to the revision in line with changing national expectations to the BCF1 target, regarding the non-elective admission plan, which is still subject to formal NHS England approval.

2) That the proposed changes to NHS Mansfield and Ashfield CCG financial contribution to the pooled fund be ratified.

3) That the national revision to the definition of the BCF2 and BCF6 targets regarding care home admissions and the impact that this has had on the targets be noted.

4) That the performance exception report for Q1 2015/16 be noted, and the Board receive further reports in December 2015 and March 2016.

5) That the NHS England Q1 2015/16 performance report be approved.

6) That approval be given to the approach for approving NHS England Q2 and Q3 performance monitoring, as set out in paragraphs 25 and 26 of the report.

7) That the progress with Seven Day Services be noted.

8) That the Integrated Care Pioneer offer of support be noted.

JOINT STRATEGIC NEEDS ASSESMENT ANNUAL REPORT 2015

The Board agreed to defer the item to the next meeting, due to lack of time.

CHAIR'S REPORT

RESOLVED: 2015/040

That the Chair's report on local national developments in relation to health and wellbeing be noted.

WORK PROGRAMME

Mental health was suggested as a possible future topic. The Chair encouraged partners to bring items for the Board's consideration.

RESOLVED: 2015/041

That the work programme be noted.

The meeting closed at 4.30 pm.

CHAIR

Nottinghamshire County Council

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2015

Purpose of the Report

1. This report provides information on the progress of the Joint Strategic Needs Assessment (JSNA) for Nottinghamshire during the past 18 months and present plans to further develop the Joint Strategic Needs Assessment during 2015 and 2016 for approval.

Information and Advice

Introduction and context

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

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

JSNA topic refresh

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

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

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

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

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

Children and Young People JSNA topic review

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

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

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

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

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

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

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

Support to owning groups

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

Wider stakeholder engagement in the JSNA process

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

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

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

Development of Nottinghamshire Insight

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

19. The work programme in 2014/15 for Nottinghamshire Insight has delivered: the development of the internet pages for Insight to improve the content of the pages and how the user moves around and between the different pages (Phase 1 has taken place to date); updating of the JSNA area of Insight including interactive JSNA documents; reviewed and updated data views, profiles and the document library; expanded roles of partners in maintaining and developing Insight.

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

Evaluation of JSNA programme

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

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

23. The initial data gathering exercise will be followed by semi-structured interviews in 2016. These will be conducted with wider stakeholders to understand and explore their views and perceptions of the JSNA process. In addition, a high level performance report will be produced by the Insight team to give an overview of the JSNA usage via Nottinghamshire Insight.

Development plans for 2015/16

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

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

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[2] Full protocol available from report author

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agreed by the JSNA Steering Group and this is being implemented between October 2015 and May 2016

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

d. complete development work for wider stakeholder engagement (see paragraphs 13 and 14 above).

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

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

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments (LMcC 21/09/15)

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

Financial Comments (KAS 21/09/15)

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

Background Papers and Published Documents

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

None

Electoral Divisions and Members Affected
All

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

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

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

Nottinghamshire County Council

REPORT OF THE INDEPENDENT CHAIR, NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

Purpose of the Report

1.   To inform Members of the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2014/15, which is available as a background paper.

Information and Advice

2.   National statutory guidance, 'Working Together to Safeguard Children 2015', notes the requirement for the Chair of each Local Safeguarding Children Board to publish an annual report on the effectiveness of safeguarding in the local area. This report should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain and the action being taken to address them. The report should include lessons from reviews undertaken within the reporting period.

2.   The Annual Report should be made available to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board.

3.   In May/June 2015 Ofsted conducted a review of the Board in parallel with their inspection of Children's Services in Nottinghamshire, and judged the Board to be "Good", endorsing our view that the Board is providing effective leadership and scrutiny of the safeguarding arrangements in our county.

4.   The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report outlines the context, both national and local, which has driven the work of the Board during the year.

5.   The report identifies the governance and accountability arrangements and the organisational structure that supports the work of the Board together with the relevant areas of responsibility.

6.   A key area of work for the Board is the provision of policies, procedures and guidance that detail the principles which underpin professional practice and the procedures to follow when child protection concerns emerge. The development of a new set of procedures was reported in last year's annual report, and during this reporting period two

post implementation workshops were held to gather information about the impact the new procedures had made and to collate feedback for the first revision which took place in November 2014. In addition to the feedback gathered, learning from serious case reviews, audit and performance monitoring was incorporated within the amendments along with the inclusion of material on areas which had been identified as national issues, such as child sexual exploitation and neglect.

7.   During 2014-15 the NSCB has delivered a wide ranging programme of multi-agency training courses and seminars covering core safeguarding practice and more specialist subject areas such as fabricated and induced illness. The impact of the training provision has been monitored and levels of reported confidence of practitioners have significantly increased between pre and post course evaluations. In addition to face to face training event free e-learning to partners is available and well used on awareness of child abuse and neglect. A new e-learning course was introduced in this reporting period on Child Sexual Exploitation. There has been a welcome increase in attendance at events in comparison with last year. Learning and Improvement Bulletins have also been introduced which are available on the NSCB website. These contain accessible summaries of learning from serious case reviews in order to cascade the learning to as wide an audience as possible.

9.   The NSCB has continued to strengthen its arrangements for providing scrutiny of safeguarding arrangements. The report includes a section detailing the quality and effectiveness of arrangements and practice. Detailed data for the year is contained within an appendix to the report.

10.   The Child Death Overview Panel has continued to conduct reviews into expected and unexpected child deaths in Nottinghamshire. Two serious case reviews (SCRs) were commissioned (IN14 and JN15), and these were both completed during the reporting period. A further SCR was completed (HN13). All three SCR reports were signed off and are awaiting publication dependent on the outcome of coronial and/or criminal proceedings. A health learning review, regarding the death of a baby recently discharged from hospital was completed. Two reports were published in the reporting period, EN12 and GN13. A summary of the learning from the case reviews completed during the year is included within the report.

11.   Five multi-agency audits reported to the NSCB Board April 2014 to March 2015, on the Early Help Unit, accessibility of services to young people, sexual abuse, Initial Child Protection Conferences and Child Sexual Exploitation. Two scheduled audits were not completed and have been brought forward into the 2015-16 audit programme which has been agreed and is on-going. All audits identified areas of good practice in addition to areas for improvement. Full details of the recommendations and impact of the audits are included in the report.

12.   The NSCB has focused its activity on priority groups of children including: children at risk of sexual exploitation; missing children; children at risk through domestic violence; safeguarding looked after children, children with parents or carers with mental health and/or drug and/or alcohol problems, young carers and privately fostered children. Details of the work carried out in these areas are provided in the report.

13.   The report shows the NSCB's multi-agency financial arrangements for 2014/15 and sets out the Board's priorities and challenges for 2015/16. It highlights the main contextual influences which will impact on safeguarding arrangements.

14.   The key challenges going forward include:
- The need to reassure and maintain the confidence of the people of Nottinghamshire in the effectiveness of safeguarding arrangements, particularly in terms of responses to child sexual exploitation and historic sexual abuse.
- Improvements to child protection planning to be continued.
- New arrangements for CAMHS provision to be implemented quickly and effectively.
- For the Board to be assured that all appropriate agencies are fully engaged in child protection strategy meetings and conferences.
- For the Board to be assured that effective action is taken to identify and meet the needs of children who are privately fostered.

Other Options Considered

3.   As this is a report for noting, it is not necessary to consider other options.

Reasons for Recommendation

4.   The report is for noting only.

Statutory and Policy Implications

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

RECOMMENDATION

1.   That the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2014/15 which is available as a Background Paper be noted.

Chris Few
Independent Chair, Nottinghamshire Safeguarding Children Board
For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 09/11/15)

7. 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.

Nottinghamshire Safeguarding Children Board's Annual Report 2014/15

Electoral Divisions and Members Affected

All

Nottinghamshire County Council

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Report to the Health and Wellbeing Board

2nd December 2015

Agenda Item: 6

</div>

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

COMMUNITY EMPOWERMENT AND RESILIENCE PROGRAMME

Purpose of the Report

1. The purpose of the report is to inform the Health and Wellbeing Board of progress in designing the Community Empowerment and Resilience Programme, which forms part of the County Council's 'Redefining Your Council' framework for transformation.

Information and Advice

Background

2. In July 2015, the County Council's Policy Committee agreed that a Community Empowerment and Resilience Programme should be added to the portfolio of programmes and projects which would deliver the transformation set-out in the 'Redefining Your Council' framework. This was in recognition of the very significant role that the Voluntary and Community Sector (VCS) has in shaping and supporting the socio-economic well-being of Nottinghamshire communities.

3. The County Council is not alone in facing the challenges that were a key driver for RYC. Each of the public sector bodies in Nottinghamshire has significant funding challenges and many have their own transformation and efficiency programmes in place which typically include initiatives which aim to improve outcomes for communities.

4. To reflect this, it was agreed that the overarching objective of the Programme would be:

    To delay or prevent the need for intervention from the Council and other public services by enabling Nottinghamshire communities to be more empowered and resilient

5.   This would be achieved by working with and supporting the VCS to build capacity within Nottinghamshire communities and working more collaboratively with partner bodies in target localities to the same end.

Structure of the Programme

6.   The initial thinking about the Programme is that it would have two strands, one universal and a second thematically targeted.

<u>Universal</u>

7.   This strand focusses on understanding and strengthening the VCS in Nottinghamshire in order that it can sustain and grow its support to communities.

8.   It was generally accepted that there was limited knowledge about the size and complexity of VCS in Nottinghamshire and that that was a weakness in terms of guiding policy and interventions in relation to the sector, its work and development.

9.   In order to address this and to provide a baseline for the Programme, the County Council and Nottinghamshire VCS Infrastructure Groups (working jointly as the Nottinghamshire Together Consortium) commissioned a 'Nottinghamshire State of Sector' survey and report to:

- produce reliable, statistically significant and current data on the sector
- provide intelligent information on the key issues affecting the sector
- identify thematic variations in the sector across Nottinghamshire
- make recommendations on the scope and approach to the Community Empowerment and Resilience Programme in light of key findings

10.   Sheffield Hallam University's Centre for Regional Economic and Social Research were appointed to undertake the research. The executive summary of the report is attached at **Appendix A**.

11.   The report provides a wealth of information and offers a snapshot of the community and voluntary sector in 2015 as a period of increasing change continues. The key conclusions and messages for consideration, coming out of the study are that:

- There are a wide range and a large number of organisations operating in Nottinghamshire who are involved in many areas of activity. As such the voluntary sector in the county occupies an important strategic position between policy development, service provision and everyday life.
- The sector is an important economic player and employer, however there are concerns that suggest the sustainability of many organisations is under threat.
- There is a mixed picture in Nottinghamshire regarding relationships between the voluntary sector and public sector bodies with the ability of voluntary sector organisations to influence public sector bodies appears to vary depending on service delivery area, geography and personality of commissioners.   Page 22 of 98

- Relationships between the voluntary sector and private sector are at an embryonic state within Nottinghamshire
- There are elements of collaboration between voluntary organisations in and across Nottinghamshire however barriers exist to collaboration.
- There is high satisfaction with the support provided by infrastructure organisations but also concern that this support is being eroded.
- Applying for grants and bidding for contracts still remains a difficult task for the sector and making the JSNA more accessible to groups could help provide valuable local evidence.
- Lack of funding, volunteering, communication and VCS infrastructure were reported as the key challenges facing the sector in the future.

12. The findings of the study were shared at two partnership events which were held on 20th and 23rd October, 2015 at Newark and West Bridgford respectively. These generated wider debate and explore the opportunities and challenges identified with a view to developing plans for more collaborative working for the benefit of Nottinghamshire's communities.   Delegates were asked to consider issues on working together differently, what the key pressing concerns are and how confidence and capacity can be built. An action plan is currently being developed which will form the next steps for the Programme.

13. A total of 165 delegates attended the events. The attendees included: Local & National Community & Voluntary Sector Groups; Funding bodies – The Big Lottery & Lloyds Foundation; Local Authorities from around the County & Nottingham City & a number of Councillors; Commissioner's from the County Council, Clinical Commissioning Groups & NHS Trusts

14. The breadth of representation from the Community & Voluntary Sector covered groups that focussed on the following areas: Environment & Green Space; Hospice Care; Homelessness; Older People; Advice, Advocacy, Welfare & Guidance Groups; Health & Social Care; Children & Families; BME Groups; Domestic Violence; Community Transport; Community Learning; Sports and Self Help Groups

Thematic Targeting

15. Nottinghamshire is a large county, with diverse communities and extensive multi-agency involvement in community capacity building and support (e.g. health; county, district and borough councils; police; fire and rescue etc). One of the key challenges for a Programme of this nature therefore is prioritisation and targeting of effort and resources in order to make the greatest beneficial impact.

16. Experience from elsewhere suggests that it is helpful to focus on a particular geography or theme. For instance, Nottingham City Council is working collaboratively with Nottingham Clinical Commissioning Group (CCG) on a Programme called 'Looking After Each Other' (LAEO) which has the objective of '*reducing loneliness and social isolation to delay or prevent deterioration and need for social care intervention and therefore expenditure.'* This ties closely with the Vulnerable Adults Plan for Nottingham City 2012-2015

17. Addressing loneliness and isolation is a priority for the Health and Wellbeing Board and its stakeholders its adverse effect on an individual's

health and wellbeing and the resultant implications for health and social care services. It is anticipated that the revised Joint Strategic Needs Assessment (JSNA) will provide extremely useful and current data on the loneliness and isolation within the County.

18. Initial thinking is that because of its importance, and the synergies and opportunities for joint working that exist with the 'Looking After Each Other' Programme in Nottingham, loneliness and isolation will be a key theme to initially address through the Community Empowerment and Resilience Programme

19. However, it will be imperative to ensure that additional value can be derived given that there are already many interventions and groups running in Nottinghamshire which are helping to address loneliness and isolation. As the Nottinghamshire Loneliness Model (built following the Campaign to End Loneliness) articulates, loneliness is dependent on a wider infrastructure and before applying solutions, it is necessary to identify and assess people's needs

20. It is therefore envisaged that through the County Council's recently commissioned 'early intervention to maintain self-management service' and the emerging integrated community based teams within Clinical Commissioning Groups (CCGs) a rich picture will emerge of the demand / need for services to address loneliness and isolation at a local level. By working with these services intelligence can be used to identify areas where gaps exist and community capacity can be built.

Other Options Considered

21. The Programme has commenced with a State of Sector report to understand more about the composition of the VCS in Nottinghamshire. The intention is to refine thinking and further design the Programme once the findings of the research have been more fully considered and discussions have taken place with key partners about the targeted strand.

Reason/s for Recommendation/s

22. The report is to inform the Health and Wellbeing Board of the current position.

Statutory and Policy Implications

23. 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

24. The Health and Wellbeing Board is asked to note progress in designing the Community Empowerment and Resilience Programme, which forms part of the County Council's 'Redefining Your Council' framework for transformation.

25. To comment on the content of the paper and discuss how partners can contribute to the Community Empowerment and Resilience programme.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

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Community & Voluntary Sector Team Manager
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Constitutional Comments (SLB 23/11/2015)

This report is for noting only

Financial Comments (SES 23/.11/2015)

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

Background Papers and Published Documents

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

Redefining Your Council Review – Report to Policy Committee (July 2015)
State of the Voluntary and Community Sector in Nottinghamshire - Report produced by Sheffield Hallam University's Centre for Regional Economic and Social Research (October 2015)

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire State of the Voluntary Sector 2015

A summary report on social and economic impact

in partnership with

Nottinghamshire County Council

Sheffield Hallam University | Centre for Regional Economic and Social Research

Nottinghamshire State of the Voluntary Sector 2015

Centre for Regional Economic and Social Research

Sheffield Hallam University

Beth Patmore

Elizabeth Sanderson

October 2015

Acknowledgements

Definitions

This report is about the 'state of the voluntary sector in Nottinghamshire'. At various times the voluntary sector has been known as the 'voluntary and community sector' or the 'third voluntary sector' whilst the current government talks a lot about 'civil society'. In this report, when we talk about the voluntary sector in Nottinghamshire, we mean **voluntary organisations**, **community groups**, the **community work of faith groups,** and those **social enterprises** and **community interest companies** where there is a wider accountability to the public via a board of trustees or membership and all profits will be reinvested in their social purpose.

Foreword

This report has been commissioned by Nottinghamshire County Council to provide, for the first time, a baseline which will support the development and delivery of a joint programme of work with the voluntary and community sector and other partners across the County.

The Community Empowerment and Resilience Programme aims to help build capacity in local communities which will resolve local issues and meet local needs alongside recognising the need to delay or prevent costly intervention from public services. This programme will be delivered in partnership through collaborative working by enabling communities to be more empowered and resilient through the support of a strong and effective community and voluntary sector.

The report provides a wealth of information which shows that Nottinghamshire is home to a large and diverse community and voluntary sector which occupies an important strategic position between policy development, service provision and everyday life. Nottinghamshire is facing an era of unprecedented financial challenges for public services and, by necessity, the way in which budget reductions, rising costs and increased demand for services are tackled requires transformational change.

This report offers a snapshot of the community and voluntary sector in 2015 as a period of increasing change continues. The aim of commissioning this study is to generate wider debate that will help shape a stronger future for the voluntary and community sector in Nottinghamshire. The messages for consideration include the need for the voluntary sector, collectively, to set a clear direction for the future through collaboration to help influence public services and to play a role in the design and delivery of services. The areas for consideration coming out of this report provide a significant opportunity to cement relationships based on mutual trust and respect and to target resources and build community capacity in order to help communities to help themselves.

Catherine Burn

Sarah Collis

Cllr Alan Rhodes
Leader Nottinghamshire County Council

John O'Brien

Nottinghamshire Together

"This report shows that voluntary activities within communities, often through small organisations, can help create the most cha nge in individual's lives and contribute significantly to improved health and wellbeing. The connection to localities and the importance of prevention is brought out in this report and I am keen to harness the strength of this local intelligence which shows how this level of trust can attract volunteers and local resources"

Cllr Joyce Bosnjak
Deputy Leader & Chair of Health & Well Being Board

"The messages coming from this report gives all partners a unique opportunity to enable the public and voluntary sectors to collaborate as equals and pursue an interdependent approach to respond to the needs of our communities in Nottinghamshire"

Cllr Glynn Gilfoyle
Chair of Community Safety Committee

Introduction

This report provides a summary of the main findings of research aimed at improving the understanding of the social and economic impact of the voluntary sector in Nottinghamshire. The research was commissioned by Nottinghamshire County Council and undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

The key objective of the research was to provide a comprehensive overview of the sector in Nottinghamshire in 2015 and a baseline position for the Council to use to help inform their work as they seek to transform service delivery.

The research involved a large postal survey of organisations supporting the people and communities of Nottinghamshire. A web-based survey was also designed and a link to the electronic survey sent out along with the postal questionnaires. This enabled organisations to complete the survey online if they preferred. At least partial responses were received from 200 of the 1263 organisations that were sent a survey questionnaire (154 postal and 46 online): this represents an **overall response rate of 16 per cent.** The web-based survey was also distributed by Nottinghamshire County Council and their partners, reaching organisations not included in the original sample. A further 41 responses were collected via this method, meaning a total of **241 responses were collected overall** during May-July 2015, suggesting a higher overall response rate of about 18 per cent.

When reading the report it is important to acknowledge two key points. First, the results reported are based on the survey responses received. Therefore it is possible that if a different sample of organisations had taken part in the survey different results may have emerged. It is estimated that the results reported are within +/- six percentage points of the true value.

Secondly, in a number of instances the report presents 'grossed up' estimates for all organisations within the area; for example estimates are provided of income, staffing and volunteers. These have been created using the estimated average for micro, small, medium and large organisations within Nottinghamshire who took part in the survey. The averages are then multiplied by the estimated number of organisations within these size bandings within the area. These have then been summed to provide aggregate area-level results.

To provide a further depth of understanding in relation to trends emerging from the State of the Sector Survey, **four focus groups and 18 stakeholder interviews** were conducted. The focus groups were held midway through the survey administration and conducted at large events aimed at local front-line voluntary and community organisations. The telephone interviews were undertaken with key VCS stakeholders across Nottinghamshire in June-August 2015.

In this summary report we answer 15 key questions about the sector and its role across Nottinghamshire.

Q1. How many organisations are there?

There are a wide range and a large number of organisations operating in Nottinghamshire who are involved in many areas of activity. As such the voluntary sector in the county occupies an important strategic position between policy development, service provision and everyday life

There are an estimated **4,663 organisations** working in the voluntary sector and the vast majority of organisations are micro or small (94 per cent with an income of less than £100,000).

4,663
Total number of organisations in the voluntary sector in Nottinghamshire

	Micro	Small	Medium	Large
	4044	344	249	26
	under £10k	£10k-£100k	£100k-£1m	more than £1m
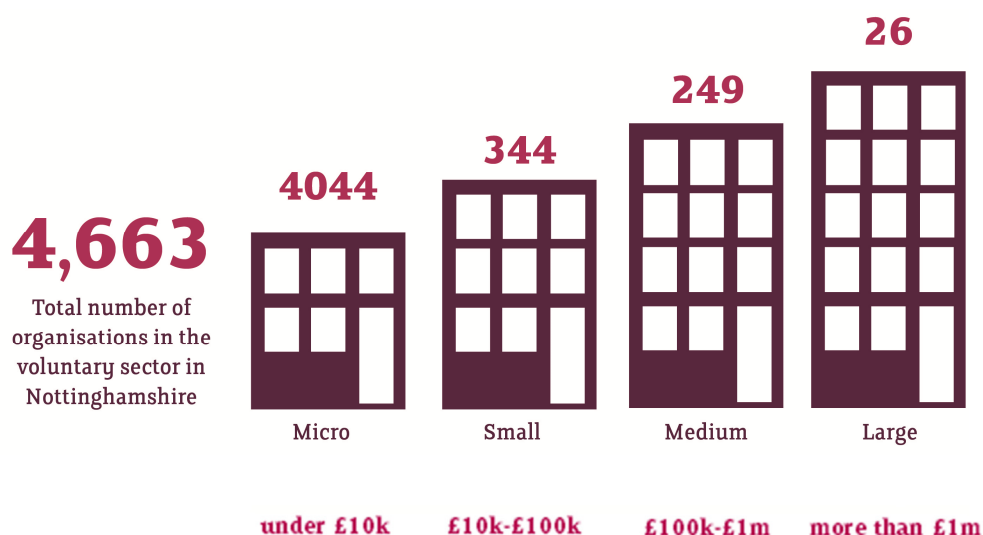
Q2. What types of organisations are there?

Over one-third of organisations surveyed were local voluntary organisations.

Local voluntary organisations 34%

Community or neighbourhood group 13%

Community centre or village hall 10%

Other organisation types:
Sport, leisure or social club **6%**
Local branch of a national voluntary organisation **6%**
Affiliated member of a national voluntary organisation **6%**
Informal interest group **5%**
Social enterprise **5%**
Faith group **5%**
Regional voluntary organisation **3%**
National voluntary organisation **2%**
Registered social landlord **1%**
Tenants and Residents Association **1%**
Other type of organisation **3%**

Q3. What does the voluntary sector in Nottinghamshire do?

The areas with the greatest proportion of organisations working in them are: health and well-being; education, training and research; sport and leisure; and community development.
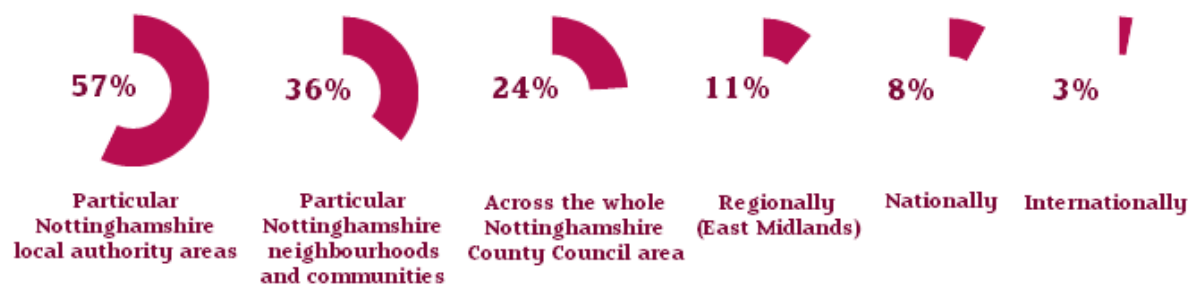

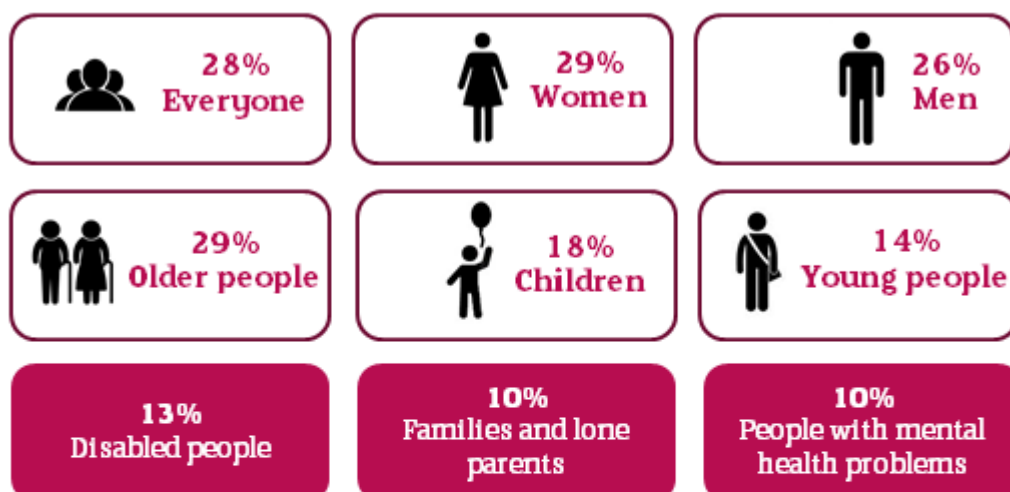|	
International development	1%
Criminal justice	2%
Equalities and civil rights	3%
Campaigning and lobbying	5%
Other charitable, social or community purpose	6%
Accommodation and housing	6%
Transport	6%
Religious and faith based activity	8%
Environment and sustainability	8%
Capacity building and other support for VCS organisations	11%
Arts, heritage and culture	12%
Economic well-being	14%
Social care	16%
Community development	27%
Sport and leisure	27%
Education, training and research	29%
Health and well-being	39%

Q4. Where do organisations work?

The voluntary sector works at a range of different geographical levels: both across and beyond Nottinghamshire; the local authority area, and specific communities and neighbourhoods within it, are the main focus for a majority of organisations.

57%	36%	24%	11%	8%	3%
Particular Nottinghamshire local authority areas	Particular Nottinghamshire neighbourhoods and communities	Across the whole Nottinghamshire County Council area	Regionally (East Midlands)	Nationally	Internationally

Q5. Who benefits from their work?

The client groups served by the largest proportion of organisations can be broadly characterised as being demographic: gender - women (29 per cent) and men (26 per cent) - and age - older people (29 per cent), children (18 per cent) and young people (14 per cent). Over a quarter of organisations surveyed identified 'everyone' as their main clients, users or beneficiaries.

28% Everyone

29% Women

26% Men

29% Older people

18% Children

14% Young people

13% Disabled people

10% Families and lone parents

10% People with mental health problems

Client groups served by less than 10% of organisations:

Carers 7%

People with learning disabilities 7%

Unemployed people 5%

Faith communities 5%

Tenants and residents 4%

Black and Minority Ethnic Communities 3%

People with substance misuse/addiction problems 3%

Homeless people 3%

Offenders, ex-offenders, and their families 2%

Victims of crime and their families 1%

Refugees and people seeking asylum 1%

Looked after children 1%

Other client groups 1%

It is estimated that the voluntary sector in Nottinghamshire made:

4.5 million interventions *with clients, users or beneficiaries in the past year*

Q6. How much is the voluntary sector in Nottinghamshire worth?
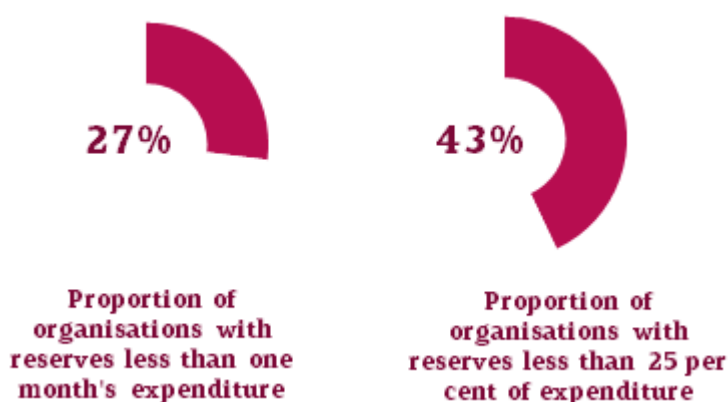
The sector in Nottinghamshire is an important economic player, contributing significantly to Gross Value Added (the value of goods and services produced). But patterns in the amount of money the sector receives, the way organisations are spending their money and the size of their financial reserves suggest the sustainability of many organisations is under threat.

Total income in 2014/15 is estimated to be £192m, a reduction of four per cent compared to 2013/14:

£ 203m
2012/13

% change

-1

£ 200m
2013/14

-4

£ 192m
2014/15
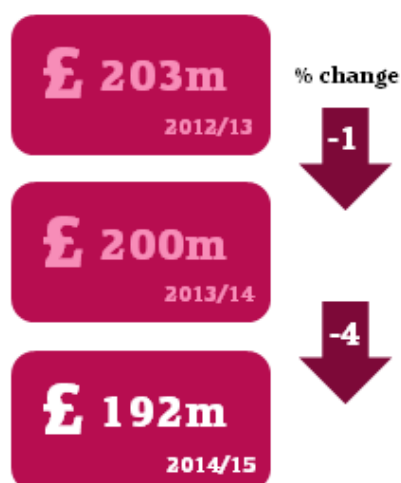
Q7. How sustainable is the voluntary sector in Nottinghamshire?

A large proportion of organisations have very little money to fall back on if their funding decreases: just over one quarter of organisations surveyed said they have reserves totalling less than one month of expenditure, and just over two-fifths have insufficient reserves to cover more than three months expenditure.

27%

Proportion of
organisations with
reserves less than one
month's expenditure

43%

Proportion of
organisations with
reserves less than 25 per
cent of expenditure

Q8. How many people work in the voluntary sector?

The voluntary sector is a significant employer. In 2014/15 there was an estimated:

4,800 FTE paid staff *employed by the voluntary sector in Nottinghamshire*
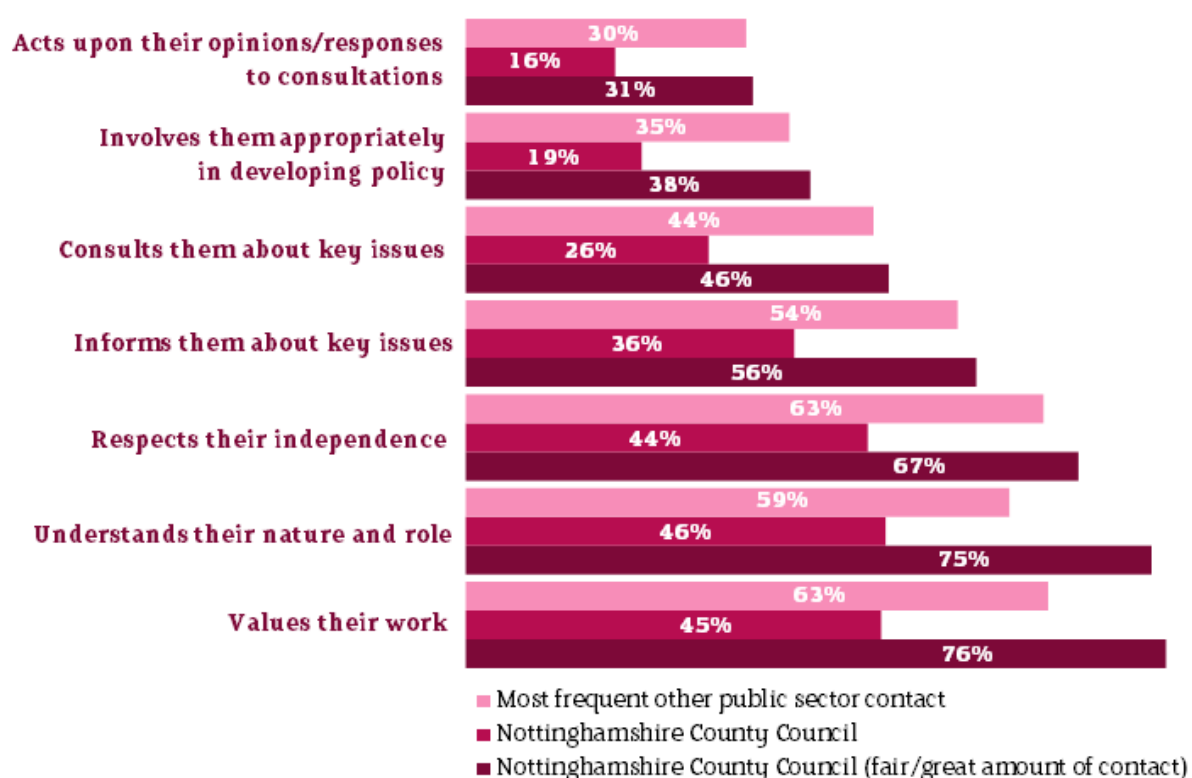
In addition the sector was supported by:

86,200 volunteers

who donated 146,900 hours *of their time per week*

£ 145.3 million per annum *estimated as the economic contribution of volunteers*

Q9. How good are relationships with public sector bodies?

There is a mixed picture in Nottinghamshire regarding relationships between the voluntary sector and public sector bodies.

While 76 per cent of organisations surveyed, who have a great or fair amount of contact with Nottinghamshire County Council, said they valued their work, only one-third said they act upon their opinions/consultations.

Acts upon their opinions/responses to consultations — 30%, 16%, 31%

Involves them appropriately in developing policy — 35%, 19%, 38%

Consults them about key issues — 44%, 26%, 46%

Informs them about key issues — 54%, 36%, 56%

Respects their independence — 63%, 44%, 67%

Understands their nature and role — 59%, 46%, 75%

Values their work — 63%, 45%, 76%

■ Most frequent other public sector contact
■ Nottinghamshire County Council
■ Nottinghamshire County Council (fair/great amount of contact)

Centre for Regional Economic and Social Research | 6

Summary of focus groups and interview findings: Relationships with the public sector

Voluntary organisations reported a 'mixed picture' in terms of their relationships with local sector bodies. Some stakeholders and focus group participants felt they had good relationships with their District Council, County Council and/or local Clinical Commissioning Groups, whereas others found all or some of these groups were difficult to build relationships and/or work with. Participants attributed this variability in relationships down to factors such as:

- reduction in public sector spending

- rapidly changing public service delivery landscape

- lack of communication

- personalities of individuals.

These above factors are further compounded by the changing nature of the relationship between the voluntary sector and the state both nationally and locally, as formal support for voluntary organisations, for example through grants, has reduced, while the move towards them contracting to deliver public services has continued apace. Both sectors appear to be grappling to manage the change in dynamic caused by this shift in the policy and funding landscape. Moreover it appears this shift has resulted in scepticism concerning policies and eroded trust between the sector and the state, in turn impacting on relationships. On a positive note, even in the restricted funding environment local public sector bodies have continued to run grant aid programmes although the size and number have diminished from previous years. This was recognised as an important 'lifeline' for some groups.

Q10. To what extent do voluntary organisations feel able to influence public sector bodies?

The ability of voluntary sector organisations to influence public sector bodies appears to vary depending on service delivery area, geography and personality of commissioners.

Almost one-fifth (18 per cent) of organisations surveyed said they were satisfied with their ability to influence Nottinghamshire County Council decisions of relevance to their organisation, while 33 per cent of respondents said they were satisfied with their ability to influence key decisions of their most frequent other public sector contact. The picture in Nottinghamshire is more positive than at the national level. Nationally only 16 per cent were satisfied with their ability to influence local public sector bodies.

Satisfied with their ability to influence decisions

18%
Nottinghamshire County Council

33%
Most frequent other public sector contact
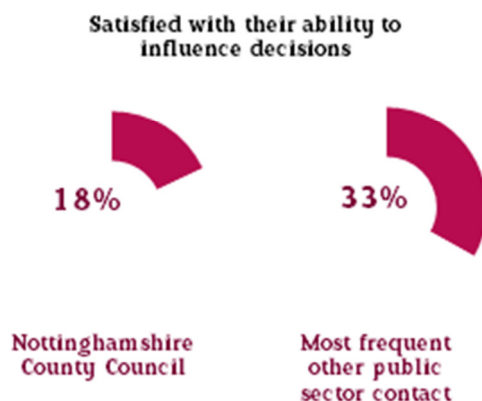
Summary of focus groups and interview findings: Influencing public sector organisations

Again voluntary organisations report a 'mixed picture' in terms of their ability to influence local public sector bodies and again this appears to fluctuate depending on the service delivery area, geography and experience/knowledge of commissioners. Positively, voluntary organisations who report success in terms of influencing commissioners find they do so when:

- they approach commissioners with 'solutions' which are focused on addressing priority areas for the different bodies

- are perceived as experts with an understanding of local knowledge and access to hard to reach groups

- there is an existence of 'trust' based upon experience or knowledge of working with voluntary sector to deliver services.

Conversely in some areas voluntary organisations either struggled to establish relationships and communication/relationships or felt interactions were 'top-down' with limited opportunity to feed into priorities and decision making. These experiences do not appear unique from a review of the literature. Here it is found that elements of the whole commissioning cycle can 'get lost' as commissioners grapple with balancing limited funding against local priorities. Moreover prime contractor and sub-contracting arrangements are starting to become more prevalent and by their very nature limit the sector's influence due to strict priorities and complex arrangements. Whilst central government are pushing for the withdrawal of the state from public service delivery in favour of marketization, studies highlight the importance of commissioners staying involved in the design and oversight of these markets. In effect by acting as 'market stewards' commissioners can ensure diversity of providers and the diversity of voices articulating the needs and influencing service design.
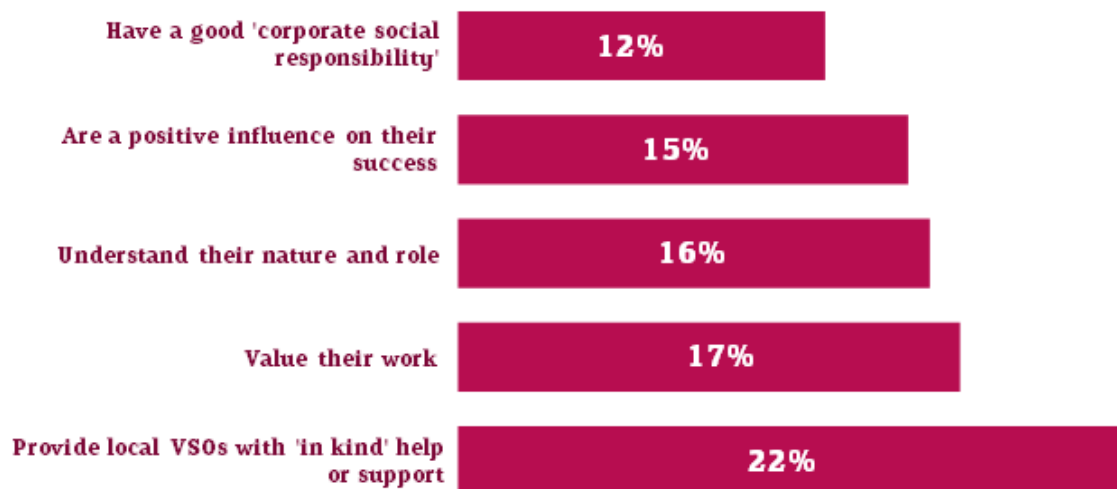
Q11. How well does the voluntary sector work with commercial businesses?

Relationships between the voluntary sector and private sector are at an embryonic state within Nottinghamshire. Engagement with commercial businesses is relatively low. Only…

…11 per cent *of organisations surveyed said they have a 'fair' amount of direct dealings with commercial businesses in Nottinghamshire*

Just one organisation said they have a great amount of dealings.

Only 17 per cent of organisations surveyed agreed that commercial businesses value their work and 16 per cent agreed that they understood the nature and role of their organisations. However, there is a feeling that this engagement needs to develop.

Have a good 'corporate social responsibility'	12%
Are a positive influence on their success	15%
Understand their nature and role	16%
Value their work	17%
Provide local VSOs with 'in kind' help or support	22%

Summary of focus groups and interview findings: Relationships with the commercial sector

Relationships between the voluntary sector and private sector are at an embryonic state within Nottinghamshire. Some District Councils and private sector boards are running events to encourage relationships between the sector to aid local regeneration, while charitable trusts are running mentoring schemes in which members of the business community act as critical friends in helping voluntary organisations to develop their business skills. Although some voluntary organisations reported never having had contact with any local commercial businesses, others reported receiving donations in the form of money, equipment or materials needed for service delivery (e.g. 7-seater minibus and accompanying insurance, materials to refurbish grounds, food) and/or 'manpower' in the form of volunteers. A handful of voluntary organisations have established relationships with very large commercial businesses in the area – like B&Q, Experian, Laing O'Rourke, and Aeon. Here, these relationships started through contact with the businesses' volunteering schemes run as part of their corporate social responsibility programmes. In these examples it appears that the relationships have in effect grown over time. Where initially, they might have started with the donation of volunteer time, equipment and materials, they matured into relationships where the 'in-kind benefit' received was the private sector sharing its business skills and knowledge around areas such a pricing, trading strategies, branding and marketing. Perceptions from stakeholders are that to make these relationships work both sectors needed to be aware of the benefit, which are not necessarily always financially-driven.

Q12. How well does the voluntary sector work together?

There are elements of collaboration between voluntary organisations in and across Nottinghamshire, however barriers exist to collaboration.

84 per cent of organisations surveyed said they have some direct dealings with other voluntary and community organisations and…

...50 per cent *said they have a 'great' or 'fair' amount of direct dealings with other voluntary and community organisations in Nottinghamshire*

Summary of focus groups and interview findings: Working with other voluntary and community organisations

There was general agreement across our discussions with key stakeholders that there are elements of collaboration between voluntary organisations in and across Nottinghamshire. Largely, stakeholders interviewed and focus group participants felt that the continued marketization of public services and corresponding programme of public austerity has resulted in the emergence of number of key barriers to voluntary organisations working together:

Specifically that it has:

- limited capacity (both external and internal) to engage in collaborations
- contributed to the creations of cultures of silo-working, enhanced competitiveness and mistrust which hamper collaborative efforts
- tendency to favour informal versus formal collaborative arrangements.

Stakeholders felt this could be overcome by organisations having trust in their own organisation's ability as well as other partner organisations, having a clear business model, ensuring the right skills mix on governance boards and staying true to their mission. Two commissioners highlighted that both sectors are prioritising building the contractual elements and forgetting about the relational elements like building a shared purpose. This is particularly salient as this type of relationship-building is time consuming in a rapidly changing landscape.

Q13. How satisfied are organisations with infrastructure support?

There is high satisfaction with the support provided by infrastructure organisations but also concern that this support is being eroded.

Over two-thirds (68 per cent) of support recipients said they were satisfied with the support they received from local support and development organisations across Nottinghamshire:

61%
All respondents

68%
Support recipients only
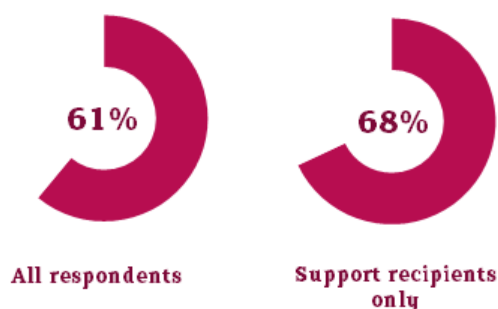
Summary of focus groups and interview findings: Relationships with infrastructure organisations

Similar to the survey findings voluntary organisations reported satisfaction with their interactions with local infrastructure organisations. Here organisations reported accessing a variety of support services such as volunteering, partnership working, training and development, communications, income generation, financial management and governance. These organisations expressed that the services they accessed had helped them to be successful. Due to the changing landscape in terms of the role and funding of the voluntary sector infrastructure, some key agencies (NAVO) and programmes (CA Plus HR support services) have been withdrawn which has been cited as loss by a number of voluntary organisations. Largely perceptions were that infrastructure organisations have an important role to play in the development of the sector.

Q14. Where should future capacity and capability-building support be targeted?

Summary of focus groups and interview findings: Targeting future capacity and capability-building support

The key areas highlighted to target future capacity and capability-building support were:

- different facets of collaboration or consortia development, such as getting smaller organisations involved in commissioning and the delivery of services, building effective inter-organisational relationships (between both voluntary and public sectors), supporting smaller organisations to get involved in service delivery and developing the skills in the sector to build and maintain SPVs

- ability to demonstrate impact/social outcomes,

- accessing space to be innovative,

- continuing support of the voluntary sector infrastructure.

Q15. What are the key challenges facing the voluntary sector in Nottinghamshire?

Applying for grants and bidding for contracts still remains a difficult task across the sector.

> **Summary of focus groups and interview findings: The challenge of applying for grants and bidding for contracts**
>
> - generally interviewees and focus group participants report that front-line organisations lack most significantly the time and to a lesser extent the internal skills and knowledge, to apply for funding and bid for tenders
>
> - the reduction in public spending over the past few years has resulted in an increase demand for services and limited opportunities to win funding. Many voluntary organisations report being consumed with managing the day-to-day and lacking the space to either respond or think strategically about their funding strategies
>
> - this largely appears to be affecting the smaller organisations although some larger organisations are struggling to maintain funding
>
> - there are some examples of the sector pulling together consortia through which smaller organisations will be capable of bidding for and winning contracts to deliver services.

Along with funding, there were a number of other key challenges facing the sector which emerged from the research.

> **Summary of focus groups and interview findings: Key challenges facing the sector**
>
> Lack of funding, volunteering, communication and VCS infrastructure were reported as the key challenges facing the sector in the future.
>
> - the key challenge emerging from the qualitative work is lack of funding as it impacts on a number of different areas such as organisation capacity, sustainability, collaboration and culture change
>
> - while some of these areas are challenges to the sector, in some cases these are also perceived as possible opportunities in terms of future development. For example surviving previous rounds of cuts to public sector spending was highlighted as demonstrating the toughness and resilience of the sector
>
> - and while spending has been reduced, there are also areas of opportunity emerging for the sector to take on an increasing role in public service delivery through consortia
>
> - arguably, formal collaborations bring their own challenges but there are opportunities to be grasped, as highlighted by the Social Prescribing Pilot in Bassetlaw, two Big Lottery programmes consortia led by Nottingham CVS and the D2N2 Social Inclusion Programme which start this year
>
> - diminishing financial support for capacity building activities and a recent failed merger of three CVSs threatens the sustainability and impact of infrastructure support in Nottinghamshire. Positively some representatives from infrastructure organisations perceive the changing infrastructure landscape as an opportunity to provide a more targeted and lean infrastructure in Nottinghamshire, streamlining service delivery by reducing duplication.

Summary & Conclusions

The aim of this study was to generate a wider debate that will help shape a stronger future for the voluntary and community sector in Nottinghamshire. The final report provides the detail behind the summary and it is recommended that you also read the full study.

The final two chapters of the full report are the Conclusions and a section entitled Strengths, Weaknesses and Areas for Consideration – It is recommended that these are used by all voluntary and community sector stakeholders as a focus for future collaborative working.

The Conclusions

- There are a wide range and a large number of organisations operating in Nottinghamshire who are involved in many areas of activity. As such the voluntary sector in the county occupies an important strategic position between policy development, service provision and everyday life.

- The sector in Nottinghamshire is an important economic player, contributing significantly to GVA. But patterns in the amount of money the sector receives, the way organisations are spending their money, and the size of their financial reserves suggest the sustainability of many organisations is under threat.

- The voluntary sector is a significant employer.

- There is a mixed picture in Nottinghamshire regarding relationships between the voluntary sector and public sector bodies.

- The ability of voluntary sector organisations to influence public sector bodies appears to vary depending on service delivery area, geography and personality of commissioners.

- Relationships between the voluntary sector and private sector are at an embryonic state within Nottinghamshire.

- There are elements of collaboration between voluntary organisations in and across Nottinghamshire however barriers exist to collaboration.

- There is high satisfaction with the support provided by infrastructure organisations but also concern that this support is being eroded.

- Applying for grants and bidding for contracts still remains a difficult task for the sector.

- Lack of funding, volunteering, communication and VCS infrastructure were reported as the key challenges facing the sector in the future.

Contact details

A copy of the full report which also contains the Strengths, Weaknesses and Areas for Consideration can be obtained by contacting Nottinghamshire County Council, Community & Voluntary Sector Team by email cvs.team@nottscc.gov.uk or by telephoning 0115 9772041

Nottinghamshire County Council

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

BETTER CARE FUND PERFORMANCE AND UPDATE

Purpose of the Report

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

    1.1. Note the performance exception report for Q2 2015/16 and receive a further report in March 2016.
    1.2. Approve the Q2 2015/16 national quarterly performance report.
    1.3. Note the process for 2016/17 planning.

Information and Advice

Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q2 2015/16. In addition the Q2 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

3. Q2 2015/16 performance metrics are shown in Table 1 below.

    3.1. Four indicators are on track (BCF1, BCF2, BCF3, and BCF6)
    3.2. Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions)

Table 1: Performance against BCF performance metrics

Performance Metrics	2015/16 Target	2015/16 Q2	RAG rating and trend	Issues
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,689 (Q2 15/16)	2,531 (Q2 15/16)	G ⇔	On-going development of schemes during 2015/16.
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657.35	587 (15/16 YTD)	G ⇔	Work commencing to explore role of Care Delivery Groups in avoiding care home admissions.
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	91.95% (15/16 YTD)	G ⇧	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,121.4 (Q2 15/16)	814.5 (Q2 15/16)	A ⇧	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100% (Q2 15/16)	G ⇧	

Performance Metrics	2015/16 Target	2015/16 Q2	RAG rating and trend	Issues
BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	68.5%	64.9% (July)	R ⇩	
BCF6: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	33.96%	31.92% 15/16 YTD	G ⇧	Reporting now based on actual data rather than sampling process. Work on transfer to assess models during 2015/16 should support reduction in admissions directly from hospital.

4. Expenditure is currently on plan and reconciliation of Q1 and Q2 spend is complete.

5. The BCF Finance, Planning and Performance subgroup monitor all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with

	is destabilised.		the rest of the County. HWB facilitated a County wide meeting to discuss workforce issues in November 2015.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

6. As agreed at the meeting on 7 October 2015, the Q2 2015/16 national report was submitted to NHSE on 27 November as a draft pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually by the BCF Finance, Planning and Performance sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the Better Care Support Team.

7. Further national reporting is due on the following dates:

   7.1. Q3 (2015/16) data returns due 26 February 2016
   7.2. Q4 (2015/16) data returns due 27 May 2016

Planning for 2016/17

8. At the date of writing this report, confirmation that the Better Care Fund will continue in 2016/17 has been received. Further details will be available following Spending Review 2015 and a verbal update will be provided when the Board meet.

Other options

9. None

Reasons for Recommendations

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

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

Statutory and Policy Implications

12. 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.

Human Resources Implications

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

Legal Implications

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

RECOMMENDATIONS

That the Board:

1. To note the performance exception report for Q2 2015/16 and receive a further report in March 2016.

2. To approve the NHSE Q2 2015/16 performance report.

3. Note the process for planning for 2016/17.

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

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

Constitutional Comments (SMG 10/11/2015)

15. By virtue of its Terms of Reference, the Health and Wellbeing Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Board, and to perform any specific duties allocated by the Department of Health. The proposals in this report fall within the remit of the Board.

Financial Comments (KAS 23/11/15)

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

Background Papers and Published Documents

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

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16". http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government "Better Care Fund 2016-17"

Electoral Divisions and Members Affected

- All

Appendix 1 – BCF Q2 Performance National Report

Cover and Basic Details	
Q2 2015/16	
Health and Well Being Board	**Nottinghamshire**
completed by:	Joanna Cooper
E-Mail:	Joanna.Cooper@nottscc.gov.uk
Contact Number:	0115 9773577
Who has signed off the report on behalf of the Health and Well Being Board:	To follow - HWB meeting 2nd December 2015

Budget Arrangements

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q2 2015/16

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

National Conditions

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q2 2015/16

National Conditions

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

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
Further details on the conditions are specified below.					
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right					
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes		

6) Is an agreement on the consequential impact of changes in the acute sector in place?		Yes	Yes	Yes	

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

Selected Health and Well Being Board: Nottinghamshire

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

Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
20,925	20,929	20,935		-5.1%	-4,190	£0	-2,688	-3,200	-3,756	-4,190

9

Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0	£0	£0	-2,777	76	97		£0	£0	£0	

Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
£0	£14,375,000	£0	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR	If other please specify	

Cost per non-elective activity	£1,490

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£0	£0	£0	

Actual payment locally agreed	£0	£0	£0	

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

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£0	
Actual amount of locally agreed unreleased funds	£0	£0	£0	
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable	not applicable	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	18,982	20,925
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	20,925	

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

Selected Health and Well Being Board: Nottinghamshire

Income

Previously returned data:

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

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,642,000	£13,438,000	£13,438,000	£15,402,000	£58,920,000	£59,303,000
	Forecast	£16,159,385	£14,531,000	£12,642,150	£14,621,465	£57,954,000	
	Actual*	£15,770,948	£14,531,000	-	-		

Please comment if there is a difference between either annual total and the pooled fund	The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. Phasing of income to be agreed.

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,064,000	£13,592,000	£14,413,000	£16,852,000	£58,921,000	
	Actual*	£14,064,000	-	-	-		

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,180,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	-	-		

Please comment if there is a difference between either annual total and the pooled fund	The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. The forecasts provided above align to this change.

Commentary on progress against financial plan:	Q1 and Q2 reconciliation of the fund is now complete. During the reconciliation process we discovered an error (miscoding) which has now been rectified.

National and locally defined metrics

Selected Health and Well Being Board:	Nottinghamshire
Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000

Please provide an update on indicative progress against the metric?	On track to meet target
	Overall performance on track and continual improvement on placements remaining under target.

Action
The admissions targets that Group Managers work to have been reduced for the rest of the financial year and are being reviewed for 2015/16. This will ensure that we remain on target overall.
Group Managers are reviewing admissions panel processes, which can differ between localities, in an effort to even out the number of admissions across localities and bring those localities that are not currently on target back in line.

Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that a greater number of older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.

Three Care & Support Centres have been identified to remain open for a longer period than was originally proposed to enable joint development of an intermediate care/ assessment / reablement type service that will ultimately lead to the implementation of an integrated Transfer-to-Assess model of provision. This will ensure timely discharges from hospital across the county |
| Commentary on progress: | and provide service users with the best support to enable them to return to |

	their home, rather than entering residential care. This work is all being undertaken as part of the Better Care Fund within the three units of planning. NCC is sharing data with respective CCGs areas to understand and discuss patterns of permanent care admissions to discuss operational means of reducing this pro-rata their population and alongside proactive care planning within the community with their Care Delivery multi-disciplinary teams. Work is underway to embed the adult care and Health strategies around promotion of complex needs management at home and receiving rehab services as opposed to a service being prescripted as part of a hospital stay e.g. residential care. Additional scrutiny applied to all geographies to apply standardised practise at panels allocating funding for perm care – exploring all other options of independent living first.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16

Please provide an update on indicative progress against the metric?	On track to meet target
	Overall performance is on target, though the denominator is reducing. Action Ongoing monitoring of performance for service change. It is proposed that internally the data reporting is split to show the outcomes achieved for this indicator by Start Reablement and Intermediate Care schemes, since the data is currently merged. This may give us more useful intelligence about how these different services are being used and the outcomes they achieve. For example, the services may be taking on a high level of people with complex needs, to facilitate speedy hospital discharge, even though these people are not likely to achieve full rehabilitation 91 days after discharge.
Commentary on progress:	

15

	Work is ongoing to identify services commissioned by health with joint health and social care delivery that would be eligible to be included in the monitoring.

Local performance metric as described in your approved BCF plan / Q1 return	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes
If no local performance metric has been specified, please give details of the local performance metric now being used.	

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Social Care across the county are reviewing the district panel processes, to ensure sufficient scrutiny of applications into long term care from hospital settings.

Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that more older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years.

Three of NCC's Care & Support Centres have been identified to remain open for a longer period than was originally proposed and these CSCs are now providing Assessment beds which enable step-down care for people being discharged from hospital who do not have complex health needs but do need additional OT, physio and social care support to regain their independence and confidence. These beds support timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care.

The % trajectory for residential is heading downwards which reflects the availability of the assessment and interim bed placements. We would expect admissions to reduce further as this facility / capacity increases. However |

	there is no facility available for nursing care of the same nature, therefore there is no alternative but to place directly from hospital. This situation needs to be discussed further with CCGs around intentions, particularly where there are high proportions of admissions. A report has been produced and this shows that areas with lower direct admissions correlate with an increased number of step-down facilities and also a higher complement of nursing care beds (in some areas). The report identifies that the average number of days for patients waiting to go into a placement from assessment notification is 18 days for nursing care and 12 days for residential care. This is now being addressed by managing capacity and flow and decision-making into step-down assessment units and considering more short-term placements for nursing care.

Local defined patient experience metric as described in your approved BCF plan / Q1 return	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.

Preparations for the BCF 16-17

Selected Health and Well Being Board:	Nottinghamshire
Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	No		
Building partnership working	Yes	Other	Webinar, wider events, networking
Governance development	No		
Data interpretation and analytics	Yes	Other	Webinar, wider events, networking
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	No		
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	No		
Benefits management (to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate)	Yes	Other	Webinar, wider events, networking
Other (please specify the area)	No		

New Integration Metrics

Selected Health and Well Being Board: Nottinghamshire

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes

Comments:	Unable to answer the question in relation to API's as the options are not as clear cut as "yes" or "no". It is far more complex and often sharing is in place not using open APIs but other methods of access and sharing

2. Proposed Metric: Use of Risk Stratification

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	The risk stratification tool is used in the management of multidisciplinary care teams for direct care. Practices use the information to manage their active caseloads across the whole care team and prioritise the at risk patients. Work is also underway to introduce Social care data to this modelling. Practices focus on patients with a risk score of >40-50%, particularly those with long-term conditions which may or may not be

	under the care of local community teams.

Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)	5.00%

What proportion of local residents currently identified as in need of preventative care have been offered a care plan? (%)	

Comments:	There are two NHS England approved risk stratification tools in use across our 6 CCGs. Our risk stratification algorithms uses a threshold of the top 5% (numerically) of patients with a score generated from the last 2 years' of SUS data (i.e. a subset of our total resident / registered population who have interacted with secondary care in the past 2 years). Practices typically focus on those with a score of 40-50% and above, lowering that threshold as time and resources permit.

3. Proposed Metric: Personal Health Budgets

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	In progress

How many local residents have been identified as eligible for PHBs during the quarter?	67
Rate per 100,000 population	8

How many local residents have been offered a PHB during the quarter?	67
Rate per 100,000 population	8

How many local residents are currently using a PHB during the quarter?	24
Rate per 100,000 population	3

What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter? (%)	100.0%

Comments:	All PHBs are for CHC patients
Population (Mid 2015)	802,758

Narrative

Selected Health and Well Being Board:

Nottinghamshire

Data Submission Period:

Q2 2015/16

Narrative		Remaining Characters	29,363
Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).			

HWB have approved the alignment of BCF and CCG operational plans in order to ensure a shared understanding across partners. The HWB remain committed to monitoring progress against our ambition to reduce non-elective activity.

As a consequence of the significant changes to operational activity plans agreed with NHSE, all CCGs have reviewed the impact this has on the planned BCF investment and consequent impact on delivery. In order to ensure the credibility of activity and financial plans, CCGs have been working to align the operational and BCF plans. As a result, the HWB have approved a reduction in the total value of the fund from £59.3m to £57.9m, which remains above the minimum contribution. Work to vary the Pooled Fund Agreement is underway.

Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q2, five performance metrics are on plan, and one off plan (GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

Delayed Transfers of Care (DTOC) are on plan with some concern around data accuracy. The National DTOC Team met with key members of the Health Community on 13th March to review the level of DTOCs at one of our acute trusts (Sherwood Forest Hospitals Foundation Trust SFHFT). One of the recommendations from the National Team was that SFHFT should review how they were counting and reporting DTOCs to the DH and ensure that the Trust was consistent with the guidance. SFHFT has taken part in a national pilot to review the new definitional guidance for DTOCs. The first teleconference was held at the end of July and weekly comms cells with the ECIST lead have taken place. The ECIST Lead has now visited SFHFT to review processes and data collection. The Mid-Notts Health Community is reviewing the outcome of the work and actions to be taken will be agreed by the System Resilience Group.

An Action Plan and supporting trajectory are being pulled together to reduce the level of delays, whether they are internal or reportable. The Urgent Care Working Group is taking this work forward and reviewing schemes that could be implemented to reduce delays. In addition, there is a system wide County Council review of enabling DTOC recording and updates for social care in relation to the new guidance planned for November 2015.

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

Nottinghamshire County Council

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE CORPORATE DIRECTOR OF CHILDREN, FAMILIES & CULTURAL SERVICES

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

Purpose of the Report

The purpose of the report is to:

1. Update the Health and Wellbeing Board on developments in relation to improving the mental health and wellbeing of children and young people, one of the seven agreed priority actions for the Health and Wellbeing Board.

2. Seek approval from the Health and Wellbeing Board for the Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan.

3. Brief the Health and Wellbeing Board on proposed approaches to public mental health and resilience programmes to promote improved wellbeing and resilience.

Information and Advice

Future in Mind

4. In March 2015, the Government published Future in Mind, a national taskforce report into children and young people's mental health. The taskforce considered ways to make it easier for children, young people, parents and carers to access help and support when needed and how to improve the way children and young people's mental health services are organised, commissioned and provided. The taskforce made a series of recommendations for transformation, clustered around five key themes:

- promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood

- improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families

- care for the most vulnerable: developing a flexible, integrated system without barriers

- accountability and transparency: developing clear commissioning arrangements across partners with identified leads

- developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and is delivering evidence based care.

5. In August 2015, the Government announced that all Health and Wellbeing Board areas were required to develop a local transformation plan to describe how the recommendations of Future in Mind will be implemented. The deadline for these plans to be submitted was 16 October 2015.

6. In line with the publication of the requirement to develop transformation plans, each Clinical Commissioning Group (CCG) was notified that they had been allocated additional investment to implement a child and adolescent eating disorder service in 2015/16 that is compliant with the newly published *Access and Waiting Time Standard for Children and Young People with an Eating Disorder*. Further funding for improving children and young people's mental health and wellbeing services was also allocated, subject to approval of the County's transformation plan. The total funding envelope for Nottinghamshire is outlined below.

CCG	Initial allocation of funding for eating disorders and planning in 2015/16 £	Additional funding available for 2015/16 when Transformation Plan is assured £	Minimum recurrent uplift for 2016/17 and beyond if plans are assured. Includes funding for eating disorders £
Bassetlaw	64,097	160,441	224,539
Mansfield & Ashfield	109,008	272,857	381,864
Newark & Sherwood	69,535	174,052	243,587
Nottingham North & East	79,219	198,294	277,514
Nottingham West	51,661	129,313	180,974
Rushcliffe	60,523	151,494	212,017
Total	**434,043**	**1,086,451**	**1,520,495**

7. The key objectives of the additional funding are to:

- build capacity and capability across the system so that measurable progress is made towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020

- roll out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018, Child and Adolescent Mental Health Services (CAMHS) across the country are delivering a choice of evidence-based

interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, and working collaboratively with children and young people

- develop evidence-based community eating disorder services for children and young people, with capacity in general teams released to improve self-harm and crisis services

- bring education and local children and young people's mental health services together around the needs of the individual child.

The Local Context and the Transformation Plan

8. The Nottinghamshire Health and Wellbeing Board has received a number of reports in relation to the emotional and mental health of children and young people and local child and adolescent services (CAMHS) and improving the mental health and wellbeing of children and young people is one of the seven agreed priority actions for the Health and Wellbeing Board.

9. In Nottinghamshire, the local transformation plan has been developed by refreshing and superseding the Children's Trust Emotional Health and Wellbeing Strategy 2014-2016. It incorporates the recommendations from the Nottinghamshire CAMHS pathway review, and thus delivers the following:

    a. a system without tiers through integrating current tier 2 and tier 3 services into one community CAMHS service
    b. implementing the Choice and Partnership Approach (CAPA) operating model and embedding the Children and Young People's IAPT principles into practice
    c. integrating or aligning the CAMHS Single Point of Access with wider access arrangements for children's services
    d. increasing provision for a primary mental health function to provide pre and post CAMHS support to tier 1 and universal services, including primary care and schools
    e. investing in a Crisis and Extended Treatment Service that is aligned to an all ages Crisis Response Team.

10. The transformation plan also incorporates existing work commenced through the Crisis Care Concordat in relation to the response to young people detained under Section 136 of the Mental Health Act 1983.

11. The plan incorporates key initiatives recommended as part of the Young People's Health Strategy, (which was approved by the Health and Wellbeing Board in October 2015). These include allocating funding to pilot universal access to online and telephone counselling and establishing a health and wellbeing online resource/website for young people (see **Public Mental Health and Resilience** below for details).

12. In addition, the plan recommends support for acute paediatric settings for young people presenting in crisis and the establishment of a robust performance framework for children and young people's mental health services, incorporating core qualitative data as well as feedback from children, young people and families about their experience of the service they receive.

13. The transformation plan was submitted to NHS England for assurance on 16 October 2015 with the approval of the CCG Chief Officers, Chair of the Health and Wellbeing Board, Corporate Director for Children, Families and Cultural Services and Assistant Director of Commissioning at NHS England Specialised Commissioning.

14. The plan has been approved, with minor revisions being required. The funding has now been released to CCGs and a detailed implementation plan is being developed.

Public Mental Health and Resilience

15. As well as incorporating the recommendations from the pathway review, one of the key priorities within the plan is to develop a number of new local services and pilot a range of initiatives to increase emotional wellbeing and build resilience. The transformation plan describes a range of actions that aim to build resilience in children and young people to support them into adulthood, previously identified by the Board as a priority.

16. *Schools Health Hub*: The development of the Schools Health Hub was approved by the Public Health Committee in May 2015. This service will provide evidence-based up-to-date guidance, information and signposting in relation to a range of health issues (including emotional health and wellbeing) for schools and other professionals and practitioners working with children and young people. A key role will be to provide assurance in relation to the quality of the wide range of existing school-based projects. The service will incorporate a Nottinghamshire focused website, accessible from the existing schools portal and linking to the many high quality on-line resources which already exist.

17. *Young People's Health Strategy*: As recommended in the Young People's Health Strategy (approved by the Board in October 2015), a young people's health on-line resource will be developed, involving young people. Young people themselves identified good emotional and mental health as being very important for health and also the most important topic for a young people's website. In addition, it is proposed that an on-line and telephone counselling service for young people is commissioned by April 2016. Additional funding has been identified in the transformation plan to support these schemes.

18. *Whole school and college approaches*: There is evidence that a whole school approach to promoting children and young people's emotional health and wellbeing is effective, leading to improvements in a range of health and educational outcomes (*PHE and the Children & Young People's Mental Health Coalition, March 2015*). The transformation plan describes plans to continue to develop such whole school approaches, including building on the Department for Education's current work on character and resilience, Personal Social and Health Education (PSHE). In addition the Schools Health Hub will support individual schools to implement this approach as required.

19. *Piloting school-based interventions*: In addition to whole school approaches detailed above, the transformation plan outlines proposals to pilot specific interventions in schools and colleges, focussing on mental wellbeing and academic resilience. Since the evidence base is still emerging, a number of different programmes will be funded, piloted and evaluated over the next two years in schools identified as having high levels of need and that are keen to take part. The decision as to which programmes will be piloted has not been finalised but a number of potentially effective programmes already exist including:

- *The Take Five in Schools Project* – a mindfulness programme for children and teachers
- *YoungMinds;* A whole school academic resilience approach
- *Boing Boing*: an evidence based resilience framework for parents, practitioners and young people
- *UK Resilience Programme/Penn Resilience Programme* – training and resources for schools to support development of skills that allow children and young people to thrive and flourish

20. *Primary Mental Health (PMH) workers* will be recruited by April 2016, to provide training, advice and consultation to schools, primary care and other universal services, with the aim of building capabilities and confidence among those working with children and young people, improving early identification of and support for emerging emotional and mental health needs and supporting referrals when more specialist support is required.

21. Evaluation of the impact of all the above services and interventions will be built in from the start, since it is essential that funding is targeted to effective services that deliver value for money and improve outcomes.

Other Options Considered

22. All local areas were required to develop a transformation plan, so there are no other options considered.

Reason for Recommendations

23. The transformation plan sets out proposals for action in response to the findings of the Nottinghamshire CAMHS Pathway Review and recommendations within the Future in Mind taskforce report. Proposed developments are evidence-based and aim to address local and national priorities. This reflects NHS England's approval of the local transformation plan.

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 services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

25. The transformation plan will improve outcomes for children and young people experiencing mental health difficulties.

RECOMMENDATIONS

1) That the developments in relation to improving the mental health and wellbeing of children and young people, one of the seven agreed priority actions for the Health and Wellbeing Board, are noted.

2) That the Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan be approved.

3) The proposed approaches to public mental health and resilience programmes to promote improved wellbeing and resilience are noted.

Dr Kate Allen
Consultant in Public Health

For any enquiries about this report please contact:

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0115 977 3139
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Constitutional Comments (SLB 10/11/15)

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

Financial Comments (KLS 9/11/15)

14.   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.

Nottinghamshire Children and Young People's Mental Health Strategy 2015-2020 (i.e. the Nottinghamshire Children and Young People's Mental Health and Wellbeing Transformation Plan)

Nottinghamshire CAMHS Pathway Review update to the Health and Wellbeing Board, 3rd December 2014

Future in Mind - Department of Health, March 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Electoral Divisions and Members Affected

All

C0720

Nottinghamshire County Council

REPORT OF DIRECTOR OF PUBLIC HEALTH

TOBACCO CONTROL DECLARATION UPDATE

Purpose of the Report

1. The purpose of this report is to:
    - Update the Nottinghamshire County Council Health and Wellbeing Board on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control
    - Ensure the Board and its members continue to support the ongoing work of the Declaration
    - Confirm that a further update should be presented to the Board in June 2016.

Information and Advice

2. The Health and Wellbeing Board agreed seven priority actions which includes the Declaration on Tobacco Control. Tobacco is a priority within the Health and Wellbeing Strategy including partners signing the Declaration and developing an action plan. This report gives an update on progress in delivering this priority.

3. The Nottinghamshire County and Nottingham City Declaration is an innovative development of the national Local Government Declaration on Tobacco Control, (see October 2014 report to the Health and Wellbeing Board) which will enable the whole Nottinghamshire community to be involved. It is a commitment to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence through organisational action plans.

The Rationale

4. The Local Government and the Nottinghamshire Declarations reinforce existing tobacco control work in the County to reduce adult smoking prevalence and support the vision of a smokefree Nottinghamshire.

5. A reduction in smoking prevalence year on year across the county would have significant benefits to the local community by:
    - Improving people's health and their quality of life, particularly in deprived wards
    - Increasing household incomes when smokers quit
    - Improving the life chances of young children by reducing their exposure to second hand smoke and reducing their chances of taking up smoking
    - Reducing the costs of dealing with smoking related fires

- Reducing the costs of tobacco related litter
- Reducing serious and organised crime linked to the sale of illegal tobacco

Signing the Declarations

6. On 1 October 2014 the Health and Wellbeing Board officially endorsed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control (see October report to the Health and Wellbeing Board). The Nottinghamshire County and Nottingham City Declaration on Tobacco Control commits the Health and Wellbeing Board to:
   - Becoming local leaders and setting standards for tobacco control.
   - Reducing smoking prevalence and health inequalities by raising the profile of harm caused by smoking to communities.
   - Supporting the development of action plans by local organisations that have signed up to the Declaration where applicable.
   - Protecting tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services offered by the tobacco industry.

7. In addition, on 20 November 2014 at the Full County Council meeting, Nottinghamshire County Council signed the Local Government Declaration on Tobacco Control.

Update on progress

8. A report was submitted to the Board in April 2015 (please refer to April 2015 report to the Health and Wellbeing Board) outlining progress since October 2014. Since then progress has been as follows:
   - 21 key partners organisations have agreed to sign the Declaration.
   Of these:
   - 90% have actually signed the Declaration
   - 81% have high level support for the Declaration
   - 29% have established a working group
   - 38% have a draft action plan
   - 47% have a finalised action plan

   A summary of each organisation's progress to date and progress since the last update can be found in appendices 1 and 2.

Support for implementation

9. In order to support all of the member organisations of the Health and Wellbeing Board and key partner organisations, visits have been made/offered to the relevant organisations to offer help and support with the signing of the Declaration and development and implementation of action plans. These have included:
   - All District Councils
   - All CCGs
   - Nottingham University Hospitals, Sherwood Forest Hospitals Foundation Trust and Doncaster and Bassetlaw Hospital Foundation Trust
   - The Police and Crime Commissioner

> ➢ Nottinghamshire Police
> ➢ Children's Centres
> ➢ East Midlands Ambulance Service (EMAS)
> ➢ Nottinghamshire Healthcare Foundation Trust
> ➢ Nottinghamshire Fire and Rescue Service
> ➢ Nottingham University
> ➢ North Nottinghamshire College

10. The signing of the Declaration and agreement to put in place an action plan has now been added as a pre-requisite to the Nottinghamshire Wellbeing@Work Scheme. Any organisation already signed up to the scheme is being encouraged to sign the Nottinghamshire County Declaration on Tobacco Control. Thus far, three additional organisations have signed up through the Wellbeing@Work Scheme
> ➢ Eaton Production International
> ➢ Thomson Reuters
> ➢ Nottingham University School of Health Sciences

11. Following a successful workshop in January 2015, a second workshop was held in July 2015 with the aim of sharing learning, sharing action plans and considering any future joint actions.

- The workshop was attended by 10 representatives from 10 organisations.
- Attendees agreed key action(s) for the next 6 months and also agreed to carry out joint communications around the Stoptober campaign and further partnerships that could form. The progress of which will be shared at a later workshop.

Examples of actions already in progress

12. Many organisations have started taking forward actions and looking at innovative ways to enact the Declaration, as described below:

- Several organisations (including Nottinghamshire County Council) have reviewed their smokefree policies and are currently taking proposed changes through their internal routes.

- Many of the District and Borough Councils are planning to team up with the NCC Trading Standards Service for training on illegal tobacco. This work is being facilitated by NCC Public Health.

- Newark and Sherwood DC, Rushcliffe BC and Gedling BC are the first in the County to implement smokefree play parks and others are considering following suit. Newark and Sherwood are also proposing to extend smokefree areas by working with local family pubs to make their children's play areas smokefree.

- Ashfield DC and Gedling BC plan to incorporate the Declaration action plan into their corporate plan thus enabling whole organisation responsibility and accountability.

- Several district and borough Councils have identified member Declaration 'champions'.

- Sherwood Forest Hospitals Foundation Trust has a steering group and is planning to launch their own smokefree site campaign supported by a staff and public awareness campaign, training for staff, on site access to stop smoking support (patients and staff) and easy access to Nicotine Replacement Therapy.

- Certain organisations are joining with local partners to focus on one joint action that is pertinent to their locality-e.g. a particular group or area of need where they have strong influence.

Next Steps

13. Ongoing support will continue for organisations already committed to the Declaration in developing and implementing action plans.

14. Phase two of the project is well under way and other key partners across the County have been contacted for discussions around signing the Declaration with the same offers of support. These include schools, the universities and colleges.

15. A third phase is planned in the coming months when key organisations across the county in the wider private and voluntary sectors will be contacted with the same offer.

16. This work is being carried out in collaboration with Nottingham City Council.

Other Options Considered

17. None

Reasons for Recommendations

18. Much progress has already been made since October 2014 by all organisations that made a commitment to sign up to the Declaration. This should be commended. In summary:

- The majority of organisations have been very proactive in signing the Declaration and developing action plans.
- Many organisations have already started implementing actions.
- For implementation to be robust there needs to be ongoing work on the development and implementation of action plans, with existing and future organisations.
- As part of their action plans, organisations are urged to use their influence and levers in order to encourage sign up by their local partners.

Statutory and Policy Implications

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

RECOMMENDATIONS

1) That the Board notes the progress on the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.

2) That the Board and its members continue to support the ongoing work of the Declaration.

3) That a further update is presented to the Board in June 2016.

Dr Chris Kenny
Director of Public Health

Dr John Tomlinson
Deputy Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments

20. This report is for noting only

Financial Comments (KAS 09/11/15)

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

Background Papers and Published Documents

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

Tobacco Control
Health and Wellbeing Board 1 October 2014

[Tobacco Control](#)
Health and Wellbeing Board 1 April 2015

Electoral Divisions and Members Affected

All

Nottinghamshire County and Nottingham City Declaration on Tobacco Control:
Progress summary

	April 2015	**December 2015**
Number of organisations agreed to sign	18	21
Of these:		
% of organisations that have actually signed the Declaration	61	90
% of organisations with high level support	50	81
% of organisations with a working group	17	29
% of organisations with a draft action plan	56	38*
% of organisations with a final action plan	6	47

*Please note the percentage of organisations with a draft action plan has reduced from April to Dec due more organisations having produced a final action plan

Nottinghamshire County and Nottingham City Declaration on Tobacco Control: Progress up to beginning of Nov 2015

Name of organisation	Agreed to sign the Declaration	Actually signed the Declaration	High level support	Working group	Finalised action plan
HWB members					
Ashfield DC	✓	✓	✓	X	✓
Bassetlaw DC	✓	✓	✓	X	Draft in development*
Broxtowe BC	✓	✓	✓	✓	Draft
Gedling BC	✓	✓	✓	✓	Draft
Mansfield DC	✓	✓	✓	X	✓
Newark and Sherwood DC	✓	✓	✓	X	Draft
Notts County Council	✓	✓	✓	X	Draft
Rushcliffe BC	✓	✓	✓	✓	✓
NHS Bassetlaw CCG	✓	✓	✓	X	Draft
NHS Mansfield and Ashfield CCG	✓	✓	✓	X	Draft
NHS Newark and Sherwood CCG	✓	✓	✓	X	✓
NHS Notts North and East CCG	✓	✓	✓	X	Draft in development*
NHS Notts West CCG	✓	✓	✓	X	✓
NHS Rushcliffe CCG	✓	✓	✓	X	✓
Nottinghamshire Police (through PCC)	✓	X	X	X	X
HWB partners					
Doncaster and Bassetlaw NHS Foundation Trust	✓	✓	✓	✓	✓
Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓
Nottingham University Hospitals	✓	X	_	In development	X
Nottinghamshire Fire and Rescue Service	✓	✓	✓	✓	✓
Children's Centres	✓	✓	_	_	✓
Notts Healthcare NHS Foundation Trust	✓	✓	_	_	_
East Midlands Ambulance Service	_	X	X	X	X

Please note boxes with dashes (-) indicate that no response has been received/not known

*Working on draft but not yet able to share

	Report to the Health and Wellbeing Board
Nottinghamshire County Council	**2 December 2015**
	Agenda Item: 10

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. To provide members with information on issues relevant to the Health and Wellbeing Board and to request agreement for a revised illustration of governance arrangements.

Information and Advice

2. **Director of Public Health Annual Report**
   The Annual Report for 2014/15 from the Director of Public Health has been released. It assesses the health and wellbeing needs of the population of Nottinghamshire and Nottingham City with a focus on physical activity, Hepititis C and older people and includes recommendations for action.

   See also coverage in the Nottingham Evening Post.

   For more information contact Joanna Cooper, Public Health Manager Joanna.cooper@nottscc.gov.uk

3. **Music in care workshop**
   A workshop for carers was held in Rushcliffe on 20 October 2015 based on the My Music Oasis toolkit. The workshop was commissioned by Rushcliffe Clinical Commissioning Group and the County Council to offer carers a ground breaking approach to supporting their resilience using personalised music. Following its success we are hoping that the Better Care Fund will be supporting roll out of the workshops across the County.

   For more information contact Helen Limb, Patient and Public Involvement Manager NHS Rushcliffe Clinical Commissioning Group Helen.limb@rushcliffeccg.nhs.uk

Progress from previous meetings

4. **Health and Wellbeing Board Governance**
   Further to the discussion about governance structures at the September Board meeting an updated illustration of the governance arrangements has been developed and is attached Appendix 1, showing how the Health and Wellbeing Board fits in with local planning units and Health and Wellbeing Board Partners.

Members are asked to agree this illustration of the governance arrangements which has been developed as a result of the findings of the peer challenge.

5. **Excess Winter Deaths – funding award**

Following the paper and presentation made to the Board at the October meeting the Local Authority Energy Partnership (LAEP) in Nottinghamshire has been awarded £325k of capital funding from National Energy Action's Warm and Healthy Homes Fund.

The funding will be used to support the LAEP's affordable warmth schemes – Derbyshire Healthy Home and Nottinghamshire Warm Homes on Prescription to install domestic energy efficiency improvements.

Ian Chapman has been appointed to the new post of Nottinghamshire Warm Homes on Prescription Manager and will be hosted by Newark and Sherwood District Council.

For more information contact: Leanne Monger, Business Manager - Housing Options, Energy and Home Support at Newark and Sherwood District Council leanne.monger@nsdc.info or Dr Rina Jones Partnership Manager at Nottinghamshire and Derbyshire Local Authorities' Energy Partnership (LAEP) T:01629 536130.

6. **Transforming Care – fast track site update**

In June 2015 NHS England, the Local Government Association and Association of Directors of Adult Social Services announced that there would be five fast track sites which would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviours, or a mental health condition. Nottinghamshire was one of these sites.

Each site was asked to submit a transformation plan before funding allocations were confirmed. The plan for Nottinghamshire has now been approved and £1.21 million allocated.

The Nottinghamshire plan (see meeting documents) aims to transform care and support for individuals with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging so that their care is focused on keeping them healthy, well and supported in the community. Implementation is being coordinated by a Transforming Care Board and working group and the plan also includes ensuring the support of those people affected by the service – users and carers, as well as service providers in health and social care. Papers to each partner Board and supporting committees are currently being prepared.

Implementation has now started and will include a formal consultation which will be launched shortly.

For further information please contact Cath Cameron-Jones cath.cameron-jones@nottscc.gov.uk or 0115 9773135.

7. **HWB Workshop – workforce**

A joint workshop with the Nottingham City Health and Wellbeing Board took place on 4 November to consider workforce issues for health and social care. A wide range of

partners attended from health and social care and wider partners including the voluntary sector and Nottinghamshire Fire and Rescue.

The afternoon was well attended and there were some very lively debates which will be written up into a paper to be delivered to the Board early in 2016.

Thanks to the Board members who attended the event and to colleagues from Nottingham City.

8. **Disabled Facilities Grants**
At the Board meeting in June members questioned whether Disabled Facilities Grants (DFG) could be utilised to reduce delays in discharging patients from hospitals because of adaptations required at their home.

The DFG Consistency Group coordinates the Grants and has been working with hospital staff to identify delays. The Group has agreed to review individual cases highlighted by hospital staff to process adaptations and ensure discharges are managed as efficiently as possible.

For more information contact Sarah North, Chair of the DFG Consistency Group sarah.north@broxtowe.gov.uk

9. **Housing and health**
Following the agreement of the Board at the September 2016 meeting to extend integrated working to include housing, a workshop is being arranged to look at the current partnerships with housing, health and social care and to consider how these partnerships could be developed. Public Health England have agreed to facilitate the workshop.

The provisional date for the workshop is 19 January 2016 at County Hall between 9am and 1pm. Please make a note of the date pending a formal invitation.

10. **Stakeholder network event**
The latest Stakeholder Network event took place on 24 November 2015 and focussed on dementia and in particular developing a countywide framework for action for the Health and Wellbeing Board and its partners.

A full report, including recommendations from the event will be presented to the Board at the meeting in March 2016.

11. **Hoarding awareness training**
To support the launch of the Hoarding Framework Nottinghamshire Fire & Rescue Service have agreed to facilitate some Hoarding Framework Awareness Training. It is intended that the training should be for managers who can then take the Framework to pass on to colleagues.

Training is available at Fire and Rescue premises on these dates:
- 3rd December- Highfields Fire Station Conference Room 2. 09:30-12:30hrs
- 9th of December- Headquarters, Rowan Room. 14:00-17:00hrs
- 17th of December- Headquarters, Oak Room 09:30hrs until 12:30hrs

12. **Venue of meetings**

In response to requests from Board members and other partners I have secured alternative venues for a couple of meetings in 2016. The meeting on 3 February 2016 will be held at Broxtowe Borough Council and the meeting on 1 June 2016 will be held at Mansfield District Council.

If this is successful I will look to hold meetings around the County on a regular basis.

Papers to other local committees

13. [Update on Police and Crime Plan Strategic Priority Theme 4 - Reduce the Impact of Drugs and Alcohol on levels of Crime and Anti-social Behaviour](#)
Police & Crime Panel
7 September 2015

14. [Commissioning of Specialist Domestic Violence and Abuse Services within Refuge](#)
Public Health Committee
10 September 2015

15. [Re-commissioning Tobacco Control Services Update](#)
Public Health Committee
10 September 2015

16. [Establishment of Posts for ASSIST Smoking Prevention Programme](#)
Report to Children and Young People's Committee
21 September 2015

17. [Commissioning of Domestic Violence and Abuse Services](#)
Report to the Community Safety Committee
29 September 2015

18. [Comprehensive Sexual Health Services - Commissioning Update and Recommendations](#)
[Re-Commissioning NHS Health Checks IT and Outreach Services Update](#)
Public Health Committee
30 September 2015

19. [Performance Update for Adult Social Care and Health](#)
Report to Adult Social Care and Health Committee
5 October 2015

20. [Nottinghamshire's review of arrangements for special educational needs and disability (SEND)](#)
Report to Children and Young People's Committee
19 October 2015

21. [Developing The Mid-Nottinghamshire Better Together Programme - Commissioner Provider Alliance Agreement](#)
Report to the Adult Social Care and Health Committee

2 November 2015

Update on policy and guidance

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

STARTING WELL

22. **Breastfeeding in public**
Public Health England has released data from a Star4Life poll which shows that more than a third of breastfeeding mothers shy away from doing so in public with 21% feeling people do not want them to breastfeed in public. The findings aim to raise awareness of the issue, alongside the launch of new animated short films supporting the campaign for breastfeeding in public. The short films share real life experiences of mothers breastfeeding in public, to help break down the barriers and stigma that prevent many mothers doing so themselves.

23. Poor Beginnings: health inequalities among young children across England.
The National Children`s Bureau
This report is based on information on data published by Public Health England and examines four key measures of young children's health and well-being: obesity, tooth decay, accidental injury and 'school readiness'. The report provides a picture of the health of children under five years old living in England and shows how growing up in different areas of the country has a dramatic effect on their lives. Additional link: BBC News report

24. Measuring mental wellbeing in children and young people
Public Health England's Mental Health Intelligence Network
This report shows that raising levels of mental wellbeing influences a child's ability to learn, their resilience to risky behaviours and their physical and mental health in adulthood. Half of all mental health problems emerge before the age of 14 and 1 in 10 children will have a clinically diagnosed mental health problem during their childhood.

25. Children and young person's mental health service information passport
NHS England has launched a 'passport' style brief of key facts that children and young people using mental health services can use to help them avoid repeating their history and preferences. The aim of the passport is to help the service user to own and communicate their story when moving between different services. A video showing how to use the passport is also available.
Additional link: Passport templates

26. Improving mental health outcomes for young people: event highlights
The Kings Fund
With keynote speeches from ministers Alistair Burt and Sam Gyimah, our conference with YoungMinds explored the progress that has been made in transforming mental health services for children and young people. Download presentations and watch highlights from this conference.

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27. [Mental health and young people: a GP trainee's perspective](#)
Following the Kings Fund event Preety Das, a GP trainee at the Fund, shares her thoughts on mental health and young people. She echoes the experts by experience who spoke at the event by calling for providers and commissioners to work together to meet the needs of young people and their families.

28. [Supporting children, young people and families and communities to be safer, healthier and to reduce youth crime](#)
The Departments of Health, Public Health England and the Youth Justice Board
This pathway provides guidance to school nurses and youth justice professionals working with young people who are in the youth justice system or at risk of being involved It sets out the rationale for effective partnership working and pulls together the core principles to help local areas develop their own local frameworks to support effective working.

29. [Must knows: children's public health transfer](#)
Local Government Association
This briefing outlines key information for local government ahead of the transfer of children's public health duties from the NHS to local councils on 1 October 2015.

LIVING WELL

30. **[Smoking and quitting in England](#)**
Public Health England
This document provides information on the prevalence of smoking and evidence for what is known to work in promoting cessation at local and national level. It includes information on who smokes the most effective interventions to quit smoking and advice for those responsible for reducing tobacco use. This is the first of a planned series of resources.
Additional link: [PHE press release](#)

31. **[Joint statement on E-cigarettes](#)**
Public Health England & other UK public health organisations
All organisations agree that e-cigarettes are significantly less harmful than smoking, and that the evidence suggests that the health risks posed by e-cigarettes are relatively small by comparison but studies must continue into the long term effects. The organisations acknowledge that e-cigarettes are the most popular way in which smokers try to quit smoking, rather than using stop smoking services, but that these services remain the most effective way for smokers to quit the habit and remain stopped.
Additional link: [Royal Society for public health press release](#)

32. **[Healthy New Towns programme](#)**
NHS England
This programme has been described as a 'mouth-watering opportunity for public health' by the President of the British Medical Association. Professor Sir Al Aynsley-Green, the former Children's Commissioner, was speaking at the Health and Care Innovation Expo in Manchester and highlighted the potential the scheme has to help young people. The Healthy New Towns programme aims to put health at the heart of new neighbourhoods and towns across the country.

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33. **Physical activity strategy for the WHO European Region 2016–2025**
WHO estimates indicate that, in Europe, more than one third of adults and two thirds of adolescents are insufficiently active. Worldwide, physical inactivity causes 6–10% of cases of coronary heart disease, diabetes and breast and colon cancer and 9% of premature mortality. The aim of this strategy is to inspire governments and stakeholders to work towards increasing levels of physical activity.

34. **£10 million of capital funding for drug and alcohol recovery services**
Public Health England has announced the availability of local authorities and service providers are invited to jointly apply for capital funding to support recovery-focused projects. Applications are open from 8 October until 4 December 2015.

COPING WELL

35. **Dementia-friendly initiatives**
The Joseph Rowntree Foundation has published the following documents relating to dementia:
How can we make our cities dementia friendly? Sharing the learning from Bradford and York - draws out the key messages from independent evaluations of the Dementia Friendly Communities programmes in York and Bradford.
Evaluation of the Bradford Dementia Friendly Community Programme - identifies the distinctive features of the Bradford Dementia Friendly Communities programme, and examines how people with dementia can influence what a Dementia Friendly Bradford should be like.
Evaluation of the York Dementia Friendly Community Programme - identifies the distinctive features of the York Dementia Friendly Communities programme, which promotes a range of innovative projects. It looks at how people with dementia have been involved in shaping the programme.
Developing a national user movement of people with dementia – learning from the Dementia Engagement and Empowerment Project (DEEP) – describes the growth of DEEP over a three-year period (2012–2015).
On the journey to becoming a dementia friendly organisation – sharing the learning for employers and organisations – shares the learning from Joseph Rowntree Foundation's Dementia without Walls programme

36. Dementia, rights, and the social model of disability
The Mental Health Foundation
This paper describes the social model of disability in relation to dementia, as well as national and international law that is informed by it or that it connects with. It goes on to describe tools that can be used to apply the model through policy, practice, service and community development. A summary document of the model has also been published by the Foundation.

37. Peer support for people with dementia: a social return on investment study
Health Innovation Network South London
The report indicates that the social value of peer support groups for people with dementia is greater than the investment: for every pound (£) of investment the social value created by the three groups evaluated ranged from £1.17 to £5.18. The study found the benefits of attending peer support groups are: reduced isolation and

loneliness through meeting others in a similar situation; increased stimulation; increased wellbeing; and for carers, a reduction in stress and carer burden.

38. Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset (NG16)
NICE guidance
This guideline covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. The guideline aims to increase the amount of time that people can be independent, healthy and active in later life. The guideline includes recommendations on promoting a healthy lifestyle to reduce the risk of or delay the onset of disability, dementia and frailty by helping people to: stop smoking; be more active; reduce their alcohol consumption, improve their diet and, lose weight and maintain a healthy weight if necessary.

39. Cold Weather Plan for England: Protecting health and reducing harm from cold weather
Public Health England
Launched to help prevent the major avoidable effects on health during periods of cold weather in England. The plan includes an evidence summary on planning to protect health in cold weather. It is valid from October 2015 until further notice.
Stay Well This Winter campaign
Further to the recent publication of the cold weather plan, Public Health England and NHS England have launched the Stay Well This Winter campaign to help people stay well over the winter months. The campaign includes the national flu vaccination programmes for children and adults, as well as advice on how to avoid common illness to people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness.
Additional link: DH press release

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

41. **New thinking on mental health**
The Mental Health Foundation has published A New Way Forward. This strategy sets out our case for a fresh emphasis on prevention, including understanding the causation and development of mental health problems, the pattern of risks and prevalence across different individuals and groups.

42. **An alternative guide to mental health care in England**
Kings Fund
Launched ahead of World Mental Health Day this is the third in a series of alternative guide animations explores mental health services and how they work alongside other health and public services.

WORKING TOGETHER

43. **How should we think about value in health and care?**
    The Health Foundation
    This paper sets out the case for people taking an active role in their health and care. It identifies evidence-based approaches that engage people and communities, and how tools can be developed to support implementation across the NHS and local communities. The paper also explores the broader behavioural, cultural and systemic changes needed and makes recommendations for how the health and care system can become more person- and community-centred.

44. **Shared principles for redesigning the local health and care landscape**
    The Local Government Association
    This document provides local system leaders, local authorities, health and wellbeing boards, clinical commissioning groups, NHS and care providers and patients and the public with shared principles to ensure that proposals service redesign meet a number of fundamental requirements to ensure they are focused on improving services and improving health and wellbeing outcomes.

45. **Transforming healthcare in England's Core Cities**.
    NHS Clinical Commissioners
    This publication sets out to show how the CCGs in England's Core Cities are taking up the challenge set out in the Five Year Forward View and transforming the way in which healthcare is delivered to the benefit of their local population. Developing new partnerships, ensuring equity of care across diverse populations, improving wellbeing, and finding better ways to provide healthcare services are the key themes of the report.

46. **Measuring the performance of local health systems: a review for the Department of Health**
    In June 2015, The King's Fund was commissioned by the Department of Health to review how the performance of local health systems could be assessed. Our review looks at how to measure the performance of health services within CCG areas, including how well these services work with social care and public health services.

47. **Shared principles for redesigning the local health and care landscape**
    This document provides local system leaders - local authorities, health and wellbeing boards, clinical commissioning groups, NHS and care providers and patients and the public - with shared principles to ensure that proposals service redesign meet a number of fundamental requirements to assure themselves, their partners and their communities that proposals are focused on improving services and improving health and wellbeing outcomes.

48. **Bringing together housing and public health: event highlights**
    The Kings Fund
    Presentations and highlights from the recent conference to explore how to facilitate better joint working between health, housing and social care.

HEALTH INEQUALITIES

49. **Reducing health inequalities**
    Public Health England has published two guides aimed at support staff working with people to reduced health inequalities:
    Promoting good quality jobs to reduce health inequalities - this practice resource and summary explain how working conditions affect public health and suggests how local bodies can help create jobs.
    Reducing social isolation across the lifecourse - this resource and summary explain how social isolation affects public health and outline ideas for reducing the problem.

50. **Deprivation in English constituencies, 2015**
    This paper looks at relative levels of deprivation across constituencies in England, including which constituencies have become more deprived or less deprived relative to other areas. An online tool maps the variation in deprivation levels within individual constituencies.

GENERAL

51. **New hospital vanguards announced**
    NHS England Chief Executive Simon Stevens has announced radical new options for the future of local hospitals across the NHS. The new models being developed by 13 new hospital Vanguards represent the next stage of implementing the NHS Five Year Forward View. The Vanguards involve some of the best-known and best-run hospitals in the country. They will now be extending their geographical reach, stepping up to the challenge of driving efficiency and improvement across the country. Acute Care Collaboration Vanguards are designed to spread excellence in hospital services and management across multiple geographies.

52. House of Commons Briefing – General Practice in England
    This briefing paper provides general background for Members and their staff on NHS primary medical services provided by GPs in England. It gives an overview of commissioning arrangements as well as information on changes to GP contracts and funding.

CONSULTATIONS
53. Nottinghamshire Wellbeing@Work - Workplace Award Scheme (Lifestyle baseline survey)
    Closes 31 December 2015

54. 20mph speed limits outside schools
    Closes 31 March 2016

Other options considered

55. Alternative proposals for governance were presented to the Board in September 2015.

Reason for recommendation

56. To agree governance arrangements for the Health and Wellbeing Board.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the Board approve the governance arrangements detailed in Appendix 1.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

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

Constitutional Comments (SLB 24/11/2015)

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

Financial Comments

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

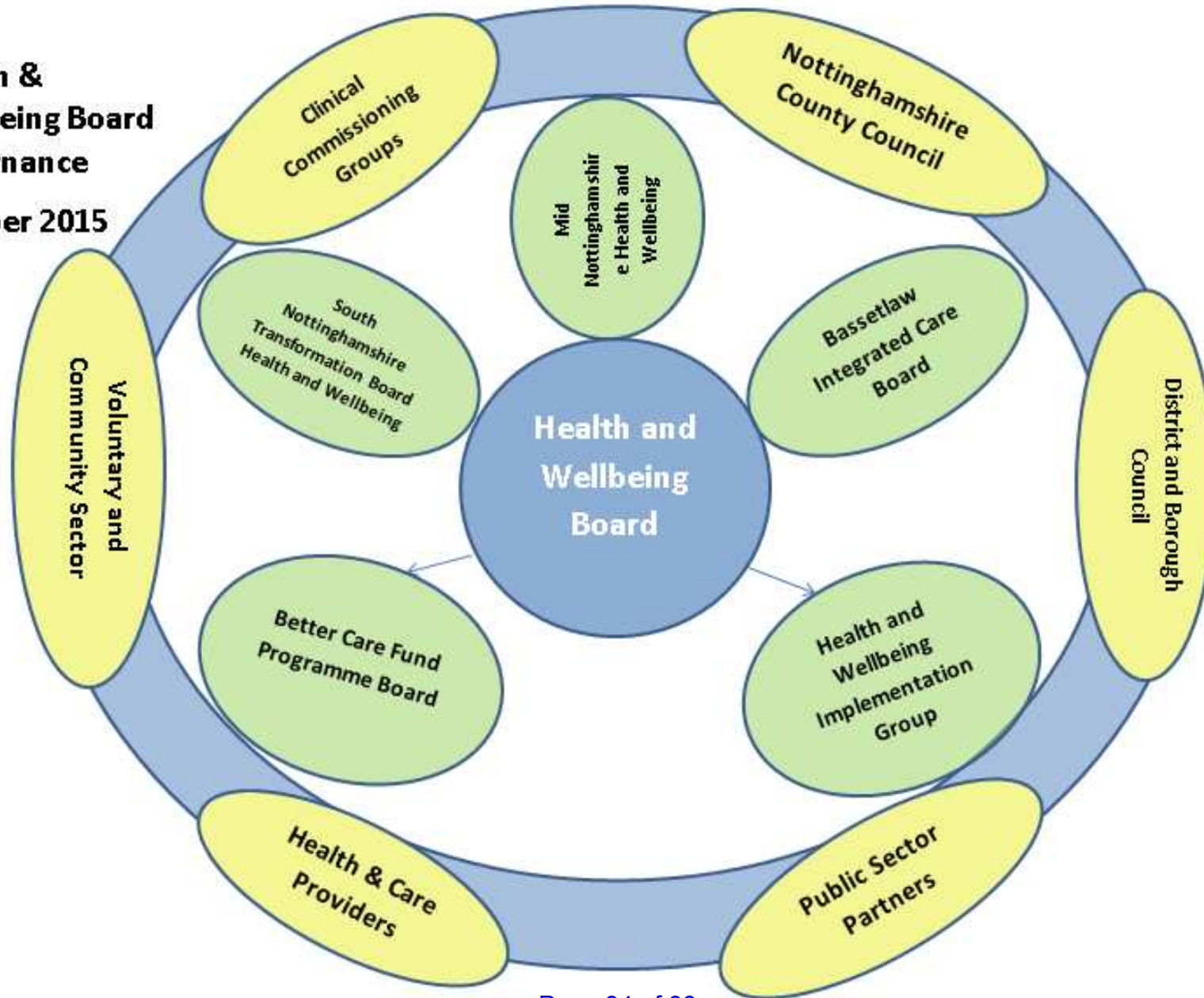**Background Papers and Published Documents**

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

- None

Electoral Divisions and Members Affected

- All

Health & Wellbeing Board Governance

October 2015

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 Work Programme 2015-16

	Health & Wellbeing Board (HWB) 2 December 2015
6 January 2016	**Nottinghamshire County Wellbeing@Work** (Mary Corcoran/Cheryl George) requested March HWB meeting **Implementation of the Care Act** – update (Jane North/Bronwen Grieves) *NHS Five Year Forward View – new models of care update from CCGs (TBC)* *Update on Vanguard Sites in Nottinghamshire – requested by HWB 2.9.15* **Chairs report:** • Priority action - Building a healthier environment – update from workshop (Barbara Brady/Anne Pridgeon) • Priority action - breastfeeding update (Helena Cripps/Kerrie Adams)
3 February 2016	**Priority action – Child Sexual Exploitation** (Chris Jones) *Priority action mental health – crisis support (TBC)*
2 March 2016	**Adults Safeguarding Board Annual Report** (Allan Breeton) **Dementia update** (Mary Corcoran/Gill Oliver) **Priority action – housing (**Rob Main/Jill Finnessey) **Priority action - Building a healthier environment** (Barbara Brady/Anne Pridgeon) follow up to workshop
6 April 2016	**Excess Winter Deaths among Older People in Nottinghamshire update** (Mary Corcoran/Joanna Cooper) **Chairs report:** • Children & Young Peoples plan (Chris Jones)