Nottinghamshire County Council

# Health and Wellbeing Board

## Wednesday, 04 September 2019 at 14:00

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

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# AGENDA



**Notes**

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

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) 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

| | |
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| Meeting | HEALTH AND WELLBEING BOARD |
| Date | Wednesday, 5 June 2019 (commencing at 2.00 pm) |

**Membership**
Persons absent are marked with an 'A'

## COUNTY COUNCILLORS

Steve Vickers (Chair)
Joyce Bosnjak
Richard Butler
Glynn Gilfoyle
Francis Purdue-Horan

## DISTRICT COUNCILLORS

| | | | |
|---|---|---|---|
| A | David Walters | - | Ashfield District Council |
| A | Susan Shaw | - | Bassetlaw District Council |
| | Lydia Ball | - | Broxtowe Borough Council |
| A | Henry Wheeler | - | Gedling Borough Council |
| A | Debbie Mason | - | Rushcliffe Borough Council |
| A | Neill Mison | - | Newark and Sherwood District Council |
| | Amanda Fisher | - | Mansfield District Council |

## OFFICERS

| | | | |
|---|---|---|---|
| A | Melanie Brooks | - | Corporate Director, Adult Social Care, Health and Public Protection |
| A | Colin Pettigrew | - | Corporate Director, Children, Families and Cultural Services |
| | Jonathan Gribbin | - | Director of Public Health |

## CLINICAL COMMISSIONING GROUPS

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|---|---|---|---|
| A | Dr Nicole Atkinson | - | Nottingham West Clinical Commissioning Group |

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|---|---|---|---|
| A | Dr Thilan Bartholomeuz | - | Newark and Sherwood Clinical Commissioning Group |
| | Andrea Brown | - | Nottingham and Nottinghamshire CCG |
| | Nicole Chavaudra | | Bassetlaw Clinical Commissioning Group |
| | Idris Griffiths | - | Bassetlaw Clinical Commissioning Group |
| | Dr Jeremy Griffiths | - | Rushcliffe Clinical Commissioning Group (Vice-Chair) |
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Gavin Lunn | - | Mansfield and Ashfield Clinical Commissioning Group |

**LOCAL HEALTHWATCH**

Jane Laughton - Healthwatch Nottingham & Nottinghamshire

**NHS ENGLAND**

A Oliver Newbould - North Midlands Area Team, NHS England

**NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Kevin Dennis

**OTHER COUNCILLORS IN ATTENDANCE**

Councillor Linda Dales – Mansfield District Council
Councillor Lynne Schuller – Bassetlaw District Council

**OFFICERS IN ATTENDANCE**

| | | |
|---|---|---|
| Martin Gately | - | Democratic Services |
| Nicola Lane | - | Public Health |
| Paul Brandreth | - | Better care Fund Programme Officer |
| Cathy Harvey | - | Team Manager, Place |
| Lucy Hawkin | - | Public Health and Commissioning Manager |
| Paul Johnson | - | Service Director, Adult Social Care and Health |
| Ainsley McDonnell | - | Service Director, Adult Social Care and Health |
| John Wilcox | - | Senior Public Health and Commissioning Manager |

**OTHER ATTENDEES**

Maria Willis - NHS Rushcliffe CCG

## APPOINTMENT OF CHAIRMAN

The appointment by Full Council on 16 May 2019 of Councillor Steve Vickers as Chairman for the 2019-20 municipal year was noted.

## ELECTION OF CHAIRMAN

Dr Jeremy Griffiths was duly nominated and elected by the Board to be Vice-Chairman for the municipal year 2019-20.

## COUNTY COUNCILLOR BOARD MEMBERSHIP

The County Councillor membership of the Health and Wellbeing Board for the municipal year 2019-20 was noted as follows: Councillors Joyce Bosnjak, Glynn Gilfoyle, Francis Purdue-Horan and Martin Wright.

## MINUTES

The minutes of the last meeting held on 6 March 2019 having been previously circulated were confirmed and signed by the Chairman.

## APOLOGIES FOR ABSENCE

Apologies for absence had been received from Colin Pettigrew, Corporate Director, Children and Families, Councillor Susan Shaw, Bassetlaw District Council, Councillor Henry Wheeler, Gedling Borough Council.

In addition, Councillor Richard Butler replaced Councillor Martin Wright for this meeting only.

## DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

## CHAIRS' REPORT

Councillor Vickers mentioned the work going on around the County to improve air quality and explained that 20th June was Clean Air Day. Councillor Vickers also asked Members to ensure that they responded to the consultation on the proposed merger of the Clinical Commissioning Groups (CCGs).

**RESOLVED: 2019/015**

That:

1) Members of the Board comment on and consider the content of this report in relation to the Joint Health and Wellbeing Strategy for Nottinghamshire.

2) Members of the Board consider whether initiatives to improve air quality in Nottinghamshire could be adopted or adapted within their own organisations and continue to support air quality initiatives across the County.

3) That all Board Members provide a verbal update on progress in signing up to the Prevention Concordat for Better Mental Health, the Time to Change Campaign and the number of mental health first aiders within their organisation at the meeting to demonstrate commitment to and implementation of actions agreed at the March 2019 meeting.

## BASSETLAW INTEGRATED CARE PARTNERSHIP AND THE 'BETTER IN BASSETLAW PLACE PLAN 2019-2021'

Idris Griffiths, Chief Executive Bassetlaw CCG, Nicole Chavaudra, Programme Director at Accountable Care at Bassetlaw CCG, and Ainsley McDonnell, Service Director, Adult Social Care and Health, Nottinghamshire County Council provided a presentation on the Bassetlaw Integrated Care Partnership. Bassetlaw Integrated care Partnership is a partnership of chief executives and senior leaders from BCVS (Bassetlaw Community and Voluntary Services), Bassetlaw District Council, Bassetlaw NHS CCG, Doncaster and Bassetlaw Hospitals NHS Trust, Healthwatch, Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire County Council and three primary care networks.

Mr Griffiths explained that the partnership was part of the South Yorkshire system, and was most advanced in terms of partnership arrangements. The partnership has invested over £1m into the Local Maternity System to improve care for all mothers and babies – 85% of women now have a Personalised Care Plan. A new perinatal mental health service has been established across Doncaster, Rotherham and Sheffield. The partnership is also seeking to extend access to GP appointments, at evening and weekends, for 100% of patients.

The partnership has five key priorities to provide integrated support for people in Bassetlaw, providing the right support for people at the right time, joining up communications and engagement, a joint transport strategy, and ensuring sustainable and effective services to make the best use of resources. Nicole Chavaudra explained that these local priorities are also aligned to the Nottinghamshire Joint Health and Wellbeing Strategy and gave examples of projects like the Miles in May initiative where individuals and organisations were encouraged to be more active, as well as a project to encourage school children to think about careers in health and care.

Dr Griffiths commented that the basis of successful integration is the clarity of governance, especially around spending. The partnership has had a natural advantage due to scale; and on social prescribing there should be benefits to see across the whole system. Ainsley McDonnell explained that all the partner organisations bring their different governance arrangements. The focus was on looking at what the partnership

needed to do as a collective. The key thing is what is the partnership achieving for the people of Bassetlaw.

**RESOLVED: 2019/016**

That:

1) developments to the Bassetlaw Place Plan and potential opportunities to work together to improve health and wellbeing in Nottinghamshire be considered.

## COMMUNITY RESILIENCE AND A WHOLE FAMILY APPROACH

Cathy Harvey, Team Manager, Communities, introduced the report and advised Members of the outcomes and proposed recommendations of the Community Resilience Health and Wellbeing Board workshop held on 24th April 2019, which were focused around the development of a community mobilising approach across all partners.

Andrea Brown commented that it was about taking the best bits of learning to create a framework, particularly in terms of working with Districts. There is a strong will to work together and common goals and purpose. Brought into that conversation has been how social prescribing should be implemented.

Sarah Collis, Healthwatch, commented that it would be useful to understand what commitment needs to be made, and how it is funded.

Kevin Dennis suggested that this report should go to the Safer Notts Board and could perhaps become the basis of a community safety strategy.

**RESOLVED: 2019/017**

That:

1) the principles be agreed for community asset-based support and social prescribing across Primary Care Networks in Nottinghamshire outlined in paragraphs 17 and 18 of this report.

2) a community organising approach be endorsed as a critical component for delivering the stronger and resilient communities priority within the Joint Health and Wellbeing Strategy with the intention that partners incorporate this approach when developing new arrangements for social prescribing.

3) Board partners support the promotion and development of Notts Help Yourself as a primary resource to help people find information about community-based assets within health and care in Nottinghamshire.

## 2018/19 BETTER CARE PERFORMANCE

Paul Johnson, Service Director – Strategic Commissioning, Adult Access and Safeguarding and Paul Brandreth, Better Care Fund Programme Officer introduced the report on Better Care Fund performance. Members heard that BCF 1 – an indicator relating to non-elective admissions into hospital was not meeting its target. There is a drive to increase same day non-elective activity and Mid-Notts are seeking to reduce activity at the front door. BCF 2 – relates to permanent admissions of older people to nursing and residential care – this indicator is amber, sometimes it is met but it needs to go through professional scrutiny to help social workers understand where there is differential practice.

BCF 3 – relates to the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This indicator is red, but to have met the target would only have required an additional 20-30 people to have remained at home 91 days after a re-ablement intervention. BCF 4 – relates to delayed transfers of care – this indicator is still in the red, but is a good news story from a social care perspective, investment is taking place to keep people out of hospital.

BCF 5 – relates to the percentage of users satisfied that there adaptations met their identified needs. This indicator is now green and stands at 99%.

Finally, BCF 6 – relates to permanent admissions of older people to residential and nursing care homes directly from a hospital. This indicator is also green.

Members requested a further more in-depth report on BCF indicators in September since they needed to see more context (particularly historical context).

**RESOLVED: 2019/018**

That**:**

1. the Q4 2018/19 national quarterly performance report be approved.

## NOTTINGHAMSHIRE AIR QUALITY STRATEGY

John Wilcox, Senior Public Health and Commissioning Manager, introduced the report and explained that poor air quality is the largest environmental risk to public health in the UK. It shortens lives and reduces quality of life, particularly amongst the most vulnerable, the young and old, and those living with health conditions.

Members welcomed the strategy and emphasised the importance of the impact on infrastructure e.g. traffic flow at pinch points. Traffic flow studies related to air quality would also be welcomed.

Members also suggested that the objective related to new planning applications could be refined to ensure that action is considered to improve air quality as part of the planning process.

**RESOLVED: 2019/0019**

That:

1) the Nottinghamshire Air Quality Strategy 2019-2029 be endorsed.
2) delivery of air quality strategy be aligned with the delivery of the Nottinghamshire Health and Wellbeing Strategy and be monitored through the Healthy and Sustainable Places group.
3) Health and Wellbeing Board Members ensure that their organisations are delivering actions that contribute to deliver the Air Quality Strategy.

## NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 SUPPLEMENTARY STATEMENT

Lucy Hawkin, Public Health and Commissioning Manager, introduced the report on the Pharmaceutical Need Assessment (PNA). The appendix to the report summarised changes to pharmaceutical services in Nottinghamshire from October 2018 to the end of March 2019.

**RESOLVED: 2019/0020**

That:

1) the supplementary statement to the Pharmaceutical Needs Assessment 2018-2021 for the period from October 2018 to March 2019 be approved.

2) the next supplementary statement for the period April 2019 to September 2019 be presented to the Health and Wellbeing Board for approval in January 2020.

## DEVELOPMENT OF LOCAL STRATEGIES FOR THE NOTTINGHAM AND NOTTINGHAMSHIRE AND BASSETLAW AND SOUTH YORKSHIRE INTEGRATED CARE SYSTEMS

Alex Ball, Director of Communication & Engagement Nottingham and Nottinghamshire ICS, briefed the Board on the NHS Long Term Plan. The plan was published in January 2019 and sets out the strategy for the next ten years. The plan was developed by frontline workers, patients and experts to make sure the NHS is fit for the future. It identifies

commitments in a number of areas including: ageing well, cancer, learning disabilities and autism, mental health and preventing ill health. Mr Ball explained that local strategies are being developed to set out how the plan will be delivered in Nottinghamshire. Members were keen to influence the plans and asked for an early opportunity to consider specific priorities for the Nottinghamshire plans.

Members indicated particular interest in mental health and rough sleepers.

Jonathan Gribbin commented that a specific tranche of money had been allocated for rough sleepers. He was very encouraged by the long term plan – particularly its strong emphasis on prevention.

**RESOLVED: 2019/0021**

That:

1) further areas of the work of the Board be considered that might be relevant to the emerging local strategies for Nottingham and Nottinghamshire and how these would be shared with the ICS teams be agreed.
2) a further report be received at the September 2019 meeting that summarises the local strategies at that point for further comment.

**WORK PROGRAMME**

**RESOLVED 2019/0022**

That:

1) the report be noted.

The meeting closed at 16:21

**CHAIR**

Nottinghamshire County Council

**Report to Health and Wellbeing Board**
**04 September 2019**

**Agenda Item: 4**

# REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

## CHAIR'S REPORT

## Purpose of the Report

1. An update by Councillor Steve Vickers on local and national issues for consideration by Board members to determine implications for Board matters.

## Information

2. **Violence reduction unit - Nottinghamshire success**
   I am pleased to confirm that a bid, led by the Police and Crime Commissioner, for funding to set up a Nottinghamshire Violence Reduction Unit has been successful, as part of a wider government initiative to prevent and tackle serious violence. The Unit will take a multi-agency approach, bringing together police, local government, health, community leaders and other key partners to tackle violent crime and its underlying causes. This work will be overseen by the Safer Notts Board but will support the Healthy and Sustainable Places ambition within the Boards current Health and Wellbeing Strategy.

   David Wakelin of Gedling Borough Council has been appointed as Interim Director of the Unit. He has previously attended the Board to report on work to reduce knife crime in the County and will be attending the Board meeting to give us a brief update on progress to date.

3. **Tackling fraud against the vulnerable**
   Another area of work for the Safer Notts Board is to tackle fraud against vulnerable people. The Board has developed a plan to tackle fraud in Nottinghamshire which again links to the Health and Wellbeing Strategy ambition to develop healthy and sustainable places. The plan focusses on raising awareness of fraud and reducing the stigma associated with fraud victims, prevention and protection and improving joint working to ensure support and to identify those people most vulnerable to fraud.

   David Banks of Rushcliffe Borough Council has been leading on this work and will be attending the Board meeting to give us a short briefing on progress so far and potential opportunities for the Board to support this work. A one page summary of the plan is attached as Appendix 1.

4. **2019 Flu Campaign**
   Flu can be a serious illness, particularly for older people or those with other health conditions. Nottinghamshire County Council is working with partners to increase the uptake of the flu vaccination amongst frontline staff and vulnerable residents.

   Health and social care workers care for some of the most vulnerable people in our communities, so it is important that they help protect themselves and those receiving care against flu.

Learning from previous flu seasons has been taken on board to put in place plans to increase flu vaccination uptake amongst eligible County Council staff and it will now be easier than ever to access a free flu vaccination.

Arrangements are also in place with partner organisations to support the uptake of the flu vaccination amongst key groups. For the third year running, pregnant women will be offered flu vaccinations in maternity services at Nottingham University Hospitals Trust-this will need to be confirmed-check with Sarah Mayfield , promotional materials and 'myth busting sessions' are being offered to increase uptake amongst Local Authority and care home staff and resources are being sent to a variety of settings such as schools, children's centres, older people services, early years providers and carers networks to promote uptake among at-risk groups.

5. **Nottinghamshire trailblazer to transform children's mental health care**
Following successful bids by Rushcliffe, Nottingham North & East, Mansfield & Ashfield & Nottingham City CCGs, mental health support teams will be working in over 80 schools as part of a trailblazer pilot to increase emotional mental health & wellbeing support in schools.

   Promoting early help for emotional mental health & wellbeing are key elements of the Green Paper, *Transforming children and young people's mental health provision* (December 2017) and the NHS Long Term Plan (January 2019) as well as supporting the Best Start ambition within the Board's own Joint Health & Wellbeing Strategy.

   The mental health support teams will work with those children and young people with mild to moderate emotional and mental health and well-being problems. The teams will be operational from September 2019. They will be staffed by trained mental health professionals to complement existing support increasing capacity and skills to deliver evidence-based interventions to children and young people.

   A multi-agency steering group, reporting to Nottinghamshire and Nottingham City's Children and Young People's Mental Health and Emotional Wellbeing Executive, will oversee the development and operationalisation of these teams.

   For more information contact Rachel Clark, Children and Young People's Mental Health and Wellbeing Programme Lead e: Rachel.clark@nottscc.gov.uk or t: 0778 841 2312.

6. **Award nomination for hospital discharge scheme**
The Gedling Hospital Prevention and Discharge pilot project has been shortlisted for a CIEH Excellence award for Best Environmental Health Project 2019. Pivotal to the project is a Health and Housing Co-ordinator post that is employed to bring together Housing, Health and Social Care Partners to help resolve housing issues that are delaying discharge from hospital when patients are deemed medically fit. The project also supports vulnerable people at risk of hospital admission due to poor housing conditions or unsuitable housing. A total of 74 referrals into the project were received in the first 12 months.

   The project was initially set up across South Nottinghamshire and has continued into its second year only in Gedling to pilot a model that could hopefully be replicated in other areas.

   For more information contact Sam Palmer, Food, Health and Housing Manager e: Sam.Palmer@gedling.gov.uk

7. **Ruddington Walking Bus**
   During the week of Clean Air Day, Rushcliffe Borough Council worked with local community group, Ruddington Mums to promote active travel via delivery of a Walking Bus trial. The scheme enables children to walk safely from one school to another in the village with the support of volunteers saving parents time, reducing parking concerns, air pollution and encouraging physical activity. After a successful trial the walking bus will continue in the village, thanks to the support of the amazing volunteers and we have now created a guidance pack for other schools / nurseries to take on the initiative. If you would like a copy please email Alex Julian, Health Development Officer: ajulian@rushcliffe.gov.uk

8. **Rushcliffe Roots**
   Rushcliffe Borough Council have utilised the food environment funding from Public Health to create 'Rushcliffe Roots', a campaign aiming to promote healthy, local and sustainable food by connecting residents to their food roots. The project was launched in May at a local eco-farm inviting residents from Beauvale Care Home and children from Serendipity's Nursery to take part in an intergenerational food growing activity. Children and residents also had the opportunity to interact with friendly farm animals, work together to grow their own food and have planned joint visits to the farm. In June, the project supported the implementation of Cotgrave Super Kitchen at the Welfare Centre in partnership with Metropolitan Thames Valley Housing and FareShare, the food surplus charity. The kitchen helps tackle food waste and social isolation through the provision of a low cost, healthy meal cooked and served by volunteers and was featured on ITV Central News. In July, the project will be supporting SureStart staff and volunteers with free Child Feeding Guide training supplied by Loughborough University which supports parents / carers and early years professionals tackle fussy eating.
   https://www.rushcliffe.gov.uk/health/healthyeating/

9. **Identification & Brief Intervention Training in Rushcliffe**
   Change Grow Live recently delivered an Identification and Brief Intervention session on drug and alcohol misuse at Rushcliffe Arena. The session was delivered to care coordinators, the social prescribing team, workplace health leads and members of the Councils licensing team providing them with an update to the alcohol consumption guidelines and techniques to prevent, intervene and signpost. Moving forward our licensing officer is planning to facilitate the delivery of a 30-minute session by CGL at the Pubwatch meetings with local landlords and police officers to ensure the key messages reach those licensee holders.

10. **Skin Cancer Awareness Workshop**
    Rushcliffe CCG and partners Rushcliffe Borough Council delivered a skin cancer awareness workshop at Rushcliffe Arena for over 50 attendees from the beauty sector. Dr Ram Patel, a community dermatologist led the session to raise awareness of the importance of keeping sun safe, how to support clients to spot signs of skin cancer and signpost appropriately. The session was well received by attendees and plans are being considered to deliver across Nottinghamshire. The event was supported by Skcin, a local skin cancer awareness charity who also provide free sun safe accreditations for schools and nurseries.

    For more information about Rushcliffe Roots, Ruddington Walking Bus, alcohol IBA & the Skin Cancer Awareness Workshop please contact Alex Julian Health Development Officer: ajulian@rushcliffe.gov.uk

11. **Gedling Health Champion for public Health & the Youth Service**

Member of the Gedling Youth Council, Eleanor Lumb was recently elected as the Health Champion for Public Health and the Youth Service.

This is a new and important 2-year voluntary role which enables Eleanor to be the voice for young people's health throughout the County. Eleanor attends the Young People's Health Strategy meetings, Children and Young Peoples committee meetings, CCGS, Patient Participation Groups and local hospital youth forums to represent the voice of young people across Nottinghamshire. Eleanor works with the Young People's Board and Members of Youth Parliament to communicate key messages and work around healthcare which enables young people to have an active role in services that affect them. Eleanor sends briefs and questionnaires to participation groups to get views, ideas and feedback from young people.

Eleanor was elected to the Gedling Youth Council in March 2018, and in that time has participated in the Scrutiny of Young People's Health and Wellbeing Services in Gedling and a number of Youth Council projects and initiatives.

For more information contact Jane Ansell e: Jane.Ansell@gedling.gov.uk or Amy Beckworth e: Amy.Beckworth@nottscc.gov.uk

12. **Bassetlaw Miles (and miles!) in May**
Miles in May 2019 was the first initiative of its kind in Bassetlaw, in which local people and organisations were encouraged to complete 26 miles – the equivalent of a marathon – throughout the month of May.

Bassetlaw's Integrated Care Partnership co-ordinated the initiative, as part of the 'health citizenship' agenda, which is a priority in the local 'Better in Bassetlaw Place Plan 2019-2021'.

People could complete their 'miles in May' through walking, swimming, cycling, running, rowing or a mixture. The aim was to get Bassetlaw people moving more and gaining the many benefits of physical activity for wellbeing. The benefits of being more physically active include not only helping to prevent and treat a range of conditions such as diabetes, coronary heart disease and mental ill-health, but also improved wellbeing by connecting with other people, and with Bassetlaw's many resources.

A full report of the initiative it available from the Better in Bassetlaw webpage. For more information contact Nicole Chavaudra, Programme Director for Bassetlaw Integrated Care Partnership e: nicole.chavaudra@nhs.net

13. **Feel Good Families**
This new project aims to engage families into positive community based activities which they can take part in together to increase activity levels, increase awareness healthy lifestyle like healthy eating, encouraging positive engagement in community events, improving awareness and usage of community assets for health and wellbeing e.g. parks and open spaces and positively impacting on family health and wellbeing (physical and mental)

Initially the focus will be on families with primary school age children with a view to extend this as the project progresses.

The project will be led by the Asfield Health and Wellbeing Partnership which has eveolved from Active Ashfield. The partnership has identified priority places (Broomhill/Butler's Hill,

Leamington and New Cross and Coxmoor) and projects - feel good families, feel good food (Sutton) and Dementia and will feed into Discover Ashfield.

For more information contact Andrea Stone, Health and Wellbeing Team Leader e: A.M.Stone@ashfield.gov.uk or t: 01623 457465

14. **Suicide bereavement funding**

The Nottingham and Nottinghamshire ICS have been successful in a bid, led by Public Health, for Suicide Prevention Transformation Funding from NHS England for a Post-suicide Bereavement Training and Support Service. This has enabled the continuation of the service delivered by Harmless for 12 months until March 2020. The purpose of the service is to provide post-suicide training to key emergency service personnel and to activate bereavement support for those affected by a suicide or suspected suicides within 72 hours of referral from Nottinghamshire Police. The service supports the physical and mental health of individuals bereaved by suicide or suspected suicide through this difficult time.

For more information contact Jane O'Brien, Public Health and Commissioning Manager E: jane.obrien@nottscc.gov.uk or T: 0115 993 2561

**Making connections – ICT health and Integration Update**

15. **Sherwood Forest Hospital Trust (SFHT)**

Nottinghamshire Councty Council and Sherwood Forest Hospital Trust are now live with the next phase of Electronic Referrals to social care. The Discharge Notice to social care has now been digitised and live updates on patient details are sent directly to the County Council, including when a patient a patient is moved to another ward, if their predicted discharge date is updated and when they are discharged from hospital or when a patient they are working with dies. All the information will also be available to staff through a live case management dashboard/ tracker.

This is a hugely innovative project and has already received national recognition. We hope to be able to demonstrate the predicted benefits in the coming weeks.

16. **Nottinghamshire Health and Care Portal (NHCP)**

Work has continued across organisations to improve information sharing through the Nottinghamshire Health and Care Portal.

Training has commenced for over 800 frontline adult social care staff over the summer with access available from September. Work has also begun to design the information Social Care will provide into the portal for health staff to view. The aim is to have this completed and available by the end of the year.

The portal allows staff across all health and care organisations to have access to the information they need, to make faster and more informed decisions for the people the care for across Nottinghamshire.

17. **NHS Digital Funding**

Nottinghamshire County Council was recently notified of their success for two NHS Digital funding bids for "Predictive Analytics" and "Interoperability Standards". These are to expand existing developments in Nottinghamshire and share learning and technical development Nationally through the NHS Digital "Pathfinders" Programme.

The initial funding will cover the initiation stage of the projects up to November 2019. Further funding for the implementation phases up to March 2021 may be awarded following success in this first phase. The implementation funding would support expansion of previous projects across Nottinghamshire health and social care organisations.

For more information about any of the ICT health and integration projects contact rosie.gilbert@nottscc.gov.uk

## PROGRESS FROM PREVIOUS MEETINGS

18. **Nottinghamshire is a Childhood Obesity Trailblazer**
Congratulations go to the local team that led the Nottinghamshire application to be part of the 3-year Department of Health & Social Care funded Trailblazer Programme working with the Local Government Association and Public Health England. Our Nottinghamshire proposal in about enabling families with preschool children and the early years workforce to develop their food skills and access healthy food. The project is part of the delivery of our Health and Wellbeing Strategy priority to improve the local food environment to help develop Healthy and Sustainable Places.

For further details visit the LGA website or contact John Wilcox, Senior Public Health & Commissioning Manager (john.wilcox@nottscc.gov.uk) .

19. **Improved Chlamydia Screening results**
Chlamydia is the most commonly diagnosed STI in the UK. It is caused by a bacterial infection and the majority of people who are infected will not have symptoms. It is easy to diagnose and treat, but if left untreated, infections can persist for years and cause serious complications. Public Health England recommends that local authorities should be working towards achieving a chlamydia detection rate of at least 2,300 per 100,000 population aged 15-24. Historically, like most LA areas in the country Nottinghamshire has struggled to meet the national benchmark rate. Over the last 10 years both as a County Primary Care Trust and more recently in Local Government, Public Health has worked closely with NHS colleagues across primary and secondary care and other partners such as the Youth Service to increase take up of Chlamydia screening.

I am happy to report that the data for 2018 shows for the first time since 2014 Nottinghamshire is statistically similar to that of the East Midlands and England rate and that two districts Bassetlaw and Mansfield exceed the national rate.

Since November 2017 Nottinghamshire County Council has commissioned an online Chlamydia testing service which has contributed substantially to the increase in young people accessing Chlamydia tests and being treated which helps control transmission of an STI than disproportionately impacts on young people.

For more information contact Nick Romilly, Senior Public Health and Commissioning Manager m: 0797 132 8073 or e: nick.romilly@nottscc.gov.uk

20. **Nottinghamshire tobacco declaration**
At the March Health and Wellbeing Board an update was provided on the implementation of the Nottinghamshire Tobacco Control Declaration across Board partners in Nottinghamshire.

One of the recommendations that was agreed is that Board members or members of their organisation attend a planning meeting to share good practice.

To further support this a paper was written for the ICS board (and subsequent groups) in March about developing a system-wide approach to tackling tobacco and related harm. In line with the Health and Wellbeing Board paper the recommendations agreed the establishment of a tobacco control implementation group, with nominated representatives to participate in the CLeaR improvement model and ensure the inclusion of a requirement to sign the Tobacco Declaration within commissioned services.

The CLeaR process is an evidence-based approach to tobacco control that places the local strategic priorities at the heart. The CLeaR model allows:

- a self-assessment tool for measuring the success of local action to address harm from tobacco
- an opportunity to bring local partners together to discuss the range of local tobacco control efforts and reinforce efforts and priorities
- a chance to benchmark your work on tobacco control over time and against others

**CLeaR is not an inspection regime or external audit. Results from the self-assessment process belong to the locality and exist only to help identify areas of strength, opportunities for development and improve local tobacco control.**

In line with the recommendations above it has been decided that the CLeaR process will take place across Nottingham City and Nottinghamshire County jointly, with local arrangements taken in to consideration. It is hoped that this process will be completed in October as part of a ½ day workshop with key partners. The requests from the Health and Wellbeing Boards and ICS boards is to nominate representatives to partake in this and take oversight of the activity.

It is proposed that the CleaR process will lead to;

- The development of a strategic group to lead and take forward the Tobacco Control agenda
- The development of a Framework for Action across Nottingham City and Nottinghamshire County
- The development of an implementation plan and governance/supporting arrangements to take forward action around Tobacco Control

For more information contact Jo Marshall, Public Health and Commissioning Manager *e:* jo.marshall@nottscc.gov.uk or t: 0115 8043283

21. **Learning disabilities JSNA chapter – easy read**
In March the Board approved a JSNA chapter for learning disabilities. An easy read version of the chapter has now been developed and is available online to share within local contacts and networks.

22. **Adult Social Care Market Position Statement 2019/2021**

There are 821,136 people living in Nottinghamshire. Some key facts include:

- We are living longer but with greater levels of ill health and disability
- 1 in 8 people have caring responsibilities at some stage in their lives
- 20% of the population live in rural areas
- The number of older people who live alone will increase
- There is a growing population of people with a diagnosis of autism
- Mansfield, Ashfield and Bassetlaw have the highest levels of deprivation and Rushcliffe has the lowest.

The County Council needs to be aware of population trends to ensure public health and social care services, resources and workforce are in place to meet the needs of current and future generations. The new Adult Social Care Market Position Statement 2019/2021 is aimed at both existing providers who want to plan their future business as well as new providers who may want to enter the local market. It includes the local authority view of current provision in the social care market, what the trends and gaps are and the type and quality of services/resources and support needed for the future.

The Council's aim is to improve wellbeing through prevention and promoting independence and choice by:

- Improving mental health services
- Supporting older adults hospital discharge
- Keeping people in their own homes
- Supporting carers
- Creating day service opportunities
- Increasing the use of digital technology
- Increasing the take up of Direct Payments
- Increasing the number of Personal Assistants and Microproviders

The full document is available on the NottsHelpYourself website and any feedback can be sent to: strategic.commissioning@nottscc.gov.uk.

**PAPERS TO OTHER LOCAL COMMITTEES**

23. **Use of Public Health General Reserves Plus Appendix 1 & Appendix 2**
Report to Adult Social Care and Public Health Committee
13 May 2019

24. **Nottinghamshire's Knife Crime Strategy 2018**
Report to Policy Committee
22 May 2019

25. **Nottinghamshire Spatial Planning and Health Framework 2019-22**
Report to Communities and Place Committee
6 June 2019

26. **Refreshed Adult Social Care and Public Health Departmental Strategy**
Report to Adult Social Care and Public Health Committee
10 June 2019

27. **Local Transformation Plan for Children and Young People's Emotional and Mental Health - Update**
    Report to Children and Young People's Committee
    17 June 2019

**A GOOD START IN LIFE**

28. **Improving children and young people's mental health and emotional wellbeing: findings from the LGA's peer learning programme**
    The Local Government Association's Children and Young People's Mental Health and Emotional Wellbeing Peer Learning Programme looked at how to prioritise early help and free up acute care for the most vulnerable in order to achieve change; and helped councils and their local partners to learn from each other, and from other councils across the country. Eight councils and their partners took part in two learning days and a visit to another council, gaining further knowledge and understanding on how to tackle their local issue.

29. **Local indicators of child poverty, 2017/18: summary of estimates of child poverty in small areas of Great Britain, 2017/18**
    End Child Poverty coalition
    New data published by the Coalition shows that child poverty is becoming the norm in some parts of Britain, with more than 50 per cent of children living trapped in poverty in some constituencies.

30. **Government response to the Health and Social Care Select Committee report on 'First 1000 days of life**
    Department of Health and Social Care
    This command paper sets out the government's response to the Health and Social Care Select Committee's 'First 1000 days of life' report, published by the House of Commons in February 2019.

31. **Foods and drinks aimed at infants and young children: evidence and opportunities for action**
    Public Health England
    This report sets out the evidence for action on food and drink product ranges targeted at babies and young children, and PHE's advice to government.
    Additional link: PHE press release

32. **School sport and activity action plan**
    The government has announced new plans to allow children greater opportunity to access 60 minutes of daily sport and physical activity. The School Sport and Activity Action Plan will set out a range of new measures to strengthen the role of sport within a young person's daily routine, explain how teachers and parents can play their part, and promote a joined-up approach to physical activity and mental wellbeing. More detail on the actions in the plan will be published later this year.

33. **Increasing physical activity in children**
    Public Health England, Disney UK and Sport England have launched a new Change4Life campaign to inspire children to get more active. The campaign is encouraging children to play 10 Minute Shake Up games inspired by favourite characters. The campaign has also launched a new online quiz to help children, with their parents, find activities and sports to try.

34. **The health effects of Sure Start**
    Institute for Fiscal Studies
    This report looks at the overall impacts on health of the Sure Start programme. Findings include Sure Start significantly reduced hospitalisations among children by the time they finish primary school; it benefits children living in disadvantaged areas most; there is no evidence that it impacted on child obesity at age 5 or maternal mental health; and a simple cost–benefit analysis shows that the benefits from hospitalisations are able to offset approximately 6% of the programme costs.

35. **Early intervention**
    This House of Commons library briefing analyses early intervention policies aimed at parents and children from conception to age five, covering health, education, social development and financial benefits.

36. **Are young people detached form their neighbourhoods?**
    Office for National Statistics
    This article explores young people's connections with their communities and how it compares with the engagement of older adults. It is based on data from the Community Life Survey on neighbourhood belonging and community engagement.
    **See also:** Community Life survey

37. **Left to their own devices: children's social media and mental health**
    Barnardo's

The report aims to understand what children, young people and practitioners have to say about the impact of social media on mental health and wellbeing and to shed a light on the social media experiences of vulnerable children.

**HEALTHY & SUSTAINABLE PLACES**

38. **NHS invests £5 million to improve care for people with a learning disability**
    The NHS has announced an additional £5 million will fund reviews to improve care for people with a learning disability and committed to renewed national action to tackle serious conditions. Thousands more reviews will be carried out over the next 12 months, driving local improvements to help save and improve lives. As the third annual report, which reviews the deaths of people with a learning disability, and action plan were published last week, the NHS has committed to tackling the major killer conditions among people with a learning disability including pneumonia, respiratory conditions, constipation, sepsis and cancer, based on lessons learned from reviews.

39. **Taking the p***
    Royal Society for Public Health
    This report explores the dire state of the UK's public conveniences, the impact this has on health and wellbeing, and public perceptions of what should be done. It highlights how the effect of poor public toilet provision falls disproportionately on people with ill health or disability, the elderly, women, outdoor workers and the homeless. It argues that the failure to provide adequate public toilets directly hampers some of the UK's wider public health efforts, such as curbing obesity, and keeping our increasingly elderly population physically active and socially engaged with the community.

40. **The social impact of participation in culture and sport**
House of Commons Digital, Culture, Media and Sport Committee
This report finds that opportunities to reap major benefits in criminal justice, education and health are being missed because of the government's failure to recognise and harness social impact. It argues that the full health impacts of cultural programmes are far from being reached in social prescribing and recommends that the Department for Digital, Culture, Media and Sport should encourage sporting organisations to take part in social prescribing schemes, which can go beyond physical health benefits to include social impacts such as tackling loneliness.

41. **Physical activity: encouraging activity in the community**
NICE
This quality standard covers how local strategy, policy and planning and improvements to the built or natural physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages and all abilities to be physically active and move more. It describes high-quality care in priority areas for improvement.

42. **Moving matters – interventions to increase physical activity.**
National Institute for Health Research
This themed review brings together more than 50 published and ongoing studies funded by the NIHR on ways to influence physical activity behaviours in individuals and populations to increase physical activity in everyday life.

43. **Active travel: trends, policy and funding.**
The House of Commons library
Active travel means making journeys by physically active means such as walking or cycling. The Cycling and Walking Investment Strategy, published in 2017, is the government's strategy to promote walking and cycling in England. Given that active travel is a devolved policy area, this briefing relates

44. **The homelessness monitor: England 2019**
Joseph Rowntree Foundation and Crisis
This annual report analyses the impact of economic and policy developments on homelessness, drawing on a survey of councils, statistical analysis and in-depth interviews.

45. **Home adaptations: people with disabilities and older people**
The Royal College of Occupational Therapists has published Adaptions without delay. This document is intended to address delays in the delivery of all types of home adaptations.

46. **Decent and accessible homes for older people**
All Party Parliamentary Group (APPG) for Ageing and Older People
The report aims to understand the detrimental impact of poor housing on older people's physical, mental and social wellbeing and contains 13 recommendations that look at the impact of poor quality, inaccessible housing on health, issues in supported housing and the private rented sector and the importance of home improvement agencies.

47. **Active ageing**
Anchor Hanover report in association with Demos
This report, written in conjunction with care home provider Anchor Hanover, highlights the costs of physical inactivity in older people to the NHS and estimates that by 2030, this could be as much as £1.3 billion. It also outlines the human cost of inactivity in later life, illustrating how

inactivity not only contributes to poorer physical health, but also to cognitive decline, reduced emotional wellbeing and loneliness.

48. **Risk reduction of cognitive decline and dementia**
World Health Organisation
This guidance provides the knowledge base for health care providers, governments, policy-makers and other stakeholders to reduce the risks of cognitive decline and dementia through a public health approach. The report describes how people can reduce their risk of dementia by getting regular exercise, not smoking, avoiding harmful use of alcohol, controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels.

49. **Why it's important to review the care of people with dementia.**
Healthwatch
This report summarises data and people's experiences about social care reviews, reassessments and their outcomes for people with dementia. It also includes recommendations.

50. **The NHS as an anchor institution**
The Nuffield Trust
This infographic illustrates how NHS organisations act as anchor institutions in their local communities and positively influence the social, economic and environmental conditions to support healthy people and communities.

51. **European tobacco use – trends report 2019.**
World Health Organisation European Office
This report provides the latest data on the current situation and changes over time in tobacco-use monitoring, health impacts, prevalence of tobacco use, health systems' response to the tobacco epidemic, and the role of human rights and health policy in increasing awareness of the circumstances and effects of tobacco use. It aims to give insights into trends of tobacco use and prospects for its future control, as well as be an advocacy tool to encourage dialogue.
Additional link: WHO press release

52. **WHO report on the global tobacco epidemic, 2019: offer help to quit tobacco use.**
World Health Organisation
This seventh WHO report on the global tobacco epidemic analyses national efforts to implement the most effective measures from the WHO Framework Convention on Tobacco Control (WHO FCTC) that are proven to reduce demand for tobacco.
**See also:** WHO press release

53. **Health matters: prevention – a life course approach**
Public Health England
This resource focuses on taking a life course approach to the prevention of ill health and explores the evidence base for this approach. It signposts to evidence-based interventions and tools, as well as to evaluation and monitoring techniques. It also includes links to additional resources.

54. **Ending the blame game: the case for a new approach to public health and prevention.**
Institute for Public Policy Research
This report advocates that action on prevention will not only improve health but also lead to increases in economic growth, make the NHS more sustainable and help to deliver social justice. It calls for the government's prevention green paper to deliver a paradigm shift in policy from interventions that 'blame and punish' to those that 'empathise and assist'.
Additional link: BBC News report

55. **Finding connection in a disconnected age – stories of community in a time of change.**
Nesta
This document contains twelve stories that paint a rich and varied picture of the many faces of loneliness and what it means to feel disconnected from those around us.

56. **Community commissioning shaping public services through people power**
New Local Government Network (NLGN)
This report argues that if there is to be a move to a preventative system in public services, communities need to take on more responsibility for their own health and wellbeing. The commissioning of public services is one of the most important functions of the public sector, but also one that is deeply embedded within the institution. The report makes the case for why the process needs to be led by citizens and service users, not public sector professionals. It also explains in detail how this shift is happening in practice.

57. **Towards mental health equality: a manifesto for the next Prime Minister.**
The Mental Health Policy Group
This manifesto sets out the five key areas that the next Prime Minister must address in order to improve the lives of people with mental health problems and promote the mental health of the nation.

58. **A scoping study on the link between exposure to or interaction with the natural environment and mental health outcomes. .**
RAND Europe
This study looks at scientific literature regarding the impact that exposure to nature has on mental health. It finds that while the topic area is expanding, the evidence base is currently in its infancy and therefore weak. However, there is emerging evidence suggestive of a positive association between nature and mental health.

59. **Arm in arm: the relationships between statutory and voluntary sector mental health organisations.**
Centre for Mental Health
This document seeks to raise a number of questions and issues about the relationships between VCSE and statutory organisations in supporting people's mental health and wellbeing. Many of these will require investigation in greater depth and further consideration to develop policy and practice changes where these are needed.
**See also:** Centre for Mental Health press release

60. **Tackling loneliness.**
House of Commons
This paper examines the Government's Loneliness Strategy published in October 2018 and outlines progress so far. It also looks at research into the causes and impact of loneliness and possible interventions.

61. **Sickness absence and health in the workplace: understanding employer behaviour and practice – an interim summary.**
Department for Work and Pensions and the DHSC
This research aims to understand employer behaviours and practices relating to sickness absence and health in the workplace. It is a summary of survey data from 2,564 employers. The full report will be published later in 2019.

62. **Obesity and work: challenging stigma and discrimination**
Institute for Employment Studies
This report is intended to enhance workplace practice surrounding obesity. It seeks to discuss how the effects of obesity extends to people's working lives, raising issues relating to productivity, absenteeism as well as highlighting the level of discrimination that people with obesity can face at work.

63. **Food banks in the UK**
This House of Commons Library briefing paper is about the use of food banks in the UK. It contains regional and national data and statistics gathered from the Trussell Trust on the number of food banks in the UK, food parcel distribution, other sources of food aid provision and information on the introduction of government food insecurity indicators.

64. **Health on the shelf**
Royal Society for Public Health
This report explores the public perception of supermarkets and the marketing strategies used to boost sales. It also showcases how supermarkets can be health-promoting spaces and nudge customers to make healthier choices.

65. **Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight.**
Public Health England
This guide and associated resources are intended to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight.
**See also:** PHE Health matters

66. **A citizen-led approach to health and care: lessons from the Wigan Deal**
Kings Fund
In 2011, Wigan Council faced significant cuts in funding from central government. Drastic measures were needed, including a radical reshaping of the relationship between the council and residents. This became known as the Wigan Deal. There is an accompanying film which describes the Deal.

67. **The range and magnitude of alcohol's harm to others**
Public Health England
This document provides an evidence review of the harm caused by alcohol to the people around those who are drinking. It aims to provide a better understanding about the extent of alcohol's effect on individuals, communities, and society as a whole and supports decisions on the implementation of policies and interventions to reduce the harms to others.

68. **Drink free days 2018: campaign evaluation**
**Public Health England**
This report has a full evaluation for the drink free days 2018 campaign to understand the extent to which the campaign has reached and influenced its target audience.

69. **Environmental health inequalities in Europe**
WHO Europe has published Environmental health inequalities in Europe: second assessment report. The report documents the environmental health inequalities within countries through 19 inequality indicators on urban, housing and working conditions, basic services and injuries. Inequalities in risks and outcomes occur in all countries in the WHO European Region, and the latest evidence confirms that socially disadvantaged population subgroups are those most affected by environmental hazards, causing avoidable health effects and contributing to health inequalities.

70. **Public value: how it can be measured, managed and grown**
Nesta
This paper brings together views on better ways of mapping and measuring public value. It builds on work Nesta has done in many fields - from health and culture to public services - to find more rounded and realistic ways of capturing the many dimensions of value created by public action.

71. **Sparking change in public systems: the 100 day challenge.**
Nesta
This report reflects on five years of the 100 Day Challenge, which allows front-line staff and citizens to collaborate and experiment with new ways of working, testing them for 100 days to see if they make a difference. It explores the five ingredients to achieving success through the challenge demonstrated through real-life examples.

72. **State of Caring: snapshot of unpaid care in the UK**
Carers UK
This report is based on the results of the 2019 State of Caring Survey of over 7,500 people currently caring unpaid for family or friends. It captures the impact that caring has on carers' lives and evidences the policy recommendations that would improve this.

**WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES**

73. **Investing in quality: the contribution of large charities to shaping future health and care**
Commissioned by the National Garden Scheme, this report explores how the work of the National Garden Scheme and its beneficiaries fits within the context of the future of policy development in health and care. The National Garden Scheme is an independent charity that provides annual donations to a range of nursing and caring charities. The report captures its contribution to six of its main beneficiaries: Macmillan Cancer Support, Marie Curie, Hospice UK, The Queen's Nursing Institute, Parkinson's UK and the MS Society.

74. **Public Health services**
The Department of Health and Social Care has announced that local authorities will continue to commission public health services. The review recommends that the NHS work much more closely with local authorities on public health so that commissioning is more joined-up and prevention is embedded into a wider range of health services.

75. **Public health, prevention and health improvement.**
Local Government Association (LGA) has published
This prospectus sets out the programme of sector-led improvement support available through the LGA and partners; signposting to other support and resources available; and the early support arrangements for local authorities with performance challenges in public health.

76. **Understanding primary care networks**
The Health Foundation has published Understanding primary care networks: context, benefits and risks. This briefing places Primary Care Networks (PCNs) in the context of previous changes to general practice funding and contracting. It examines the rationale for networks, explores relevant evidence and draws out intended benefits and possible risks for the future of PCNs.

77. **NHS Long Term Plan: implementation framework**
NHS England and NHS Improvement have published NHS Long Term Plan: implementation framework. This framework sets out further detail on how the commitments in the Long-Term Plan will be delivered from 2020/21 through to 2023/24, including the national 'must dos', whilst leaving space for systems to set out how they will deliver and phase progress in line with local priorities. All systems will be expected to agree their plans by mid-November 2019 and publish them shortly thereafter.

78. **Designing integrated care systems (ICSs) in England.**
NHS England
This guide is aimed at all the health and care leaders working to offer well-co-ordinated efficient services a reality. It sets out the different levels of management that make up an integrated care system, describing their core functions, the rationale behind them and how they will work together.

79. **What a difference a place makes: the growing impact of health and wellbeing boards**
The Local Government Association
This resource captures the achievements, challenges and learning from 22 effective health and wellbeing boards (HWBs) **including Nottinghamshire** across the country, all of which are making good progress on integrating health and care, improving wellbeing and tackling the wider determinants of health.

80. **Better Care Fund planning requirements**
The Department of Health and Social Care has published Better Care Fund planning requirements for 2019 to 2020. This document sets out the Better Care Fund planning requirements, which support the core NHS operational planning and contracting guidance for 2019 to 2020. It also details the Better Care Fund operating guidance.

81. **Population health framework for healthcare providers**
NHS Providers
This framework sets out principles for a population health approach that can be taken by provider organisations, working as part of an integrated health and care system.

82. **Simplifying cross sector working between NHS Integrated Care Systems, Sustainability and Transformation Partnerships and industry: guidance on governance and process.**
AHSN Network and Association of British Pharmaceutical Industry
This guidance aims to make it easier for STPs, ICSs and industry to develop and implement local collaborative initiatives that improve patient outcomes, make more efficient use of NHS resources and generate evidence of impact for industry.

**HEALTH INEQUALITIES**

83. **Preventable deaths and deprivation**
Health Foundation
The chart shows the risk of preventable death is at least three times higher for people living in the most deprived local areas compared to those living in the least deprived.

**HEALTH PROTECTION**

84. **Adult health screening**
House of Commons Public Accounts Committee
This report argues that national health bodies are not doing enough to make sure that everyone who is eligible to take part in screening is doing so, and do not know if everyone who should be invited for screening has been. Looking at four out of eleven national health screening programmes, this report finds that none met their targets for ensuring that the eligible population was screened in 2017-18.

85. **Cancer screening programmes review: interim report**
NHS England has published Independent review of national screening programmes in England: interim report of emerging findings. This interim report sets out the emerging findings of Professor Sir Mike Richards review of national screening programmes. Although this report sets out preliminary findings it makes two clear recommendations: the halting of the decline in the proportion of eligible women taking up breast and cervical screening and that national stakeholders must act now to ensure IT systems for GP registrations and screening are fit for purpose. The final report and recommendations will be published later this year.

86. **Universal HPV immunisation programme**
Public Health England has issued a letter regarding the introduction of a universal HPV immunisation programme to include boys from September 2019. The vaccine will be offered to boys, in addition to girls, as part of the routine school aged schedule.

87. **Supporting the health system to reduce inequalities in screening: PHE Screening inequalities strategy.**
Public Health England
The PHE Screening inequalities strategy is aimed at supporting local screening services, commissioners and others involved in the provision of screening to address inequalities.

88. **Antibiotic stewardship: duration of antibiotic treatment for common infections frequently exceeds guideline recommendations.**
NICE
This 'Medicine's evidence commentary' evaluates new evidence and highlights areas for improvement when prescribing antibiotics. The findings suggest that guidance on antibiotic use is not being implemented as well as it could be in all areas which may lead to antibiotic overuse.

89. **Sexual health**
Health and Social Care Committee
This report calls for sexual health to be sufficiently funded on a national level, to deliver high quality sexual health services and information. It recommends that Public Health England should develop a new sexual health strategy to provide clear national leadership in this area. It also sets out the key areas this strategy should focus on.

90. **Sexually transmitted infections and screening for chlamydia in England 2018**
Public Health England has published the report:
This annual report provides information on trends in the diagnosis of sexually transmitted infections. It includes numbers and rates of diagnoses by demographic characteristics as well as by geographical distribution.

**GENERAL**

91. **Chief Medical Officer annual report 2019: health, our global asset – partnering for progress.**
Department of Health and Social Care
Professor Dame Sally Davies outlines the UK's leading role in global health and highlights the need to share international knowledge and experience. The report makes clear that by focusing purely on domestic health, we risk failing to control the shifting tide of global threats. It makes a series of recommendations to secure a prospering health system and population both at home and across the world. Additional link: DHSC press release

92. **Is an ounce of prevention worth a pound of cure? Estimates of the impact of English public health grant on mortality and morbidity?**
Centre for Health Economics
This report investigates the relationship between local authority public health expenditure and mortality and morbidity.

**CONSULTATIONS**

93. **Health is everyone's business: proposals to reduce ill health-related job loss.**
The Department for Work and Pensions and the DHSC
This consultation seeks views on different ways in which government and employers can act to reduce ill health-related job loss. The proposals aim to support and encourage early action by employers for their employees with long-term health conditions, and improve access to quality, cost-effective occupational health. Additional link: DHSC press release

The consultation closes on 7 October 2019.

94. **Preventable ill health: consultation**
The Department of Health and Social Care and the Cabinet Office have launched a consultation Advancing our health: prevention in the 2020s. The consultation is seeking views on proposals to tackle the causes of preventable ill health in England. The commitments outlined in this green paper signal a new approach to public health, one that involves a new personalised, prevention model. It will mean the government, both local and national, working with the NHS to put prevention at the centre of decision-making.

The consultation closes on 14 October 2019.

95. **Impact of tobacco legislation**
The Department of Health and Social Care and the Welsh Government have launched a consultation on the Impact of tobacco laws introduced between 2010 and 2016. The consultation will assess whether the tobacco legislation has achieved its objective and whether legislation is still the best way of achieving that objective.

The consultation closes on 15 September 2019.

**Other Options Considered**

96. This report is an update on local and national developments relating to health and wellbeing to infrom local plans.

**Reason/s for Recommendation/s**

97. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

## Statutory and Policy Implications

98. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, 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, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

**Financial Implications**

99. There are no financial implications arising from this report

## RECOMMENDATION/S

1) To note the contents of this report and consider whether there are any actions required by the Board in relation to the issues raised.

**Councillor Steve Vickers**
**Chairman of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Nicola Lane
Public Health and Commissioning Manager
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nicola.lane@nottscc.gov.uk

**Constitutional Comments (LW 25/07/2019)**

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

**Financial Comments (DG 19/08/2019)**

101. There are no specific 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.

- None

**Electoral Division(s) and Member(s) Affected**

- All

# Tackling Fraud Against The Vulnerable

Safer Nottinghamshire Board

## Vision

**To reduce the incidence and impact of fraud and scams against the vulnerable in the County.**

**"Vulnerable"**: "A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of or protect themselves or others from harm or exploitation". (College of Policing)

**"Scam"** is a slang term for personal fraud. Mass marketing scams and doorstep crime are the frauds most commonly targeted against the vulnerable.

## What is the problem

- Fraud is now the most commonly experienced offence in the country and significantly under reported
- A vast percentage of the victim base is elderly and vulnerable.
- Fraud is complex and sophisticated making it difficult for victims to understand how to protect themselves
- Fraud is estimated to be costing the UK £193 Billion a year. £10 Billion of this figure was lost by private individuals
- Each year scams cause approx. between £5 and £10 billion detriment to UK consumers (National Trading Standards, 2016). This equates to between £60m and £120m for Nottinghamshire.
- Around a third of victims fall prey to another scam within 12 months (National Trading Standards Scams Team, 2016)
- The consequence of fraud is not only financial, the emotional and psychological impact on victims results in increased isolation, diminished confidence and reduction in health and well-being
- Fraud also affects the economy as money haemorrhages abroad, and frequently results in public services funding care when victim's losses prevent paying for their own care.

**53%**
of people over 65 believe they have been targeted by fraud (Age UK, 2015)

Under the Care Act 2014, financial abuse should be considered a safeguarding concern when it affects those with care and support needs

£

Loneliness makes older people more vulnerable to scams. Half of people

**Over 65**

said the television or pets are their main form of company (Age UK, 2014)

The average age of a scam victim is **75** (National Trading Standards, 2016)

People with Dementia are particularly vulnerable to scamming.
**1 in every 14**
of the population aged 65 years and over have Dementia (Alzheimer's Society, 2016)

## Our principles of working together

- **Adopt the 6 principles of Adult Safeguarding set out by the Care Act (2014):**
  - Empowerment: people are supported and encouraged to make their own decisions through informed consent.
  - Prevention: it is better to take action before harm occurs.
  - Proportionality: the least intrusive response appropriate to the risk presented.
  - Protection: support and representation for those in greatest need.
  - Partnership: Services offer local solutions through working closely with their communities.
  - Accountability: accountability and transparency in delivering safeguarding.
- **Deliver a collaborative problem solving approach, prioritising our collective resource effectively.**
- **Ensure consistent messaging.**
- **Take robust enforcement action against offenders operating in the County**

## OUR CURRENT WORKING

- Nottinghamshire Multi-Agency Safeguarding Hub established since 2013 and one of few combining Adult and Child safeguarding, the MASH has delivered its objectives of wider information sharing to support holistic decision-making.
- **Operation Signature** is a process to identify and support vulnerable victims of fraud, utilising dedicated Fraud and Cyber Protect Assistants and Neighbourhood teams. Home visits provide support focused on safeguarding and supporting the most vulnerable at risk individuals using a multi-agency approach.
- **Banking Protocol** is a partnership between financial institutions, Police, Trading Standards and the Post Office to prevent customers falling victim to fraud. Since the protocol went live in Nottinghamshire the value of financial harm prevention exceeds £491,000.
- Promotion of the National Trading Standards initiative Friends Against Scams within the County.
- Trading Standards 'Nominated Neighbour Scheme' to encourage neighbours to help vulnerable people feel safer in their homes and protect them from doorstep crime.
- Joint work with NottsWatch to encourage take up of the Friends Against Scams and Nominated Neighbour schemes.
- Trading Standards interventions to protect people identified as being vulnerable to fraud. This prevention work involves collaboration with a wide range of agencies and organisations working with older and vulnerable adults.
- Community Friendly Nottinghamshire is a Nottinghamshire County Council community mobilisation programme to tackle loneliness and isolation.

| PRIORITIES | WHY THIS IS IMPORTANT |
|---|---|
| Raise awareness and remove stigma of being a fraud victim | Many are unaware that they have been a victim, or are too embarrassed to admit that they have been defrauded.<br>It is essential to provide victims with the confidence to report the crimes and to empower them to be able to access the support they need.<br>Raising awareness within the community to build capacity to protect the vulnerable. |
| Prevention and Protection | Local and global criminals target the most vulnerable in our society.<br>The scale and international landscape of fraud offending frequently prevents successful judicial outcomes.<br>Protecting our most vulnerable from victimisation requires a more coordinated approach and especially in the backdrop of resource constraints<br>Falling victim of fraud or scams diminishes confidence and increases social isolation, resulting in needlessly accelerating the need for Social and Healthcare. |
| Joint Working & Action | Improve identification of fraud victims and deliver the right support.<br>Ensure that all agencies are consistent in the way that they identify and assess vulnerability.<br>Improve joint working and streamline referral pathway.<br>Work effectively together to target those individuals causing the greatest threat, risk and harm. |

| PRIORITY | OUTCOME | WHAT ARE WE GOING TO DO? |
|---|---|---|
| Raise awareness and remove the stigma of being a fraud victim | • Empower communities to take steps to better protect themselves, their family, friends and neighbours.<br>• Improved confidence around<br>• reporting and accessing support<br>• Improve health and well-being | - Continue to promote awareness raising campaigns and alerts to communities.<br>- Work with academia and other agencies to share the learning.<br>- Ensure vulnerable victim are supported.<br>- Consistent and clear messaging. |
| Prevention and Protection | • Higher level of protection for the most vulnerable<br>• Reduction in victimisation and repeat victimisation.<br>• Greater connectivity and engagement in the protection and prevention agenda across the partnership. | - Deliver an effective and efficient programme of protect advice and support that focuses on those most vulnerable.<br>- Utilise the experience from the partnership to deliver joint solutions<br>- Identify what support is currently available, by whom and the success or otherwise and undertake a gap analysis.<br>- Identify those that require additional support and engage those best placed to deliver. |
| Joint Working & Action | • Work together more effectively to maximise our collective impact.<br>• Greater resilience and education across the partnership<br>• Understand the scale and impact | - Develop an improved information exchange across the partnership for example through the use of ECINS.<br>- More efficient use of agency powers and resources.<br>- Drive out duplication and inefficiency in the system. |

## How will we measure success?

An SNB 'task and finish group' will produce and oversee an action plan linked to the aims in this strategy. We will measure our success by the achievement of our aims and, ultimately, our vision of **'To reduce the incidence and impact of fraud and scams against the vulnerable in the County'.**

This means we will:

- Increase the number of people empowered to protect themselves
- Put an emphasis on fraud and scam prevention across all SNB stakeholders and representatives
- Maximise education and learning opportunities across the partnership and within the communities
- Increase the number of referrals to support agencies
- Increase the flow of information across the ECINS platform

## Strategies and Plans

Nottinghamshire County Council

**Report to Health and Wellbeing Board**
**04 September 2019**

**Agenda Item: 5**

# REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

# HEALTH AND WELLBEING BOARD ACTIONS TO REDUCE THE HARM CAUSED BY DRINKING ALCOHOL AT HARMFUL LEVELS

## Purpose of the Report

1. To confirm actions agreed by the Health and Wellbeing Board to reduce alcohol related harm in Nottinghamshire through the delivery of the Nottingham and Nottinghamshire Integrated Care System (ICS) Alcohol Harm Reduction Plan and Bassetlaw Integrated Care Provider (ICP) approaches, with a key focus on identifying how Alcohol Identification and Brief Advice (IBA) can be embedded in frontline services and for employee health and wellbeing approaches.

## Information

2. Substance misuse (drugs and alcohol) is one of the 14 priorities listed within the Healthy and Sustainable Places ambition of the Joint Health and Wellbeing Strategy 2018-22. Alcohol specifically has then been agreed as a priority in the Prevention Framework for Action (August 2018) of the Nottingham and Nottinghamshire ICS. The Nottinghamshire Alcohol Pathways Group is a system wide working group with the assigned overall responsibility for implementing alcohol harm reduction activity and as such have developed the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan. Bassetlaw ICP has identified two key outcomes related to alcohol harm.

3. Alcohol misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Alcohol dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health and employment and with anti-social and criminal activity that adversely affects individuals, families and communities.

4. At a workshop on the 3rd July 2019, the Health and Wellbeing Board and partners considered the harm caused by drinking alcohol. The workshop focussed on how Board members can demonstrate leadership on the issue of addressing alcohol related harm and play an important role in supporting the actions within both the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP approaches.

5. Background presentations from the Public Health team informed the board of the scale of the alcohol issue nationally and in Nottinghamshire. Local data taken from the

Nottinghamshire Substance Misuse Joint Strategic Needs Assessment (JSNA) quantified the level of need and was then followed by what public health action is being taken across the Nottingham and Nottinghamshire ICS and Bassetlaw's ICP – mostly notably working towards the Nottingham and Nottinghamshire ICS eight-point Alcohol Harm Reduction Plan by:

i. Increasing population level understanding of risk and harm
ii. Preventing alcohol harm through wider related local/national policy
iii. Taking a systematic approach to Alcohol Identification and Brief Advice (IBA)
iv. Identification of 'Alcohol Champions' in key organisations across the system
v. Including alcohol as a priority for employee health and wellbeing
vi. Better communication of identified alcohol risk between some key parts of the system
vii. Case management in the Emergency Department of High Volume Service Users (HVSU)
viii. Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues.

6. The specific ask of Health and Wellbeing Board Members was to consider how they could take leadership on actions iii) and v) by embedding Alcohol Identification and Brief Advice (IBA) within the frontline services and the employee health and wellbeing plans within their organisations. Therefore, also fulfilling action iv) regarding acting as Alcohol Champions for their organisation.

7. The Health and Wellbeing Board was also informed that Change, Grow, Live (CGL) as the current substance misuse provider in Nottinghamshire have been commissioned to deliver Alcohol IBA training across Nottinghamshire from April 2019-2020. Alcohol IBA is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their alcohol consumption and so their risk of alcohol related harm. It is estimated that for every 8 people who receive alcohol IBA in key settings including primary care, one will reduce their consumption to lower risk levels. On a population level this offers significant opportunity for change.

8. Across Nottinghamshire CGL's Alcohol IBA training offer will seek not only to offer standalone training but wider support to enable and sustain a system wide IBA approach, this includes:
   - 1.5 full time equivalent staff to deliver training sessions, plus ongoing costs such as marketing, travel and management of the service.
   - Helping trained professionals feel confident in undertaking IBA by providing ongoing support whenever a professional feels they need it and by undertaking regular follow up surveys to all those trained to see how they are getting on.
   - Enhanced "Train the Trainer" sessions in-order to maximise ongoing reach of Alcohol IBA Training and support ongoing continued professional development of the wider team in this area.

9. Through participation in CGL's Alcohol IBA training events professionals will be familiar with, and able to conduct an "Audit C" (the evidence-based alcohol screening tool to assess alcohol consumption, alcohol related behaviours and alcohol related problems). Professionals will be confident to offer evidenced-based brief advice and information and promote appropriate interventions and services dependant on the screening outcome. It is important to acknowledge that this project is looking to foster a culture whereby

professionals are regularly exploring alcohol use and helping people raise awareness and understanding of alcohol associated harms.

10. As part of the workshop, CGL provided an interactive session on the calorific content of different alcoholic drinks and informed the Board of recommended units per week of alcohol (14 for both men and women) as specified by the Chief Medical Officer for England. Each table was provided with an Alcohol IBA scratch card which participants could use to see how easy it is to the deliver Audit C the evidence-based alcohol screening tool.

11. The workshop session then focused on round table discussions around supporting some specific actions within the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP approaches notably:

To identify how Alcohol Identification and Brief Advice (IBA) can be embedded:

- Within their organisation's frontline service delivery to residents of Nottinghamshire
- Within their organisation for the benefit of their employee's health and wellbeing (as part of current Wellbeing at Work commitments)

12. Table discussions identified which frontline professionals could be trained in alcohol IBA. Feedback identified:
    - That frontline professionals who undertake supportive assessment with residents would be in a good position to raise the issue of alcohol harm (for example adult and children social care, housing officers, neighbourhood policing, street pastors and benefits/money advisors).
    - Additionally, primary care professionals are in a prime position to raise the issue about drinking alcohol at harmful levels.
    - Simplicity of the Audit C scratch card was valued by some members as a useful tool to facilitate an alcohol discussion. However, it was acknowledged that health literacy levels within certain communities in Nottinghamshire may be low therefore expecting residents to be able complete the Audit C without support could be challenging.
    - An online IBA training offer could be beneficial to training a larger cohort of professionals.

13. The table discussions also focused on how Alcohol IBA could be embedded within organisations for the benefit of employee's health and wellbeing, feedback included:

    - Employees in high risk jobs for example those who drive or operate machinery could be targeted for breath tests.
    - Organisations should be actively promoting healthy behaviours which include drinking at healthy levels as part of their Wellbeing at Work offer.
    - Employers should undertake health promotion days in the workplace linked to national alcohol campaigns (i.e. Alcohol Awareness Week or Dry January) or at key times of the year (for example before the Christmas party season).
    - A more proactive approach to employee wellbeing could be implemented, for example looking at patterns of sickness absence and managers observing changes in behaviours and having supportive conversations which may include asking questions around an employee's alcohol consumption.

- That questions around general health and wellbeing, including alcohol use, should be incorporated into return to work interviews and annual personal development plans. Human Resources policies may need to be changed to accommodate this.

14. While opportunities were readily identified, there was also the acknowledgement that would be some considerable barriers to overcome. Most notably:
    - The long-standing culture around acceptable levels of alcohol consumption and public understanding of risk of harm from alcohol is likely to be difficult to change. Board members were encouraged to be that advocate for change and to help embed alcohol harm reduction activities in their organisation.
    - It was acknowledged that the frontline staff or managers themselves maybe not comfortable raising the issue of alcohol use due to their own drinking habits. Therefore, the IBA training offer will focus on specifically helping develop that baseline level of personal understanding in the staff trained and to help develop their confidence in having such sensitive discussions with their respective service users or employees.

**Reason/s for Recommendation/s**

15. The Health and Wellbeing Board recognise that alcohol related harm is a key priority in Nottinghamshire and have identified these actions which when delivered by Board partners have the potential to make a positive impact on Nottinghamshire residents and employees. The overall aim being to reduce the risk of harm to individuals from their alcohol consumption by encouraging lower levels of drinking, which can result in fewer alcohol-related conditions and hospital admissions.

## Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance 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, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

**Financial Implications**

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

## RECOMMENDATION/S

The Health and Wellbeing Board and individual partners consider and approve the following local actions which demonstrate leadership and commitment to reducing alcohol-related harm in Nottinghamshire and are consistent with the Nottingham and Nottinghamshire ICS alcohol harm reduction plan and Bassetlaw ICP approaches:

***Support and advocate for organisational cultural change regarding Alcohol***

1. Health and Wellbeing Board members act as “Alcohol Champions” within their own organisations - being the named link person, actively promoting the topic of alcohol harm reduction and ensuring local actions (taken from the Alcohol Harm Reduction Plan) are delivered by the relevant officer within their organisation.

2. Health and Wellbeing Board members acknowledge their already agreed commitment in supporting the workplace health agenda by ensuring alcohol harm reduction is explicitly covered in their organisations existing employee health and wellbeing plans/activities.

***Roll out Alcohol IBA training within organisations***

3. Health and Wellbeing Board members engage with senior level colleagues in their organisations to identify their frontline services who could be trained in Alcohol IBA by CGL and then support CGL to make those links with key personnel, including with Human Resources leads for employee health and wellbeing.
4. Once CGL IBA training dates are in place, Health and Wellbeing Board members will champion and promote the training sessions to increase the number of staff trained in Alcohol IBA within their organisation.

***Continuous improvement of Alcohol IBA training***

5. Health and Wellbeing Board members commit to reporting back on the effective delivery of Alcohol IBA within their organisation, by giving future progress updates to the Health and Wellbeing Board on how Alcohol IBA training is being implemented within their frontline services and for employee health and wellbeing.

***Wider system working to deliver on the Alcohol Harm Reduction Plan***

6. Health and Wellbeing Board members note that public health colleagues intend to undertake a stakeholder mapping exercise to ensure appropriate partner organisation representatives are in place across the various working groups that deliver on the alcohol agenda (for example across the Healthy and Sustainable Places Co-ordination Group, the Nottinghamshire Alcohol Pathways Groups and the Nottingham and Nottinghamshire ICS Human Resources and Organisational Development Collaborative). The results of the stakeholder mapping, and in particular any gaps in representation which need to be addressed, will be shared with the Health and Wellbeing Board members once completed.

7. The Healthy & Sustainable Places Co-ordination Group will co-produce and drive forward wider local alcohol harm reduction actions (for example alcohol licensing) which were not the focus of the workshop

**Councillor Steve Vickers**
**Chairman of Health and Wellbeing Board**

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**Constitutional Comments (SLB 16/08/2019)**

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

**Financial Comments (DG 19/08/2019)**

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

**Background Papers and Published Documents**

Background paper for HWB Board Workshop July 2019 attached as Appendix 1

**Electoral Division(s) and Member(s) Affected**

- All

See also items in the Chair's Report:

9. Identification & Brief Intervention Training in Rushcliffe
67. The range and magnitude of alcohol's harm to others
68. Drink free days 2018: campaign evaluation

**Appendix 1**

# ADDRESSING ALCOHOL NEED IN NOTTINGHAMSHIRE
# A BRIEFING PAPER FOR THE HEALTH AND WELLBEING BOARD
# AUTHORS: PUBLIC HEALTH, NOTTINGHAMSHIRE

## Purpose

1. This briefing paper is to inform the Health and Wellbeing Board workshop on 3rd July 2019. It builds upon the Board's commitment to the disease prevention agenda (including Making Every Contact Count (MECC), the Tobacco Declaration and the Workplace Health Scheme (Wellbeing at Work)). It focusses specifically on alcohol related harm and issues. It outlines the scale of the issue, local activity and services and sets out the challenges for Nottinghamshire. It sets out a proposal for the role of the Health and Wellbeing Board in aiming to reduce the harms caused by alcohol to Nottinghamshire's residents, families and communities.

## Introduction

2. Alcohol misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Alcohol dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health and employment and with anti-social and criminal activity that adversely affects individuals, families and communities. Full details on need and activity in relation to alcohol issues in Nottinghamshire can be found in the Joint Strategic Needs Assessment (JSNA) Substance Misuse Chapter 2018

3. In addition, the Director of Public Health Report 2018 focusses on violence prevention taking a public health approach and it includes a chapter specifically on alcohol related violence.

4. It is estimated that the annual cost of alcohol related harm is:
    - Cost to society: £21 billion. Nottinghamshire estimate: £250 million
    - Cost in crime in England: £11 billion. Nottinghamshire estimate: £131.2 million.
    - Cost to the NHS in England: £3.5 billion. Nottinghamshire estimate: £41.7million

5. Deaths from alcohol-related liver disease have doubled since 1980 and a quarter of all deaths among 16-24 year old young men are attributable to alcohol.

6. Alcohol contributes to more than 60 diseases and health conditions including mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression. It represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors alongside smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol misuse. Among those aged 15-49 in England, alcohol is now the leading risk factor for ill-

health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups.

7. Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 1.9 million at high risk levels. 7.3million people are estimated to binge drink.

8. There are approximately 1 million alcohol-related hospital admissions in England per year and this has been increasing consistently with significant increases regarding alcohol-related cardiovascular disease conditions.

9. Binge drinking is a major concern. Up to one-third of alcohol related A&E attendances are for those under 18. It has been reported that 59% of boys and 76% of girls are consuming more than the recommended daily amount of alcohol for adults. It is reported that an increased number of young people are obtaining alcohol from their parents.

10. Within Nottinghamshire, the JSNA Substance Misuse Chapter 2018 estimates that:
    - 131,011 adults drink at levels that pose a risk to their health and up to 21,632 are dependent on alcohol
    - Around 19,310 of those drinking at levels that may harm their health are 60+ years old
    - 5114 young people (10-17 year olds) are drinking at increasing and higher risk levels

**Table 1: Synthetic estimates of alcohol use in Nottinghamshire (adults)**

| Drinking behaviour in adults: | Estimates: |
|---|---|
| Abstain | 94,131 |
| Lower risk<br>Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day. Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman | 358,356 |
| Increasing risk<br>Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women | 98,563 |
| Higher risk<br>Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week. | 32,448 |
| Dependency: | |
| Mild | 18,171 |
| Moderate | 3,028 |
| Severe | 433 |

11. Alcohol related hospital admission episodes in Nottinghamshire are worse than the England average and have been since 13/14 (670 per 100,000, compared to England 632 per 100,000 in 2017/18).

12. For alcohol specific hospital admission episodes, Nottinghamshire is better than the England average at 502 per 100,000 compared to England 570 per 100,000.

13. Nottinghamshire is similar to England regarding alcohol related and alcohol specific mortality. However, alcohol related mortality for females is higher than the England average (34.1 per 100,000 compared to England 28.8. per 100,000). In 2015/17, under 75 mortality rates from liver disease considered preventable were worse than the England average (18.4 per 100,000 in Nottinghamshire, compared to 16.3 per 100,000 England). Prior to this, Nottinghamshire was similar to the England average.

14. Hospital admission episodes for alcohol related unintentional injuries are worse than the England average (153 per 100,000 compared to England 144.3 per 100,000).

15. Drug and alcohol treatment services across Nottinghamshire have been delivered by Change Grow Live (CGL) since 2014. At any one time the service has approximately 520 individuals accessing structured alcohol treatment. Over a 12 month period, approximately 1437 individuals receive structured alcohol treatment with small numbers (up to approximately 10 individuals) accessing long-term support (4 years or more in treatment).

16. As at December 2018, successful completions for alcohol treatment were at 45%, continuing to be above the national average of 39% since May 2018.

17. Addressing alcohol misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action 2017-22 brings together a strategic partnership approach to tackling the harms caused by substance misuse, including alcohol. The overall vision of this Framework for Action is to:

*'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.*

18. Ensuring the delivery of the key priorities in the Framework (which are based on the substance misuse JSNA recommendations) is the responsibility of the Nottinghamshire Substance Misuse Strategy Group which is a sub group of both the Safer Nottinghamshire Board and The Health and Wellbeing Board. The Substance Misuse Strategy Group is a partnership group which includes Nottinghamshire County Council Public Health, the Office of the Police and Crime Commissioner, the local Community Safety Partnerships and Nottinghamshire Police. Activity under the Framework for Action is managed via three themed work streams: Reducing Demand, Restricting Supply and Reducing Harm, each with an organisational lead.

19. Alcohol is also a local priority within the Nottinghamshire Integrated Care System (ICS) (http://www.stpnotts.org.uk/). The Nottingham and Nottinghamshire Alcohol Pathways Group (as the ICS delivery group for this work stream) has developed an 8 point plan to address alcohol related harm across the city and county:

    a. Increase population level understanding of alcohol risk and harm
    b. Prevent alcohol harm through wider related local/national policy
    c. Embed a systematic approach to Alcohol Identification and Brief Advice (IBA)
    d. Identify 'alcohol champions' in key organisations across the system
    e. Include alcohol as a priority for employee health and wellbeing

f. Ensure better communication of identified alcohol risk between some key parts of the system
g. Case manage Emergency Department (ED) High Volume Service Users (HVSU)
h. Agree and embed pathways for service users with co-existing mental health and substance misuse issues.

20. Bassetlaw Integrated Care Partnership (ICP) highlights alcohol as a concern within its Outcome Framework and has indicators to reduce the percentage of people binge drinking and alcohol related hospital admissions.

21. Progress has already been made in a number of these areas.

**Opportunities for consideration**

22. The Board, can play an important role in supporting the actions within the Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP notably:

    To identify how Alcohol Identification and Brief Advice (IBA) can be embedded:
    a. Within their organisation's front line service delivery to residents of Nottinghamshire
    b. Within their organisation for the benefit of their staff's health and wellbeing (as part of Wellbeing at Work)

**Conclusion**

23. This offers an opportunity for the Board to build upon their commitment to the disease prevention agenda and demonstrate leadership on the issue of alcohol and to highlight the importance of addressing alcohol related harm in Nottinghamshire.

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**Relevant Background Papers**

Nottinghamshire Substance Misuse Joint Strategic Needs Assessment Chapter:

Nottinghamshire Director of Public Health Annual Report 2018:

Approaches to Disease Prevention - Putting the Building Blocks in Place
Report to the Health and Wellbeing Board
26 April 2019

Wellbeing@work introduction & toolkits

Preventing deaths from liver disease
Presentation to Health and Wellbeing Board on liver disease, October 2017

Nottinghamshire ICS:

Bassetlaw ICP Place Plan

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**04 September 2019**

**Agenda Item: 6**

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

# 2019/20 FIRST QUARTER BETTER CARE FUND PERFORMANCE AND PROGRAMME UPDATE

## Purpose of the Report

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) performance targets, updates the Board on the 2019/20 BCF planning timetable and on work to develop a more collaborative approach to the use of the Disable Facilities Grant (DFG), and requests that the Health and Wellbeing Board:

   1.1. Approve the 2019/20 BCF performance targets, set in line with national and local organizational requirements.

   1.2. Approve the process whereby the 2019/20 BCF Plan will be submitted to NHS England by 27th September 2019, pending subsequent approval by the Board on 6th November 2019.

## Information and Advice

### Performance Update and National Reporting

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored bi-monthly through the BCF Finance, Planning and Performance Sub-Group and quarterly through the BCF Steering Group.

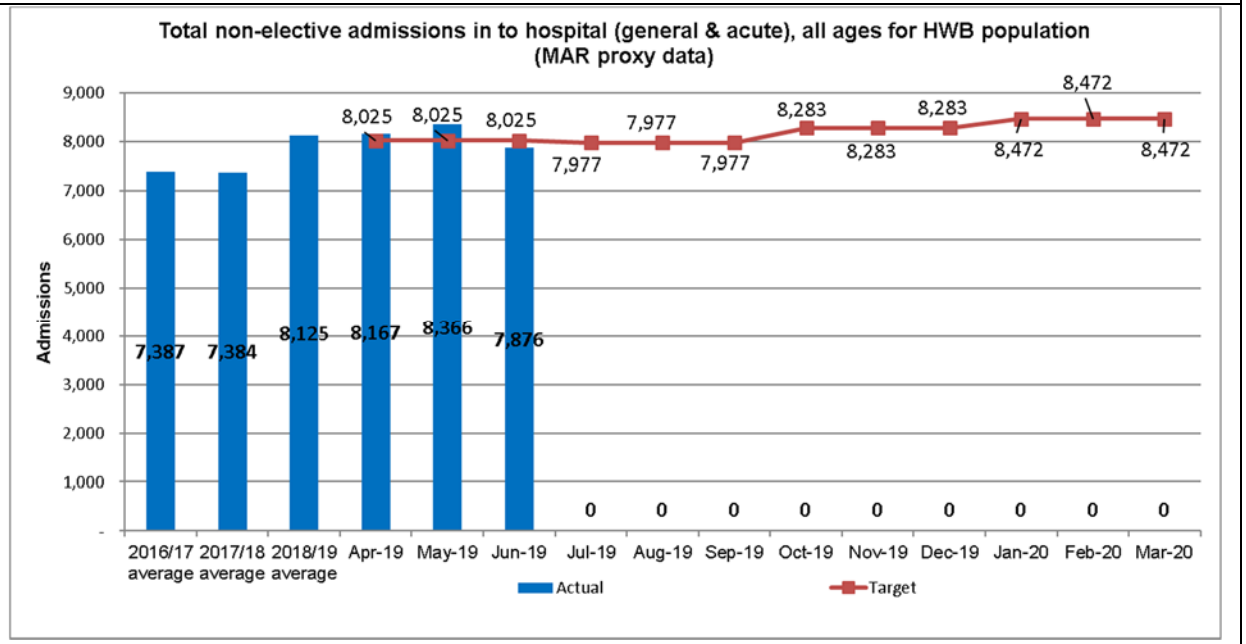
3. This performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q1 2019/20. National reporting submissions are required in Q2 and Q4 in 2019/20, so this Q1 report is prepared for the Board and is not related to a template return.

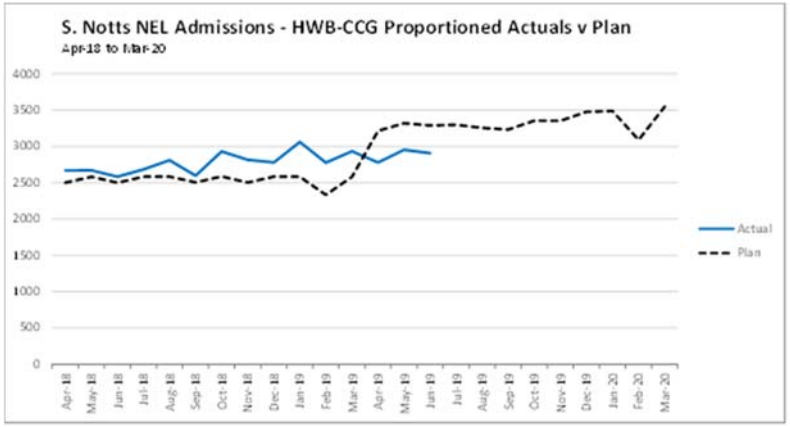
4. The six key performance indicator targets have been refreshed for 2019/20 in line with national and local organizational requirements and are included in this report for approval by the Board.

5. The national 2019/20 BCF Planning Requirements and Planning Template were delayed during the recent period of government transition, therefore were not available to be completed and submitted for approval with this report. All local BCF partners will develop and agree the 2019/20 BCF Plan for submission to NHS England by 27th September 2019. The Plan will then be submitted to the Board for retrospective approval at the next available opportunity on 6th November 2019.

6. Q1 2019/20 performance metrics are shown in Table 1 below.

*Table 1: Performance against BCF performance metrics*

| REF | Indicator | 2019/20 Target | 2019/20 Actual | RAG and trend | Key issues and mitigating actions |
|---|---|---|---|---|---|
| BCF 1 | Total non-elective admissions (NEA) in to hospital (general & acute), all-age | 24,074 Q1 | 24,408 Q1 | Amber ⇧ |  <br>The 2019/20 BCF NEA targets are based on Clinical Commissioning Group (CCG) operating plans and are now very close to actual performance, such that the probability of meeting the target this year is much improved. The step-change in activity levels observed between 2017/18 and 2018/19 was largely driven by pathway changes and extra capacity to 'left shift' to 0-day admissions. However, this was not accompanied by a corresponding fall in 1+ day admissions and health systems are still undertaking analyses to understand the complexity within this.<br><br>Local A&E Delivery Boards (A&EDB) hold lead responsibility for meeting NEA and NHS delayed transfer of care (DToC) targets.<br><br>**South:**<br><br>An increase in the rate of activity has occurred from October 2018 onwards. This |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | meant that non-elective (NEL) activity in the 2018/19 financial year was significantly above the CCG operating plans submitted to NHS England. Although there has been no change in the rate of activity since October, the South Notts CCGs are now significantly below the CCG operating plan for 2019/20. When constructing the CCG operating plan, Nottingham University Hospitals declared some significant coding and counting changes which resulted in the Trust adding 15,000 additional zero length of stay non-elective spells to reflect the impact of the pathway changes at the A&E front door. These planned substantial increases in activity have not materialized in months 1 and 2 and further work is planned to attain a better understanding of whether the lower numbers are due to lower demand, higher achievement against Quality, Innovation, Productivity and Prevention (QIPP) plans, or a lower level of coding and counting changes.<br>  <br><br>Several projects and schemes are in place to assist with admission avoidance. These include care co-ordination which aims to deliver the foundations of a consistent approach to Population Health Management across the Greater Nottingham footprint. This project will build on the existing Primary Care Networks made up of groups of GP practices and community teams to embed a consistent care co-ordination approach to admission avoidance to identify care gaps and utilize evidence-based interventions.<br><br>Schemes in place include:<br>• Ensuring Network Navigators are fully focused on the identification of potential end-of-life patients as part of the GP Multi-Disciplinary Teams, and<br>• Increasing levels of training for care home staff on the seven key early warning signs that lead to patient deterioration. Ensuring a minimum of 85% are trained in each targeted care home in a shorter timeframe. |

**Mid Notts:**

2018/19 showed an overall 3% over-plan position for the year. The biggest increases were for same-day non-elective admissions which at Month 12 were 11.4% above plan. There is a national drive towards increasing same day non-elective activity, and the CCG has worked with Sherwood Forest Hospitals (SFHFT) colleagues to extend the opening hours of the Ambulatory Emergency Care Unit (AECU) and increase its capacity. This has led to a rise in zero-day activity.

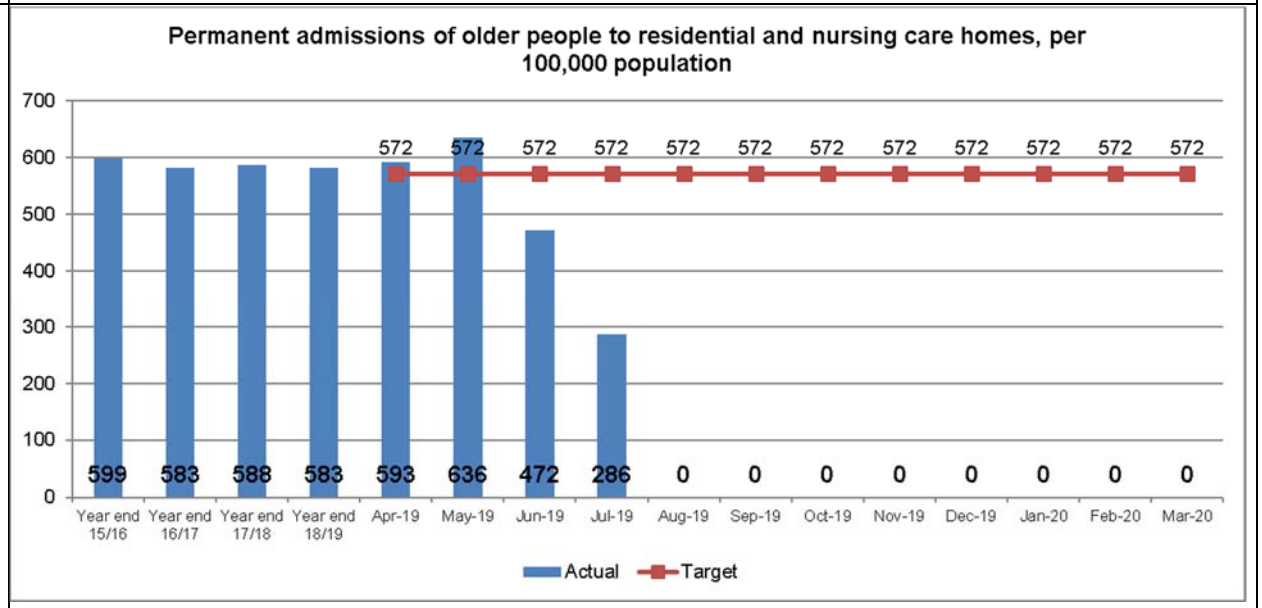
Work is taking place across both mid-Notts and the Integrated Care System (ICS) to reduce activity at the front door, for example via the East Midlands Ambulance Service (EMAS) non-conveyance group, the Proactive Care Homes Service and the Acute Home Visiting service. A focus on frailty continues in 2019/20 and Commissioning Leads are working closely with GP practices to ensure appropriate patients are identified and have care plans in place to reduce the risk of admission to hospital. The End of Life service is now live and providing an alternative pathway for ambulance crews.

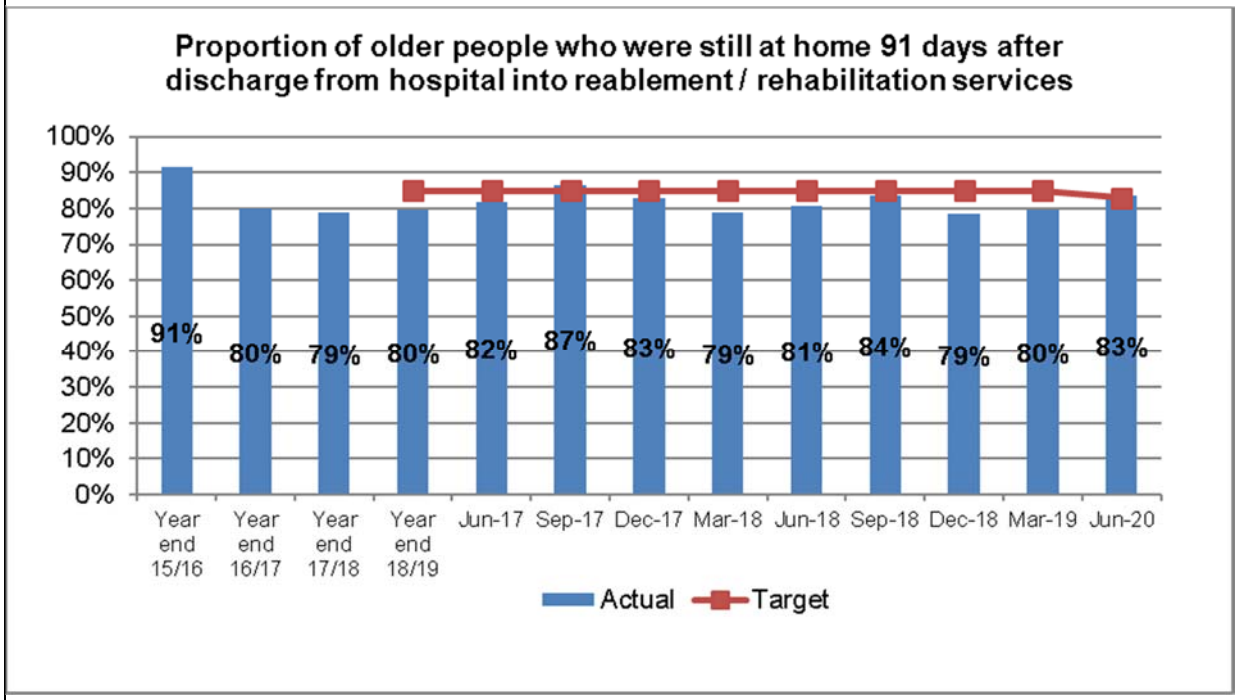
The mid-Notts CCGs review levels of high activity at individual practice level and manage with practices as appropriate. QIPP schemes are monitored closely and additional schemes are developed where possible. This has included extending the current chronic obstructive pulmonary disease (COPD) scheme to include further groups of patients and a scheme which will proactively manage those at risk of deterioration in care homes (‘Significant Seven’).

The mid Notts CCGs are working with ICS colleagues to commission an integrated urgent care pathway in 2019/20 which will include an integrated out of hours and clinical assessment service (CAS). This will ensure that more 111 calls receive clinical assessment, reducing the number of Emergency Department (ED) and ambulance dispositions.

The A&E Delivery Board has agreed a work plan for 2019/20 which includes the national urgent and emergency care (UEC) deliverables as well as local priorities to manage demand. A seasonal plan has been developed, acknowledging the pressure on system providers all year and learning has been assimilated into this plan from last summer.

A piece of work across the ICS is concluding which has looked at the drivers for an increase in urgent care demand. This has been presented to A&EDB in August 2019 and actions are being written up. The A&EDB will own these actions.

| | | | | | |
|---|---|---|---|---|---|
| | | | | | **North:**<br><br>Bassetlaw Hospital continues to see an increase in A&E attendances and subsequent admissions to hospital this year. The CCG invested considerably for this year's emergency / unplanned activity both in the hospital and to introduce the Call for Care model for Bassetlaw and to utilize health and social care data/predictive analytics tools already used in Mid and South Nottinghamshire. The CCG will continue to work with all partners to try and minimize the increase in activity. |
| BCF 2 | Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 572 | See graph | **Amber** ⇔ |  <br><br>- Monitored by Nottinghamshire County Council Adult Social Care Department and the Older Adults Strategy Board.<br>- Admissions' reporting has a time input-lag factor for each calendar month, for example, admissions at the very end of the calendar month will not be reflected until the following month which is why the previous months admissions rates usually increase upon revision for the next monitoring report.<br>- This data is provisional (national data published annually).<br>- Performance is currently close to target, however, this is closely monitored because long term admissions to residential or nursing care fluctuate and change over the year as the council faces increased demand from people with complex needs. |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Improvement actions include:<br><br>- All requests for placements are considered by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been explored.<br>- Promoting Independence Meetings are being rolled out across Older Adults Services. These are meetings of peers to reflect on cases and share new ideas on how to promote people's independence and manage risk. Dashboard local performance information enables teams to have up-to-date information to support them driving their own continuous improvement.<br>- A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes, Housing with Care, Short Term Assessment and Re-ablement Apartments and Assistive Technology. |
| BCF 3 | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 83% | 83% | **Green** ⇧ |  <br><br>- In line with the Adult Social Care Strategy to maximize people's independence, re-ablement at is now being offered to more people with higher, multiple complex needs. |

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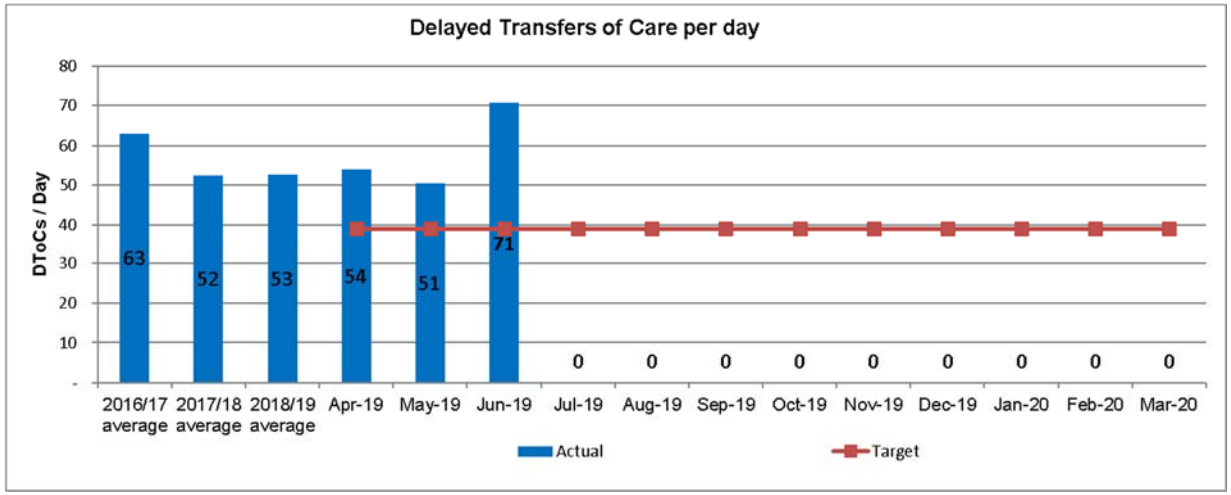
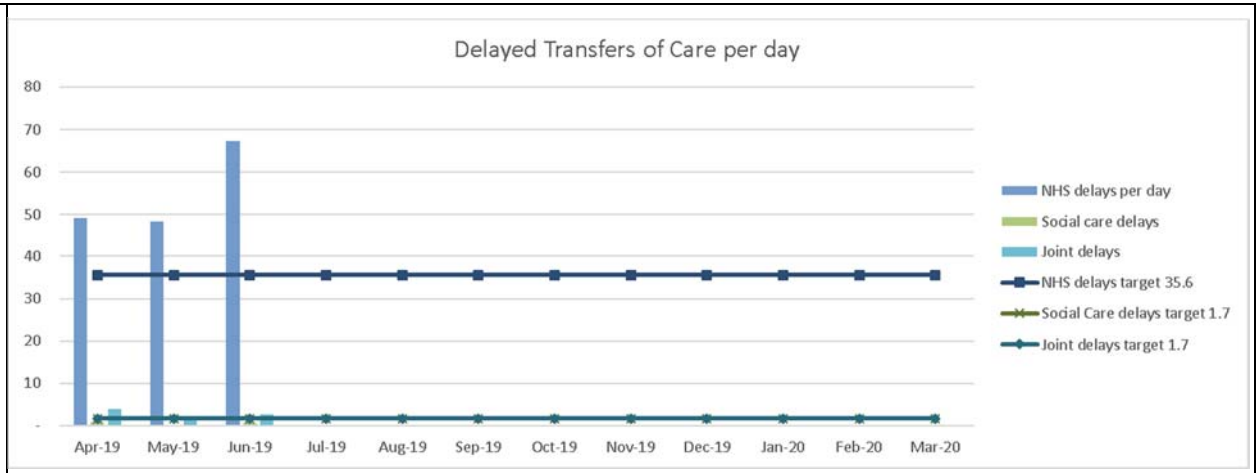
|---|---|---|---|---|---|
| | | | | | This reduces the proportion of people for whom it is fully successful.<br>- The Council's directly provided Short Term Assessment and Re-ablement Team (START) service visits people in their own homes and has an outcome of 89% at year-end for this indication. People with higher needs, however, may require accommodation based re-ablement, for example provided in residential care home setting for which outcomes are naturally lower.<br><br>Improvement actions include:<br><br>- Actions to automate data collection from all relevant services.<br>- Work with other LAs to benchmark, seeking ways to improve service outcomes and set realistic yet ambitions future targets.<br>- Major project underway to increase re-ablement capacity across both home and accommodation-based services to enable more people to be re-abled. |
| BCF 4 | Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) | 39/day | 58/day | **Red** ⇩ |  <br><br>A&E Delivery Boards in Bassetlaw, Mid Nottinghamshire and Greater Nottingham are responsible for the local urgent and emergency care systems and activity. To make the Board aware, there is a disconnect between the DToC indicators required within the NHS Constitutional Standards and managed by A&E Delivery Boards, and the DToC indicator outlined in the BCF. CCGs are reporting that performance is in line with the NHS target of delays below 3.5% of monthly occupied bed days. |




**South:**

The integrated discharge team at NUH is being re-developed into an integrated discharge function to increase capacity, activity, productivity and flow. This will be completed by winter 2019/20.

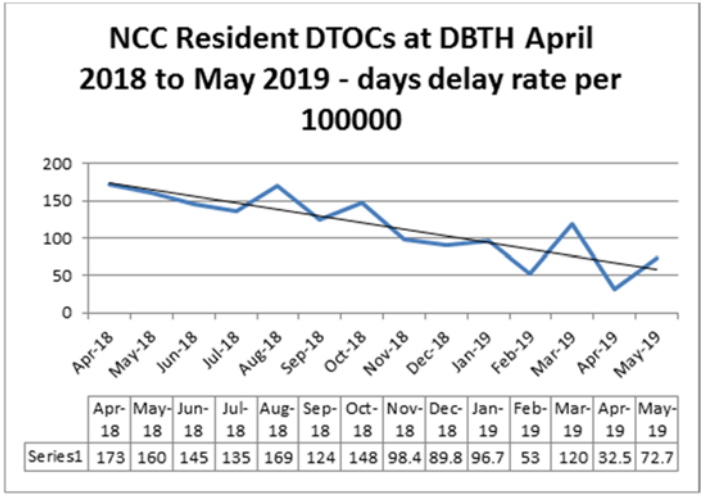
**Mid Notts:**

*Background*
There is now a Sherwood Forest Hospital Foundation Trust (SFHFT) owned combined Length of Stay (LoS) & DToC action plan in place. This is part of the Accident and Emergency Delivery Board (A&EDB) workplan and the Board has signed-off the plan and will be monitoring progress from now onwards.

*Wider context/issues*
LoS is reducing, however the DToC target is still not being achieved (except in May 2019) - there are several reasons for this:

- There are at least 3 patients within the Trust with stays more than 100 days. These patients are contributing to the DToC number and Senior Exec level escalation conversations are taking place to address this.
- Two of the current Home First Integrated Discharge (HFID) Programme pathways are impacting upon the DToC position – patients who are non-weight bearing (NWB) and require a bedded facility, and those awaiting a Discharge Support Tool (DST) assessment for NHS continuing care are being moved to Mansfield Community

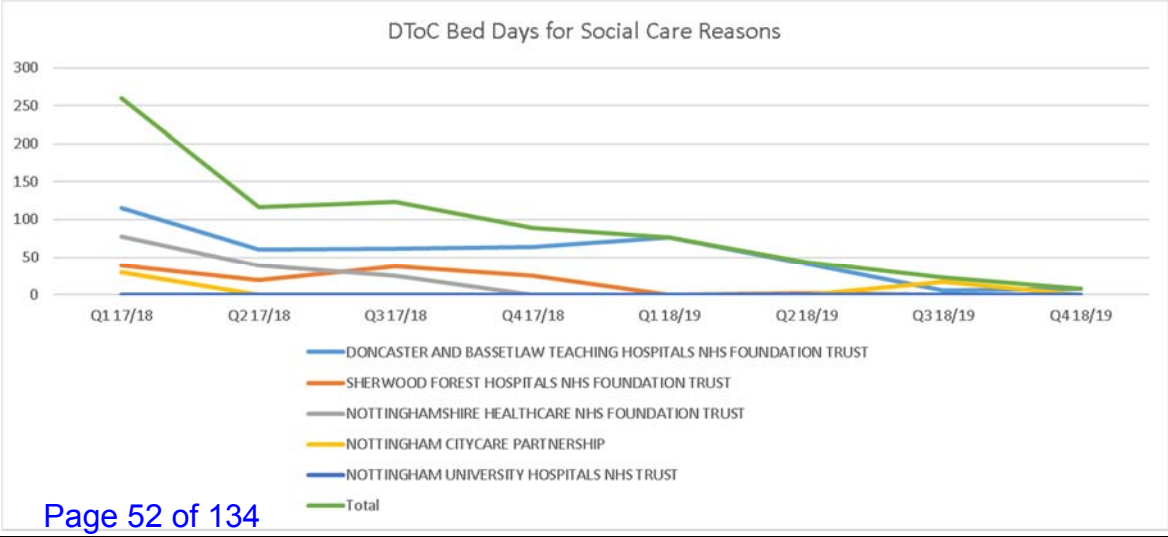
| | | | | | |
|---|---|---|---|---|---|
| | | | | | Hospital (MCH). Because the community beds are owned by SFHFT, they still count towards the DToC target.<br>• The CCG has undertaken analysis which identifies that if the community beds & NWB and DST patients were removed from the data the mid-Notts system would be achieving the DToC target.<br><br>*Corrective Actions*<br>• Dale Travis, Divisional General Manager for Medicine at SFHFT, Shantell Miles (Head of Nursing for Medicine) & Ann-Louise Shokker (Consultant) undertake a Long Stay review of patients every week – this meeting also looks at DToCs and they are now shifting their focus from patients with a stay over 21+ days to 14+ days.<br>• System review of the SFHFT discharge policy has been undertaken with a focus on HFID and addressing some of the blocks previously in place such as issuing 'Letter 1' on day 1 of a family looking for care homes instead of issuing on day 7.<br>• SFHFT and CCG colleagues DToC review meetings are in place.<br>• The DToC & LoS action plan is made up of several internal and system-wide improvement work streams which will contribute to the overall improvements.<br>• Key points to note are - the new discharge policy has been launched. CCG colleagues have met with Notts CC regarding the equipment contract and are working together to deliver a site visit to the equipment provider and a 2-page 'crib sheet' containing timeframes, ordering/collection processes & escalation information. These will be embedded in HFID pathways.<br>• Revised escalation triggers for SFHFT will include DToC levels from now onwards. This will ensure that DToCs are aligned to business as usual processes and flow and ensure focus on blockages.<br>• A new senior HFID lead has been appointed to drive the workstream and a dashboard of Key Performance Indicators (which include DToCs) has been created.<br><br>**North:**<br><br>Bassetlaw Hospital's share of the total DToC position has decreased significantly over the past year and comparing to the NCC total rate per 100,000 population at about 1/3 of the total. The Integrated Discharge Team will continue to work with County Council colleagues and community care providers to ensure delays are kept to a minimum, and the Bassetlaw Call for Care service went live on the 29th July. Call for Care is the urgent care navigation service commissioned to deliver a two-hour response for people in Bassetlaw to prevent an avoidable hospital admission or support timely discharge from the Emergency Department. |

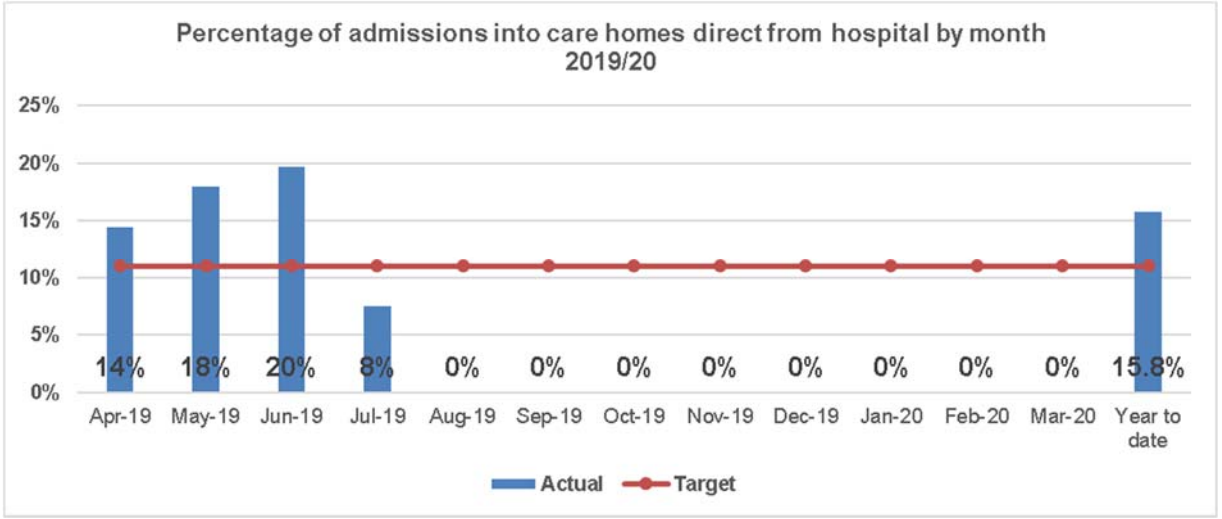



| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Series1 | 173 | 160 | 145 | 135 | 169 | 124 | 148 | 98.4 | 89.8 | 96.7 | 53 | 120 | 32.5 | 72.7 |

**Countywide:**

BCF funded hospital-based Social Workers, Integrated Care Teams, integrated patient/service user information systems, Home First and reablement services (START) have all made a positive contribution to reducing or eliminating delays for social care reasons.



<table>
<tr>
<td>BCF 5</td>
<td>Percentage of users satisfied that the adaptations met their identified needs</td>
<td>95%</td>
<td>99%</td>
<td>Green ⇧</td>
<td>
<table>
<tr><th></th><th colspan="3">Q1</th></tr>
<tr><th></th><th>DFGs completed</th><th>No of customers satisfied</th><th>% satisfied</th></tr>
<tr><td>Bassetlaw</td><td>21</td><td>21</td><td>100%</td></tr>
<tr><td>Total North Notts</td><td>21</td><td>21</td><td>100%</td></tr>
<tr><td>Ashfield</td><td>14</td><td>14</td><td>100%</td></tr>
<tr><td>Mansfield</td><td>21</td><td>21</td><td>100%</td></tr>
<tr><td>Newark & Sherwood</td><td>19</td><td>19</td><td>100%</td></tr>
<tr><td>Total Mid Notts</td><td>54</td><td>54</td><td>100%</td></tr>
<tr><td>Broxtowe</td><td>14</td><td>14</td><td>100%</td></tr>
<tr><td>Gedling</td><td>17</td><td>16</td><td>94%</td></tr>
<tr><td>Rushcliffe</td><td>9</td><td>9</td><td>100%</td></tr>
<tr><td>Total South Notts</td><td>40</td><td>39</td><td>98%</td></tr>
<tr><td>Overall customer satisfaction</td><td colspan="3">99.1%</td></tr>
</table>
</td>
</tr>
<tr>
<td>BCF 6</td>
<td>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions</td>
<td>11%</td>
<td>16%</td>
<td>Green ⇧</td>
<td>


<br><br>
NB, this target has been cut in half from 22% (green indicator) in 2018/19.
<br><br>
Positive progress was been made on this indicator last year. This is in line with increasing numbers of people being discharged from hospital prior to having an assessment and therefore not needing to make decisions about their future longer-term care and support needs whilst still in hospital (known as Discharge to Assess).
</td>
</tr>
</table>

| | | | | | |
|---|---|---|---|---|---|
| | | | | | National work suggests that there is scope for further reductions in future years. Research undertaken by the Institute for Public Care, (2018 'Reducing Delays in Hospital Transfers of Care for Older People) projects that the numbers of people moving into permanent residential care as a new admission following a hospital episode should, following some form of rehabilitation, be very low at less than 4% of all new hospital admissions. Analysis to be undertaken on the reasons why our local direct admissions remain above this to inform actions plan.<br><br>Those people who cannot go directly home from hospital for their re-ablement, are moved into short term beds (e.g. Discharge to Assess, Rehabilitation beds) and increasingly the emphasis will need to include monitoring the outcomes of these services in terms of numbers of people who return to their own home. |

7. Expenditure is on plan in Q1 2019/20 as shown in Tables 2 and 3 below.

*Table 2: Quarter 1 2019/20*

| **Contributing partner** | **Nottinghamshire Clinical Commissioning Groups (CCGs)** | **Nottinghamshire County Council** | **Total** |
|---|---|---|---|
| *£'000s* | | | |
| Payments made into pooled budget | £13,129,025 | £14,453,503 | £27,582,528 |
| Payments received from pooled budget | £8,032,286 | £19,550,242 | £27,582,528 |
| Total spend to period 3 | £8,032,286 | £19,550,242 | £27,582,528 |
| *Under/(over) spend to period 3* | £0 | £0 | -£0 |

*Table 3: Quarter 1 2019/20 Nottinghamshire County Council*

| *£'000s* | **Planned Spend** | **Spend** | **Variance** |
|---|---|---|---|
| Protecting Social Care | £4,264,353 | £4,264,353 | £0 |
| Carers | £317,136 | £317,136 | £0 |
| Care Act Implementation | £515,249 | £515,249 | £0 |
| Improved Better Care Fund | £6,621,040 | £6,621,040 | £0 |
| Winter Pressure | £881,767 | £881,767 | £0 |
| Disabled Facilities Grant (District and Borough Councils) | £6,950,696 | £6,950,696 | £0 |

8. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 4).

*Table 4: Risk Register*

| **Risk id** | **Risk description** | **Residual score** | **Mitigating actions** |
|---|---|---|---|
| BCF005 | There is a risk that acute activity reductions do not materialize at required rate due to schemes not delivering the intended outcomes, and/or unanticipated cost pressures and/or impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans. | 12 | - Regular monitoring through BCF Steering Group and BCF Finance, Planning and Performance subgroup as well as local governance forums.<br>- Mid Notts Alliance Oversight Board, A&E Board and Better Together Proactive and Urgent workstream leads providing substantial focus. |

| | | | |
|---|---|---|---|
| BCF009 | There is a risk that the available workforce does not meet the volume or skills required for the scale of transformation required or the future system needs. | 9 | - Monthly monitoring through A&E Delivery Boards, System Resilience Group and Transformation Boards.<br>- Workforce development plan in place, including a succession plan.<br>- Discussion with regional workforce teams to facilitate long term recruitment and development planning. Review recruitment and retention plans (annual).<br>- Reduce scale of services and/or phase delivery to accommodate extend recruitment timescales.<br>- Use of locum staff to bridge gaps. |
| BCF014 | There is a risk that the DToC target will not be met. | 16 | CCGs and A&E Delivery Boards are pursuing several schemes to address the ongoing challenge bringing down NHS DToCs as outlined in the performance indicator section of this report. |
| BCF016 | There is a risk that the target for BCF 3 (reablement 91 days) of 85% will not be met. | 12 | This indicator is monitored at both the NCC Performance Board and the Older Adults Interventions board. There is an action plan in place to address issues with specific districts and service providers. |

**Disabled Facilities Grants**

9. The Disabled Facilities Grant (DFG) part of the Better Care Fund is passported direct to District Councils, that each administer a local service to provide statutory and discretionary adaptations to the homes of disabled people to help them to live as independent a life as possible in their own home.

10. As each District Council has its own process there is variation across Districts in the way that service users' needs are met in relation to
    - the number and types of roles within service teams;
    - the way that individual budgets and fees are handled;
    - the levels of project support offered;
    - how County Council employed Occupational Therapists (OTs) are used; and
    - how discretionary top-up funding is handled.

11. In response to a national review of DFGs, the recommendations of a locally commissioned consultancy report and in recognition of some of the opportunities for improvement to the current approach, the County and District Councils have come together in a series of meetings and workshops to agree a more collaborative framework for DFGs. A task and finish group consisting of County and District Council representatives has been formed to;
    - develop a set of principles/priorities to form basis of a county-wide DFG policy;
    - develop a county-wide end-to-end process for the delivery of DFGs underpinned by SMART targets clearly assigned to teams;
    - further develop a suite of decision-making tools to help drive consistency across OT and technical teams; and
    - develop a county-wide stairlift framework and identify other county-wide frameworks.

12. The group has set its-self ambitious timescales to deliver these first priorities and having established this foundation can then explore further development possibilities such as;
    - work with partners including health to develop a better understanding of local need and developing a clear view of future 'demand';
    - explore ways to improve value for money and speed through better procurement and the delivery of adaptations through framework agreements;
    - develop a memorandum of understanding (or equivalent) that defines how the Councils will work with social housing landlords to provide adaptations quickly; and
    - explore ways to deliver adaptations more effectively in private rented homes.

**Other options**

13. None.

**Reasons for Recommendations**

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

**Statutory and Policy Implications**

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

**Financial Implications**

16. At month 3, the 2019/20 annual BCF Pooled Budget of £89.5m is forecast to break-even. This is before the application of the 2019/20 inflation uplift; it is therefore expected that the overall allocation for 2019/20 will increase. This will be finalized within the 2019/20 BCF Planning Template due for completion by 27th September 2019 as outlined in paragraph 5 of this report.

**Human Resources Implications**

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

**Legal Implications**

18. 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:

1.1. Approve the 2019/20 BCF performance targets, set in line with national and local organizational requirements.

1.2. Approve the process whereby the 2019/20 BCF Plan will be submitted to NHS England by 27th September 2019, pending subsequent approval by the Board on 6th November 2019.

**Melanie Brooks**
**Corporate Director, Adult Social Care and Health, Nottinghamshire County Council**

**For any enquiries about this report please contact:**
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E: paul.brandreth@nottscc.gov.uk
T: 0115 97 73856

**Constitutional Comments (SLB 15/08/2019)**

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

**Financial Comments (OC 19/08/2019)**

20. At month 3, the 2019/20 annual BCF Pooled Budget of £89.5m is forecast to break-even. This is before the application of the 2019/20 inflation uplift; it is therefore expected that the overall allocation for 2019/20 will increase.

**Background Papers and Published Document**

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: Proposed Allocation of Care Act Funding – report to Adult Social Care and Health Committee on 12 September 2016

Better Care Fund Performance and 2017/19 Plan – report to Health and Wellbeing Board on 28 June 2017

Proposals for the Use of the Improved Better Care Fund – report to Adult Social Care and Public Health Committee on 10 July 2017

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding – report to Adult Social Care and Public Health Committee on 13 November 2017

Better Care Fund Performance (2017/18) – report to Health and Wellbeing Board on 6 June 2018

2018/19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019/20 – report to Health and Wellbeing Board on 6 March 2019

2019/20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019

Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019

2018/19 Better Care Fund Performance – report to Health and Wellbeing Board on 5 June 2019

Better Care Fund Planning Requirements for 2019-20, Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England, 18 July 2019

**Electoral Divisions and Members Affected**

All.

See also items in the Chair's Report:

80. Better Care Fund planning requirements

Nottinghamshire County Council

**Report to the Health and Wellbeing Board**

**04 September 2019**

**Agenda Item: 7**

# REPORT OF THE DIRECTOR OF PUBLIC HEALTH

# APPROVAL OF JSNA CHAPTER – 1001 DAYS, CONCEPTION TO AGE 2

## Purpose of the Report

1. To request the that the Health and Wellbeing Board approve the new 1001 Days: Conception to age 2, Joint Strategic Needs Assessment (JSNA) Chapter.

2. This report contains an executive summary of the chapter. The Board will be approving the full chapter which is available as an appendix to this report and for review here on Nottinghamshire Insight.

## Information

3. *'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status'*
   - *Michael Marmot*

4. In particular, the first 1001 days - from conception to the age of 2, are widely recognised as a critical period of development. This is because the earliest experiences, starting in pregnancy, shape a baby's brain development: during the first two years of life the brain develops a remarkable capacity to absorb information, and adapt to its surroundings, and by 2 years of age the brain will be about 80% of its adult size.

5. Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk.

6. Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a child's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others.

7. This JSNA chapter explores the factors from conception to the age of 2, 'the critical 1001 days' that influence a child's development, helping us to identify which children will be at greater risk of poorer development, school readiness, and life chances.

8. A child's physical, social, emotional, and brain development from conception to the age of 2 is shaped by these key factors:
    - good maternal mental health
    - parent-infant interaction: sensitive and attuned parents
    - secure attachment
    - healthy pregnancies and the protection and promotion of health in infancy
    - quality of the home learning environment

9. A parent's ability to support their child's health and development can be adversely affected by a range of issues, including:
    - domestic abuse
    - maternal stress
    - level of income
    - teenage parenthood
    - their own adverse childhood experiences
    - having multiple vulnerabilities or complex social needs

**Unmet needs and service gaps**

10. Unmet needs and service gaps are explored fully in the JSNA chapter. Gaps and opportunities have been identified in relation to a number of key areas:

    - Maternal mental health, parent-infant interaction and attachment: there are opportunities to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties

    - Healthy pregnancies and the promotion and protection of health in infancy: smoking in pregnancy rates are very high in some areas of the county, and breastfeeding rates low

    - Child development: some families decline 1 and 2 year development reviews, and some children are not achieving 'a good level of development' at 2

    - Families with multiple vulnerabilities: there are opportunities to strengthen pathway so care for these groups, and to improve information sharing

**Recommendations for consideration by commissioners**

11. A number of recommendations have emerged to strengthen early identification of need and delivery of appropriate interventions in the 1001 days. These will be owned by the Early Years Integrated Commissioning Group until such time as a proposed Best Start Group is established. The proposed Best Start Group will ensure a co-ordinated partnership approach to improve a range of outcomes for young children and their families starting from pregnancy, with a particular focus on targeting families most at risk of poor outcomes.

12. It is recommended that the Best Start Group could oversee the implementation of all recommendations, working in close partnership with the Local Maternity and Neonatal System Board.

| **Recommendations** | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| ***System-wide:*** | | | | | |
| 1. Recognising the importance of the first 1001 days in supporting child development, school readiness and the life-long impact on health, wellbeing and prosperity:<br><br>• Prioritise the earlier identification of need and provision of evidence-based support for families in the 1001 days. Ensure interventions currently delivered reflect best available evidence.<br><br>• Establish a multi-agency, strategic Best Start Group and accompanying strategy to ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years, | / | | | | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 2. Local Maternity Systems, public health leads, Healthy Family teams, children's centres services should work in close partnership to support health and wellbeing in pregnancy, with a specific focus on:<br>• Smoking in pregnancy: to reduce the proportion of women smoking in pregnancy in line with locally agreed trajectories<br>• Breastfeeding: to increase the proportion of women breastfeeding at 6 to 8 weeks<br>• Continuity of care: to increase opportunities for women to receive continuity of carer across maternity services, and to improve communication and handover of care between maternity services and Healthy Family teams<br>• Information sharing and partnership working, including information technology<br>• Maximising opportunities to improve health and wellbeing between pregnancies<br>• Promoting and supporting early access to maternity care | / | / | / | / | / |
| 3. Review and strengthen pathways of care and partnership working for women with complex social needs or vulnerabilities. | / | / | / | | |
| 4. There are inequalities in outcomes across districts, most likely linked to levels of household income, which should be considered when planning and targeting services and interventions. | / | | | / | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 5. Continue to recognise the skill and expertise of the early year's workforce and further invest in evidence-based training to support a wide range of professionals to recognise the importance of the 1001 days and to work to engage and support families collaboratively, building relationships based on trust. | / | | / | | |
| ***Health promotion:*** | | | | | |
| 6. Ensure women are accessing maternity care early, ideally by 10 weeks, but usually by 12 weeks and 6 days. | | / | / | / | |
| 7. Radically improve the uptake of Healthy Start vitamins by pregnant women and infants from the age of 4 weeks. | / | / | / | | |
| 8. Develop pathways of care between maternity services, Healthy Family teams, children's entre services and the new integrated wellbeing service in relation to weight management, smoking cessation and alcohol use in pregnancy and infancy. | / | / | / | / | |
| 9. Continue efforts to improve breastfeeding prevalence, focused on areas of the county with the lowest rates. | / | / | / | | |
| 10. Increase the awareness and uptake of vaccinations in pregnancy and early childhood. | / | / | | | / |
| ***Maternal, mental health, attachment and parent-infant interaction:*** | | | | | |
| 11. Improve uptake of the antenatal review by better understanding the barriers to this. | / | | / | | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 12. Ensure the actions identified to strengthen the pathway of care for women with perinatal mental health needs are implemented, including the implementation of a new assessment tool in maternity services, improved referral pathways to psychological therapy services and a rolling training programme. | | / | / | / | |
| 13. Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to-face interactions from birth onwards | / | | | | |
| 14. Identify opportunities to assess parent-infant interaction in the first few weeks and consider how interventions to support this could be delivered. Please note: this recommendation may have significant resource implications, for further exploration. | / | | / | | |
| 15. Support clinicians working in neo-natal units to identify maternal mental health needs. | | / | | | |
| ***Child development:*** | | | | | |
| 16. Support parents to develop good home learning environments from birth, targeted at at-risk groups such as families with low incomes / those living in areas of multiple deprivation. Consider developing clear and consistent universal messages about the importance of home learning, from birth. | / | | / | | / |
| 17. Replicate the robust pathways from the 2 year review to sources of appropriate support e.g. children's centre programmes, for the antenatal, new birth, 6 to 8 week and 1 year reviews, and identify any gaps in appropriate support. | / | | / | | |
| 18. Review, and wherever possible, implement the recommendations from Public Health England's pathway for children aged 0-5 with speech, language and communication needs, once published. | / | | | | |

**Other Options Considered**

13. Not applicable.

**Reason/s for Recommendation/s**

14. The aim to give every child a good start in life is a key priority in the Nottinghamshire Health and Wellbeing Strategy. It is now recognised that the period from a child's conception to the age of 2 has an important impact on his or her long-term development.The chapter has been written to reflect best available evidence and emerging national direction, and the recommendations will shape local priorities and action to give every child the best start in life.

## Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, 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, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

**Financial Implications**

16. There are none arising from this report although the findings and recommendations will inform local commissioning decisions.

## RECOMMENDATION/S

1) That the Health and Wellbeing Board approves the new 1001 Days Joint Strategic Needs Assessment (JSNA) Chapter.

**Jonathan Gribbin**
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**Constitutional Comments (LW 24/07/2019)**

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

**Financial Comments (DG 24/07/19)**

18. There are no specific 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.

- Nottinghamshire Health and Wellbeing Board: Joint Health and Wellbeing Strategy 2018-2022

**Electoral Division(s) and Member(s) Affected**

- 'All'

See also items in the Chair's Report:
30. Government response to the Health and Social Care Select Committee report on 'First 1000 days of life
31. Foods and drinks aimed at infants and young children: evidence and opportunities for action
35. Early intervention

| Topic information | |
|---|---|
| **Topic title** | *1001 Days: Conception to age 2* |
| **Topic owner** | *Early Years Integrated Commissioning Group* |
| **Topic author(s)** | *Helena Cripps: Public Health and Commissioning Manager* |
| **Topic quality reviewed** | *June 2019* |
| **Topic endorsed by** | *Early Years Integrated Commissioning Group (17.07.19)* |
| **Topic approved by** | *Pending approval by the Health and Wellbeing Board* |
| **Current version** | *August 2019* |
| **Replaces version** | *N/a* |
| **Linked JSNA topics** | *Early Years JSNA (to follow)*<br>*Teenage pregnancy (2017)*<br>*Breastfeeding and healthy start programme (2014)*<br>*Excess weight in children, young people and adults (2016)*<br>*Diet and nutrition (2015)*<br>*Domestic Abuse (2019)*<br>*Avoidable injuries in children and young people (2019)*<br>*Tobacco (2014)*<br>*Substance Misuse: Young people and adults (2018)* |

## Executive summary

### Introduction

*'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status'*[1]

- *Michael Marmot*

In particular, the first 1001 days - from conception to the age of 2, are widely recognised as a critical period of development[2]. This is because the earliest experiences, starting in pregnancy, shape a baby's brain development: during the first two years of life the brain

develops a remarkable capacity to absorb information, and adapt to its surroundings[3], and by 2 years of age the brain will be about 80% of its adult size[4].

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk[5].

Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a child's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others[5].

This chapter explores the factors from conception to the age of 2, 'the critical 1001 days' that influence a child's development, helping us to identify which children will be at greater risk of poorer development, school readiness, and life chances.

A child's physical, social, emotional, and brain development from conception to the age of 2 is shaped by these key factors:

- good maternal mental health
- parent-infant interaction: sensitive and attuned parents
- secure attachment
- healthy pregnancies and the protection and promotion of health in infancy
- quality of the home learning environment

A parent's ability to support their child's health and development can be adversely affected by a range of issues, including:

- domestic abuse
- maternal stress
- level of income
- teenage parenthood
- their own adverse childhood experiences
- having multiple vulnerabilities or complex social needs

**Unmet need and gaps**

Unmet needs and service gaps are explored fully in section 2. Gaps and opportunities have been identified in relation to a number of key areas:

- maternal mental health, parent-infant interaction and attachment: there are opportunities to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties

- healthy pregnancies and the promotion and protection of health in infancy: smoking in pregnancy rates are very high in some areas of the county, and breastfeeding rates low

- child development: some families decline 1- and 2-year development reviews, and some children are not achieving 'a good level of development' at 2

- families with multiple vulnerabilities: there are opportunities to strengthen pathways of care for these groups, and to improve information sharing

**Recommendations for consideration by commissioners**

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| ***System-wide:*** | | | | | |
| 1. Recognising the importance of the first 1001 days in supporting child development, school readiness and the life-long impact on health, wellbeing and prosperity:<br>• Prioritise the earlier identification of need and provision of evidence-based support for families in the 1001 days. Ensure interventions currently delivered reflect best available evidence.<br>• Establish a multi-agency, strategic Best Start Group and accompanying strategy to ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years, | / | | | | |
| 2. Local Maternity Systems, public health leads, Healthy Family teams, children's centres services should work in close partnership to support health and wellbeing in pregnancy, with a specific focus on:<br>• Smoking in pregnancy: to reduce the proportion of women smoking in pregnancy in line with locally agreed trajectories<br>• Breastfeeding: to increase the proportion of women breastfeeding at 6 to 8 weeks<br>• Continuity of care: to increase opportunities for women to receive continuity of carer across maternity services, and to improve communication | / | / | / | / | / |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| and handover of care between maternity services and Healthy Family teams<br>• Information sharing and partnership working, including information technology<br>• Maximising opportunities to improve health and wellbeing between pregnancies<br>• Promoting and supporting early access to maternity care | | | | | |
| 3. Review and strengthen pathways of care and partnership working for women with complex social needs or vulnerabilities. | / | / | / | | |
| 4. There are inequalities in outcomes across districts, most likely linked to levels of household income, which should be considered when planning and targeting services and interventions. | / | | | / | |
| 5. Continue to recognise the skill and expertise of the early year's workforce and further invest in evidence-based training to support a wide range of professionals to recognise the importance of the 1001 days and to work to engage and support families collaboratively, building relationships based on trust. | / | | / | | |
| ***Health promotion:*** | | | | | |
| 6. Ensure women are accessing maternity care early, ideally by 10 weeks, but usually by 12 weeks and 6 days. | | / | / | / | |
| 7. Radically improve the uptake of Healthy Start vitamins by pregnant women and infants from the age of 4 weeks. | / | / | / | | |
| 8. Develop pathways of care between maternity services, Healthy Family teams, children's entre services and the new integrated wellbeing service in relation to weight management, smoking cessation and alcohol use in pregnancy and infancy. | / | / | / | / | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 9. Continue efforts to improve breastfeeding prevalence, focused on areas of the county with the lowest rates. | / | / | / | | |
| 10. Increase the awareness and uptake of vaccinations in pregnancy and early childhood. | / | / | | | / |
| ***Maternal, mental health, attachment and parent-infant interaction:*** | | | | | |
| 11. Improve uptake of the antenatal review by better understanding the barriers to this. | / | | / | | |
| 12. Ensure the actions identified to strengthen the pathway of care for women with perinatal mental health needs are implemented, including the implementation of a new assessment tool in maternity services, improved referral pathways to psychological therapy services and a rolling training programme. | | / | / | / | |
| 13. Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to-face interactions from birth onwards | / | | | | |
| 14. Identify opportunities to assess parent-infant interaction in the first few weeks and consider how interventions to support this could be delivered. Please note: this recommendation may have significant resource implications, for further exploration. | / | | / | | |
| 15. Support clinicians working in neo-natal units to identify maternal mental health needs. | | / | | | |
| ***Child development:*** | | | | | |
| 16. Support parents to develop good home learning environments from birth, targeted at at-risk groups such as families with low incomes / those living in areas of multiple deprivation. Consider developing clear and consistent universal messages about the importance of home learning, from birth. | / | | / | | / |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 17. Replicate the robust pathways from the 2 year review to sources of appropriate support e.g. children's centre programmes, for the antenatal, new birth, 6 to 8 week and 1 year reviews, and identify any gaps in appropriate support. | / | | / | | |
| 18. Review, and wherever possible, implement the recommendations from PHE's pathway for children aged 0-5 with speech, language and communication needs, once published. | / | | | | |

## What do we know?

### 1) Who is at risk and why?

#### 1.1) The 1001 Days

*'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status[1]'*

- *Michael Marmot*

In particular the first 1001 days - from conception to the age of 2, are widely recognised as a critical period of development[2]. This is because the earliest experiences, starting in pregnancy, shape a baby's brain development: during the first two years of life the brain develops a remarkable capacity to absorb information, and adapt to its surroundings[3], and by 2 years of age the brain will be about 80% of its adult size[4].

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk[5].

Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a child's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others[5].

Positive early experiences that support a child's physical, social and intellectual development, influence how ready children are to learn, how ready they are to start school, and will influence their life chances into adulthood[3]. This chapter explores the factors from conception to the age of 2, 'the critical 1001 days' that influence a child's development, helping us to identify which children will be at greater risk of poorer development, school readiness, and life chances.

A child's physical, social, emotional, and brain development from conception to the age of 2 is shaped by these key factors:

- good maternal mental health
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- secure attachment
- healthy pregnancies and the protection and promotion of health in infancy
- quality of the home learning environment

A parent's ability to support their child's health and development can be adversely affected by a range of issues, including:

- domestic abuse
- maternal stress
- level of income
- teenage parenthood
- their own adverse childhood experiences
- having multiple vulnerabilities or complex social needs

### 1.2) Maternal mental health, parent-infant interaction and attachment

A women's mental health before and after the birth, attachment, and parent-infant interaction are intrinsically linked. Mental health issues can impact a mother's ability to bond with her baby and be sensitive and attuned to her baby's emotions and needs, and this in turn can affect the baby's ability to develop a secure attachment[3].

***Mental health***

Depressive symptoms are more prevalent during the weeks after childbirth than at any other point in women's lives[6]. Up to 20% of women will experience a mental health problem during pregnancy or within the first year after having a baby[7], however at least half of all mental health problems occurring in this time remain unrecognised or untreated.[6] This is partly due to a lack of recognition and awareness of mental ill health and its signs and symptoms, particularly amongst some black and ethnic minority groups. Across all cultures, some women are reluctant to disclose how they're feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother[8].

Mental health problems can impact on a mother and her partner's ability to bond with their baby, to be sensitive and attuned to their emotions and needs[8] and can lead to less nurturing and less engaged parenting. Fathers can find the transition to parenthood challenging and may also need support for their mental health.[8]

Some women are at a higher risk of experiencing perinatal mental health problems, problems that occur within pregnancy or in the first year following the birth of a child. Risk factors include[8]:

- history of abuse in childhood
- previous history of mental illness
- being a teenage mother
- having a traumatic birth
- history of stillbirth or miscarriage
- relationship difficulties
- social isolation

***Parent-infant interaction and sensitive and attuned parenting***

Parenting behaviour and the quality of the parent-child relationship are strongly associated with children's outcomes. Effective, loving, authoritative and responsive parenting gives children confidence, a sense of wellbeing and self-worth, and stimulates brain development and the capacity to learn. In contrast negative or inconsistent discipline, lack of emotional warmth, and parental conflict all increase the risk of emotional and behavioural problems.[5]

From a baby's perspective, their environment is made up almost entirely of the relationships with their parents or carers. The quality of this environment influences the development of their brain and social behaviours in a way that forms a foundation for a child's future experiences, and the way they'll be equipped to respond to them[5].

Sensitive and attuned parenting has a significant influence on the baby's developing brain and is the foundation of attachment. If a parent is responsive to a baby's signals and 'takes

turns' to communicate with them from birth onwards, babies develop a secure attachment to their parent[3].

Parent's ability to recognise and respond to their baby's individual cues also provides the foundation for future language development[2]. From birth, children's learning comes from their interaction with people and their environment, they need a natural flow of affectionate stimulating talk to support their cognitive and language development[5].

***Attachment***

The emotional bond between a parent and child is known as attachment. Attachment is described as either 'secure', where there is a feeling of confidence and trust in the relationship, or insecure, where the feeling of confidence and trust is reduced.

Secure attachment, established during the first two years of life, supports a child's development. It reassures a child that their needs will be met, which helps them regulate their emotions and supports resilience into adulthood[3].

Good quality relationships and secure attachment enable a growing brain to become socially efficient, providing a basis for good intellectual development. Where there are difficulties in the parent-child relationship, it's more likely there will be attachment difficulties and poorer future life chances[5].

In summary, attachment and good maternal mental health shape a child's later emotional, behavioural and intellectual development.

### 1.3) Healthy pregnancies and the protection and promotion of health in infancy

Supporting women's health in pregnancy is important for many reasons, including for the safe delivery of babies, to prevent adverse health outcomes, and to promote a good birth weight, important because premature and small babies are more likely to have poor outcomes[3].

***Smoking***

Smoking is associated with a range of serious infant health problems, including lower birth weight and perinatal mortality (the loss of a baby between 24 weeks gestation and 7 days after birth)[5].

Smoking is a huge cause of inequality in the health outcomes of mothers and children and is the biggest modifiable risk factor for poor outcomes at birth. Smoking in pregnancy can cause premature births and miscarriage. It also increases the risk of developing respiratory conditions, of still birth, of giving birth to a child with a congenital abnormality, gastrointestinal issues, some learning disabilities, and obesity[7].

Exposure to second-hand smoke during infancy is associated with a range of poor health outcomes for children, including Sudden Infant Death Syndrome (SIDS), increased respiratory tract infections, and asthma[6].

***Substance and alcohol use***

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality and sudden unexpected death in infancy (sometimes known as cot death)[5].

A number of risks are associated with drinking alcohol during pregnancy, including[5]:

- Increased risk of miscarriage
- Risk of Foetal Alcohol Syndrome (FAS), which can include poor growth for height and weight, a pattern of facial features and physical characteristics, and problems with the central nervous system
- Risk of Foetal Alcohol Spectrum Disorders (FASD), which develop at lower levels of drinking and have some characteristics of FAS
- Increased risk of learning disability

Parental drug dependence is generally associated with some degree of child neglect or emotional abuse as parents will have difficulty in organising their own or their children's lives, they may have difficulty meeting children's needs for safety and basic care and may be emotionally unavailable[5].

***Healthy weight and nutrition***

Obesity in pregnancy can compromise health in the following ways:[7]

- For the mother: decreased fertility; increased risk of miscarriage, gestational diabetes and perinatal complications.
- For the developing baby: increased risk of stillbirth, metabolic abnormalities and developmental abnormalities.
- For the child: increased risk of obesity, diabetes and hypertension (high blood pressure).

Obesity is a complex problem with many drivers, explored further in the Excess Weight JSNA chapter.

Good nutrition acts as a protective factor for the health of babies and mothers, increasing children's chances of leading a future healthy life[5]. Women and families in lower income groups have been found to have less vitamins in their diets[9] . In pregnancy it's important that women eat a healthy and varied diet to avoid vitamin or nutrient deficiencies which can affect the health of mum and the developing baby. Taking a folic acid supplement until 12 weeks of pregnancy is important to reduce the risk of neural tube defects such as spina bifida, caused by folic acid deficiency.

In the first few months, adequate nutrition is vital to a child's physical and intellectual development[5] and physical activity supports muscle and bone strength and the development of gross motor skills. Introducing a healthy diet and encouraging very young children to be physically active reduces the risk of childhood obesity and tooth decay.

Diet and nutrition are explored further in the Diet and Nutrition JSNA chapter.

***Breastfeeding***

The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life. Breastfeeding promotes a strong emotional bond between mother and child, and improves children's physical health by reducing infections, obesity, diabetes, allergic disease and sudden infant death, and it also improves educational achievements and reduces social inequalities[7].

Those least likely to breastfeed are mothers living in areas of deprivation and mothers aged under 20 years[10]. Breastfeeding is explored further in the Breastfeeding and Healthy Start programme JSNA chapter.

***Screening and vaccination***

The antenatal screening programme aims to detect conditions that may have an impact on mother or baby. Similarly, the new-born screening programme aims to detect rare but serious disorders present at birth and prevent the serious consequences of these. Pregnant women should access the pertussis vaccine between 16 and 32 weeks of pregnancy to maximise the baby's protection against whooping cough, as well as the seasonal flu vaccination to protect both mother and baby. A range of immunisations for children should also be delivered.

It has been highlighted that access to immunisation services should be improved for specific groups, including those with[3]:

- Transport difficulties
- Language or communication difficulties
- Physical or learning difficulties.

***Low birth weight***

Low birth weight is associated with poorer long-term health and educational outcomes, including poorer child development. Disadvantaged mothers are more likely to have low birth weight babies and smoking, maternal stress, maternal nutrition, and maternal education have also been associated with low birth weight[5].

### 1.4) Home learning environment

What happens at home in the 1001 days is critical, and home learning is one of the biggest influences on early year's outcomes[11]. The home learning environment refers to the physical characteristics of the home, but also the quality of learning support received from parents and carers. Every day conversations, make-believe play, and reading activities have particular influence, although daytime routines, trips to the park and visits to the library have also been shown to make a positive difference to children's language development[12].

The early communication environment in the home provides the strongest influence on language development at 2, even more so than social background. This includes things like the number of books available, being read to by a parent, being engaged in a range of activities and the number of toys[5].

The amount of time and effort that parents and carers invest in home learning varies significantly. Evidence shows that parents with lower qualifications engage less often than

better educated parents in some home learning activities, such as reading[5]. It's important to note that a good quality home learning environment has also been found to moderate the effects of disadvantage, which are explored further under 1.5[12].

### 1.5) Issues that may affect a parent's ability to support development in the 1001 days

***Domestic abuse***

There's an increased likelihood of domestic abuse during or shortly following pregnancy. One in four women experience domestic abuse over their lifetimes and over a third of domestic abuse starts or gets worse when a woman is pregnant[3].

Domestic abuse in pregnancy can:

- make it harder for pregnant women to receive antenatal care
- impact on the development of the growing baby and future development of the child
- increase the risk of premature birth
- increase the risk of low birth weight

Domestic abuse can have damaging effects at any point from conception, during pregnancy, and in the early years. In pregnancy, domestic abuse harms the physical and emotional wellbeing of the mother, and the level of emotional distress, stress and anxiety can adversely impact the developing baby. In infancy, there's increased risk of child maltreatment, and witnessing domestic abuse in itself is extremely harmful to a child[13]. It's reported that around a quarter of children witnessing domestic abuse develop serious social and behavioural problems[5].

Domestic abuse is explored further in the Domestic Abuse JSNA chapter.

***Maternal stress***

People experience different levels of stress and find different situations or experiences stressful, and this is no different for women in pregnancy. A mother experiencing stress during pregnancy produces the stress hormone cortisol which can be harmful to baby brain development. The impact of this rises in line with the level of stress experienced[13]. Some studies have found that new born babies respond to stress by producing high levels of cortisol, which can be harmful to brain development in infancy too[5]. It is important to note that many of the effects of stress in pregnancy can be helped by sensitive, attuned and responsive parenting in the baby's first year[13].

Conflict between parents can also be a source of maternal stress, and when conflict between parents is frequent, intense and poorly resolved it puts children's mental health and long-term outcomes at risk - children as young as 6 months show symptoms of distress when exposed to parental conflict[14].

Parents who are experiencing stress, including social stress, may be less able to provide a secure, healthy, nurturing environment[15].

***Level of income***

Across the UK, at the end of the Early Years Foundation Stage, figures highlight that children from the poorest 30% of neighbourhoods are 11% less likely to reach the expected level in communication and language and 9% less likely to reach the expected level in personal, social and emotional development[16]. By age 3, there is a 17-month income-related language gap, with children from disadvantaged groups twice as likely to experience language delay[4].

Children growing up in households with low or even modest incomes tend to experience less advantageous home lives than their better-off peers. At age 3, children from poorer backgrounds have fallen behind in terms of cognitive outcomes, social skills and whether they experience behavioural issues[17].

Good quality home learning environments are associated with middle and upper income families, with children from these families more likely to be read to and go on educational outings than their low-income peers. They are also more likely to experience language rich home learning environments[12].

Having a low or modest income can add to the emotional strain that adults experience as they become parents. Adults on low pay are more likely to be in insecure jobs and working unsociable hours, increasing stress levels and reducing the amount of time available for education-related activities with their children. Also, it can make it harder for secure attachment to develop in families[17].

Having a low income is a major factor for other risks - smoking in pregnancy, low rates of breastfeeding and obesity in pregnancy, all of which adversely affect a child's health and are more prevalent among poorer households[15].

A two to three-fold increased risk of emotional or conduct disorder in childhood has been found if children have an unemployed parent, and a three-fold risk of mental health problems if children are in families with lower income levels[5].

It's important to note that whilst deprivation is associated with a number of risks, maternal mental health issues, and the associated impact on attachment and parent-infant interaction, are just as likely to be experienced by mothers who are not deprived[13].

This doesn't mean that every young child growing up in relatively advantaged circumstances will necessarily experience good development, nor that children facing disadvantages won't achieve positive outcomes; however, young children facing various disadvantages are less likely than others to experience good development[5].

***Teenage parenthood***

It's widely understood that teenage pregnancy and early motherhood are associated with:

- poor antenatal health
- lower birth weight
- higher infant mortality

Young parents are one third less likely to breastfeed, three times more likely to smoke and three times as likely to have poor mental health[18]. Due to their parenting responsibilities,

young mothers are also less likely to complete education and may be further economically disadvantaged by not entering employment[19].

Teenage pregnancy is explored further in the Teenage Pregnancy JSNA Chapter.

***Their own adverse childhood experiences***

Events in childhood can have a profound effect on adult's lives. Adverse Childhood Experiences (ACE's) include:

- Physical, emotional or sexual abuse
- Witnessing domestic abuse in the home
- Substance misuse by adults in the home
- Losing a parent (by bereavement, divorce or separation)

ACE's predispose people to higher than average levels of mental and health problems in adulthood and can influence a person's parenting behaviour. This can also result in a cycle of disadvantage that may pass from one generation to the next[15].

In turn, ACE's impact a child or young person's development, their relationships with others and increase the risk of engaging in health-harming behaviours, and of experiencing poorer mental and physical health outcomes in adulthood[20].

***Having multiple vulnerabilities or complex social needs***

It's well known that the most vulnerable families have the most difficulties in accessing universal services, these difficulties include the availability or distance of services, transport costs, or perceived stigma.[15]

Complex social needs might include being a young parent, experiencing domestic abuse, having alcohol or substance use issues, being homeless or a recent migrant or having difficulties with English.

Women experiencing complex social needs are more likely to present late to maternity services meaning they miss out on important early maternity care.

There's an increased risk of poor outcomes where more than one risk factor is combined. One study found that children facing more than one identified risk have poorer behavioural development at ages 3 and 5, and children with low income as well as more than one identified risk, fared worst in most developmental outcomes[5]

The presence of parental mental illness, substance misuse and domestic abuse, sometimes known as the toxic triangle, increases the likelihood of harm to children.

**2) Size of the issue locally**

Nottinghamshire covers a wide area, both rural and urban with some areas of high deprivation. Children and young people make up around 23% of the population and in general, outcomes for children and young people in Nottinghamshire are similar to the national average, however, there are large disparities within the county with some facing greater disadvantage than others.

There are 496 Lower Super Output Area's (LSOA) in the county; 25 of which rank in the 10% most deprived in England, a decrease from 31 in 2010. The most deprived LSOA's are concentrated in the districts of Ashfield (9 LSOA's), Mansfield (6), Bassetlaw (6) and Newark and Sherwood (3). In total, there are 71 Nottinghamshire LSOA's in the 20% most deprived in England, a decrease from 104 in 2010.[21]

Further information about the demographics of the county can be found in the People of Nottinghamshire JSNA Chapter.

The data presented in this section highlights some of the inequalities at a county and/or district level and provides a local context of where service provision could be targeted.

***Birth rates***

National and regional birth rates have remained steady between 2013 and 2016. In Nottinghamshire the birth rate, as measured by the General Fertility Rate (GFR), has fluctuated slightly but overall remained constant, at 61.3 births per 1,000 in both 2013 and 2016. The birth rate is below the national average which in 2016 was 62.5 per 1,000 population.

**Table 1: General fertility rate**

| | **2013** | **2014** | **2015** | **2016** |
|---|---|---|---|---|
| **East Midlands** | 60.3 | 60.7 | 61.3 | 60.9 |
| **England** | 62.4 | 62.2 | 62.5 | 62.5 |
| **Notts** | 61.3 | 60.4 | 61.6 | 61.3 |

*Source: Office for National Statistics*

Table 2 highlights the numbers of live births by district, which have also remained relatively constant since 2013.

**Table 2: Live births by mother usual are of residence**

| **Area** | **2013** | **2014** | **2015** | **2016** |
|---|---|---|---|---|
| Ashfield | 1,530 | 1,449 | 1,488 | 1,442 |
| Bassetlaw | 1,207 | 1,189 | 1,231 | 1,274 |
| Broxtowe | 1,220 | 1,206 | 1,196 | 1,195 |
| Gedling | 1,274 | 1,243 | 1,305 | 1,269 |
| Mansfield | 1,309 | 1,305 | 1,284 | 1,281 |
| Newark and Sherwood | 1,191 | 1,233 | 1,225 | 1,187 |
| Rushcliffe | 1,087 | 1,037 | 1,069 | 1,039 |
| Nottinghamshire | **8,818** | **8,662** | **8,798** | **8,687** |

*Source: Office of National Statistics*

Based on Office of National Statistics data from 2016, the birth rate in Nottinghamshire is projected to increase by 2.3% between 2019 and 2023 from 8,700 to 8,900 births per year[22].

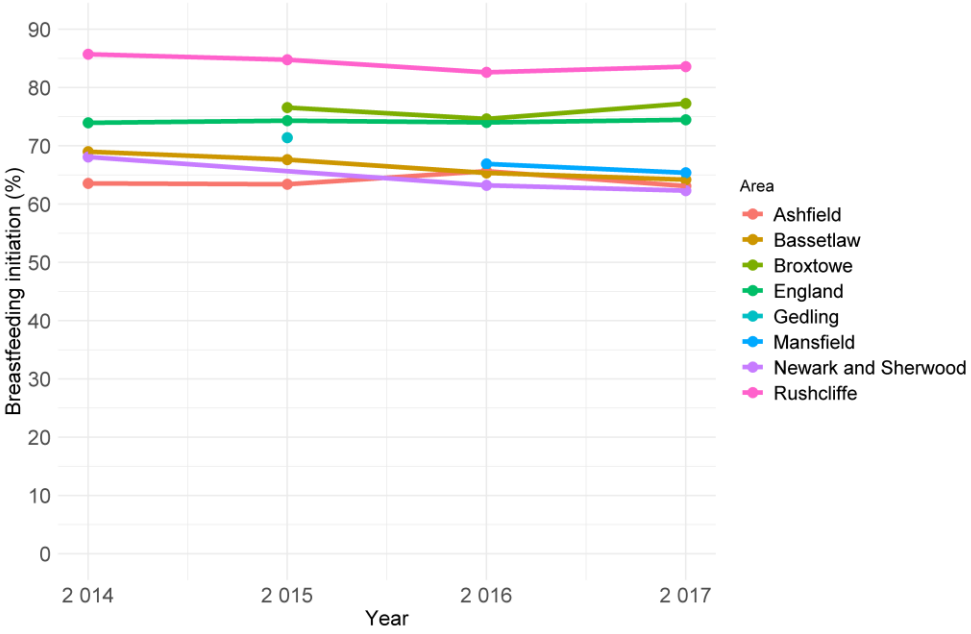
***Breastfeeding***

It's well known that breastfeeding rates are particularly low in areas of deprivation and amongst young mothers. UNICEF have highlighted a number of areas where moderate increases in breastfeeding would result in cost savings for the NHS. They also highlight that

increasing breastfeeding rates could lead to around a 5% reduction in childhood obesity which would save around £1.6 million nationally each year, and that if the number of babies receiving any breastmilk at all rose by 1% this could lead to a small increase in IQ that, across the entire UK population, could result in more than £278 million gains in economic productivity each year[23]. When applied to Nottinghamshire, approximately and with caveats, a one percentage point increase in breastfeeding initiation could equate to estimated gains in economic productivity of £2.8million.

Initiation of breastfeeding is measured by maternity services at birth. As figure 1 illustrates, in Nottinghamshire only Rushcliffe and Broxtowe had initiation rates higher than the England average of 74.5% in 2016-17, with Newark and Sherwood (62.3%), Bassetlaw (64.2%), Ashfield (63.1%) and Mansfield (65.4%) significantly lower.

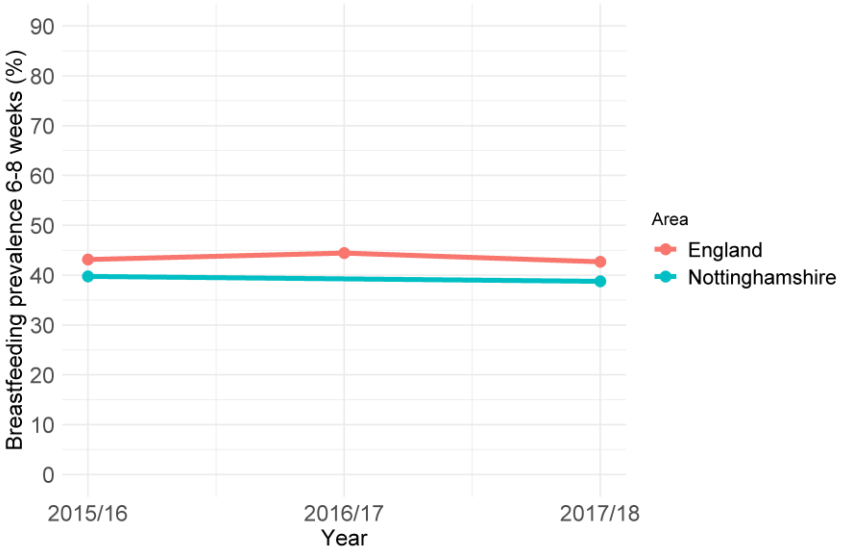
**Figure 1: Breastfeeding initiation**




*Source: Public Health Outcomes Framework*

Breastfeeding prevalence is measured at 6 to 8 weeks by health visiting services and is a key public health measure. Figure 2 highlights that prevalence of breastfeeding in Nottinghamshire in 2017-18 was 38.8% compared to an England average of 42.7%.

**Figure 2: Breastfeeding prevalence**



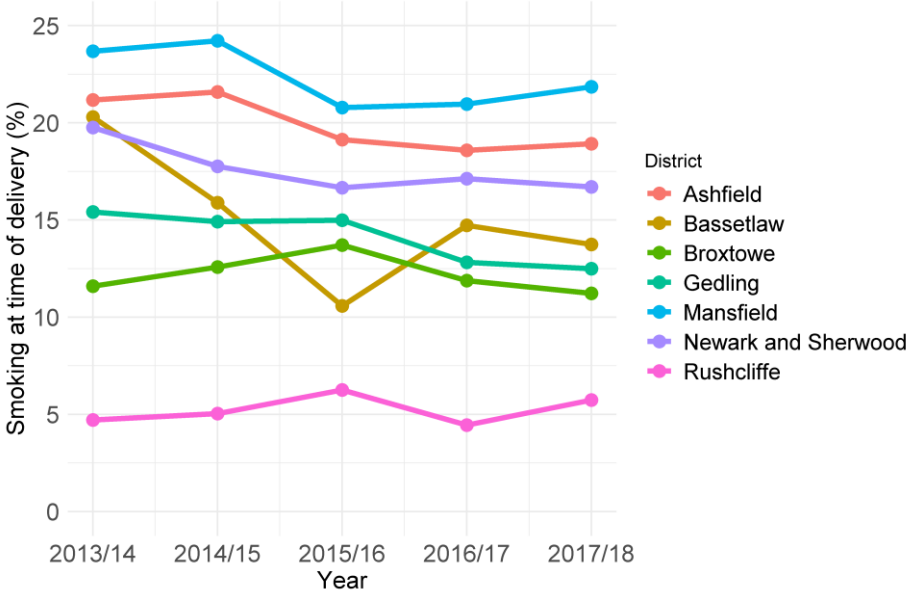

*Source: Public Health Outcomes Framework*

Locally collated data reported by Nottinghamshire Healthcare NHS Foundation Trust for 2017-18 highlights that the districts of Ashfield (32%), Bassetlaw (32%) and Mansfield (34%) have a vastly lower prevalence of breastfeeding at 6-8 weeks than elsewhere in the county, with Newark and Sherwood (40%) also significantly lower.

### *Smoking in pregnancy*

Smoking in pregnancy is measured by collecting smoking status at the time of delivery and is of particular concern as 14.7% of Nottinghamshire mothers are smokers when their babies are delivered compared with 10.8% nationally (2017-18), with more pregnant women smoking in areas of greater need. There is a significant variation in smoking rates at time of delivery across Nottinghamshire. Data shows that babies born to mothers that smoke in pregnancy weigh on average, 200g less than babies born to non-smokers.[24]

**Figure 3: Smoking at the time of delivery**



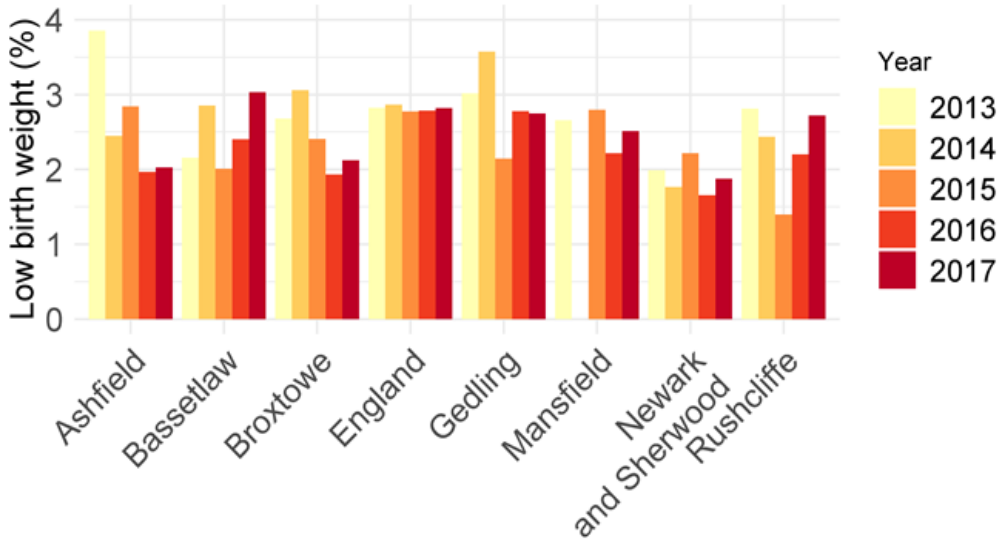

*Source: Public Health Outcomes Framework*

Figure 3 highlights the wide variation in rates of smoking at the time of delivery at a district level. The highest rates are in Mansfield and Ashfield and the lowest in Rushcliffe, correlating with the levels of deprivation in these districts.

***Low birth weight***

Low birth weight is associated with poorer long-term health and educational outcomes. Low birth weight is the percentage of live births born weighing below 2500g. In Nottinghamshire in 2017 2.4% of births were a low birth weight; this is lower than the national average of 2.8%. Certain districts of Nottinghamshire have higher rates than the national average though these fluctuate year-on-year, as highlighted in figure 4.

**Figure 4: Low birth weight**

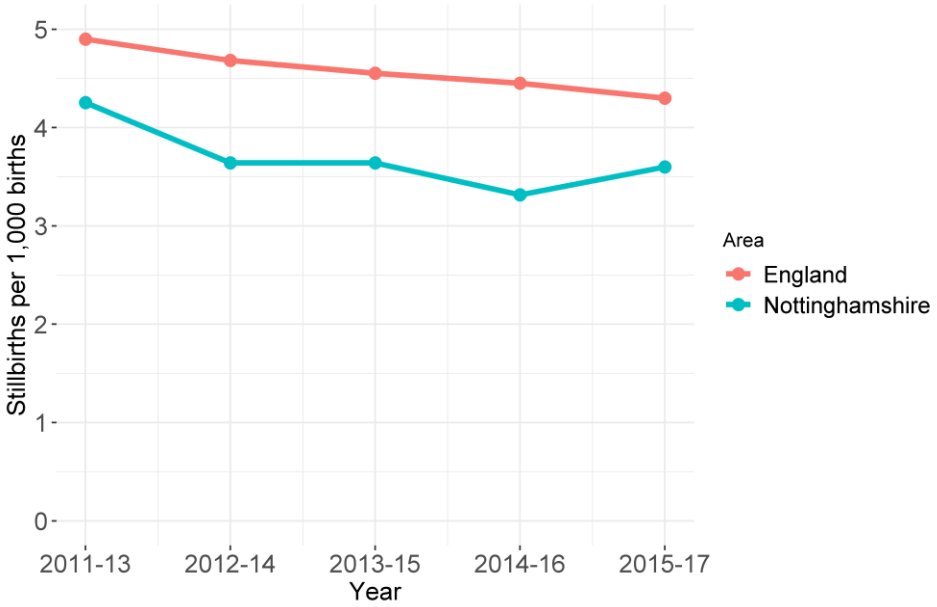



*Source: Public Health Outcomes Framework*

***Still Birth***

A stillbirth is a baby delivered with no signs of life after 24 completed weeks of pregnancy. Risk factors for still birth include deprivation, low birth weight, smoking in pregnancy, maternal age (teenage mothers and mothers over 35) and a mother's country of birth. The stillbirth rate is expressed as the number of stillbirths per 1,000 live births.

**Figure 5: Three year pooled stillbirth trend**




*Source: Public Health Outcomes Framework*

As figure 5 illustrates, the still birth rate in Nottinghamshire, pooled across 2015-17, was 3.6, lower than, but not significantly different to the England average of 4.3. There is variance by district across this period, with higher numbers of still births in the districts of Mansfield, Ashfield and Bassetlaw, however this may be due in part to the comparatively small numbers affected. In recent years still birth rates in England have fallen, however, they remain the highest in Europe and therefore a key priority to tackle.

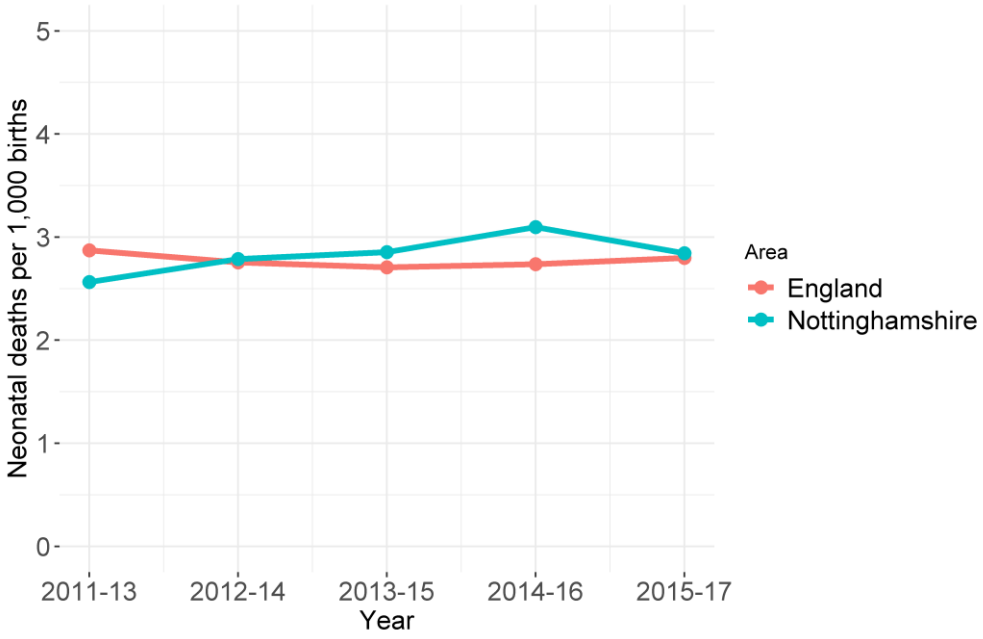
***Neonatal and infant mortality***

The neonatal mortality rate is the number of deaths of babies aged under 28 days per year, per 1,000 live births and the infant mortality rate is the number of deaths of children under the age of one per year, per 1,000 live births. Rates in England continue to fall with the highest rates among women aged 40 and over and women under the age of 20. Other risk factors include low birthweight, multiple births, smoking in pregnancy, obesity and deprivation, and risk increases in women of black or Asian ethnic origin.

As figure 6 below highlights, the neonatal mortality rate in Nottinghamshire, pooled across 2015-17 is similar to the national average, however the national rate appears to be declining whilst the local rate has increased in recent years.

There is variance by district across this period, with higher numbers of neonatal deaths in the districts of Ashfield, Bassetlaw, Broxtowe and Mansfield in 2015-17, however this is likely to be due in part to the comparatively small numbers affected.

**Figure 6: Three year pooled neonatal mortality trend**




*Source: Public Health Outcomes Framework*

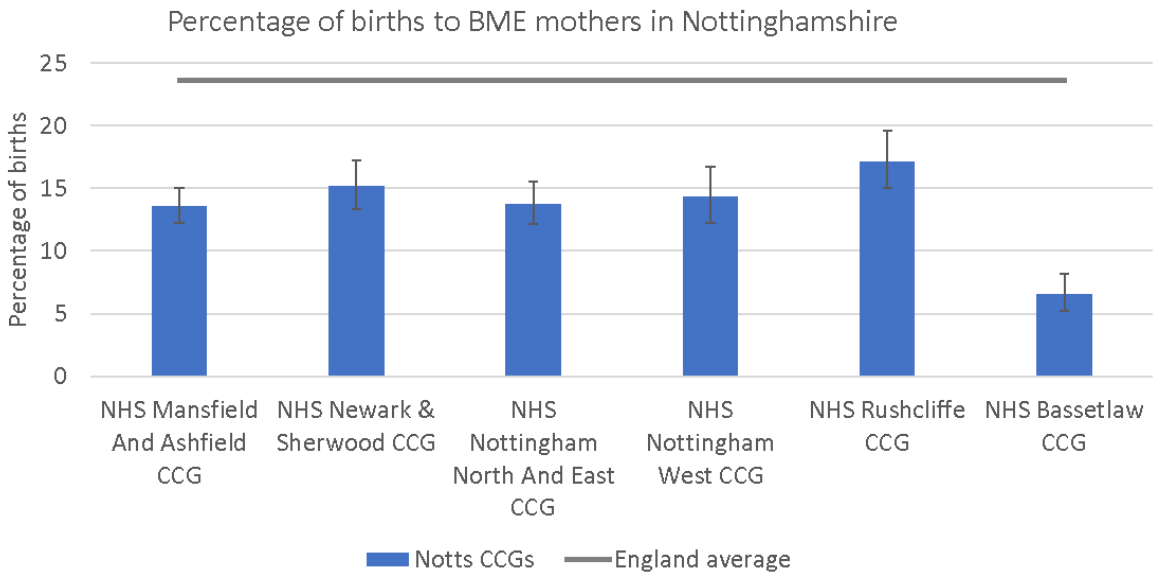
The pooled infant mortality rate for Nottinghamshire for 2015-17; a rate of 4.0 per 1,000 live births, is higher that the England average of 3.9. Rates are highest in Ashfield (4.8), Mansfield (4.6) and Bassetlaw (4.3), though districts of Broxtowe and Gedling (4.0) are also higher than the England average. Early access to antenatal care preferably by 10 weeks of pregnancy has a direct positive affect on infant mortality and low birth weight.

***Black and Minority Ethnic groups (BME), and residents born outside of the UK***

Infant mortality rates show large socio-economic and ethnic differences at national level. Mothers from some ethnic minority groups are more likely to experience stillbirths and neonatal deaths. South Asian women are 60% more likely, and black women twice as likely to have a stillbirth than white women in England and Wales, and infant mortality is twice as common for babies born to Caribbean and Pakistani women than to white women.[25]

Nottinghamshire has a relatively low BME population, 4% locally compared to 15% nationally. The figure below highlights the proportion of births born to BME mothers in Nottinghamshire.

**Figure 7: Percentage of births to BME mothers**




*Source: Hospital Episode Statistics*

In Nottinghamshire a relatively low proportion of residents were born outside the UK, 5% compared with 10% in the East Midlands in 2011 but this varies across the county. A higher proportion of non-UK born residents live in Broxtowe (8%) and Rushcliffe (7%)[26]

***Maternal mental health***

Up to 20% of women will experience a mental health problem during pregnancy or within the first year after having a baby, and NICE guidance on antenatal and postnatal mental health states that as many as 1-in-7 women will experience a mental health disorder in the perinatal period.

**Table 3: Estimated numbers of women with maternal mental health needs (2015)**

| Condition | Estimated number of women |
|---|---|
| Postpartum psychosis | 20 |
| Chronic SMI in perinatal period | 20 |
| Severe depressive illness in perinatal period | 250 |
| Mild-moderate depressive illness and anxiety in the perinatal period | 835-1250 |
| PTSD in perinatal period | 250 |
| Adjustment disorders and distress in perinatal period | 1250-2500 |

*Source: Mental health in pregnancy, Public Health Outcomes Framework*

Table 3 uses national prevalence data to estimate the number of Nottinghamshire women presenting with mental health problems in the perinatal period: pregnancy to one year after

birth, with identified mental health problems. It is important to note that these figures are only estimates, and do not account for socioeconomic factors. In addition, some women will have more than one of these conditions.

***Domestic abuse***

Specific data in relation to prevalence of domestic abuse in pregnancy and/or early years is not collated, however domestic abuse accounts for 11% of all crimes recorded by the Police.[27] Estimates from the Crime Survey for England and Wales suggest that 79% of people do not report to the Police. Applying estimates from the Crime Survey for England and Wales, approximately 26,710 persons in Nottinghamshire, 17,022 females and 9,688 males, experienced domestic abuse in the 12 months to March 2017. An estimated 16% of children live in a household where there is domestic abuse, which equates to 26,480 children in Nottinghamshire.[28] 75% of children who live in a household where domestic abuse occurs are exposed to incidents.

***Substance misuse***

Specific data in relation to the prevalence of substance misuse in pregnancy and/or early years is not collated, though data suggests there could be in the region of at least 172,725 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 26,068 dependent on substances (21% of the population of Nottinghamshire). Alcohol abuse represents the greatest need, though it is important to note that a significant proportion of the drug using population are also likely to be drinking. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

***Obesity***

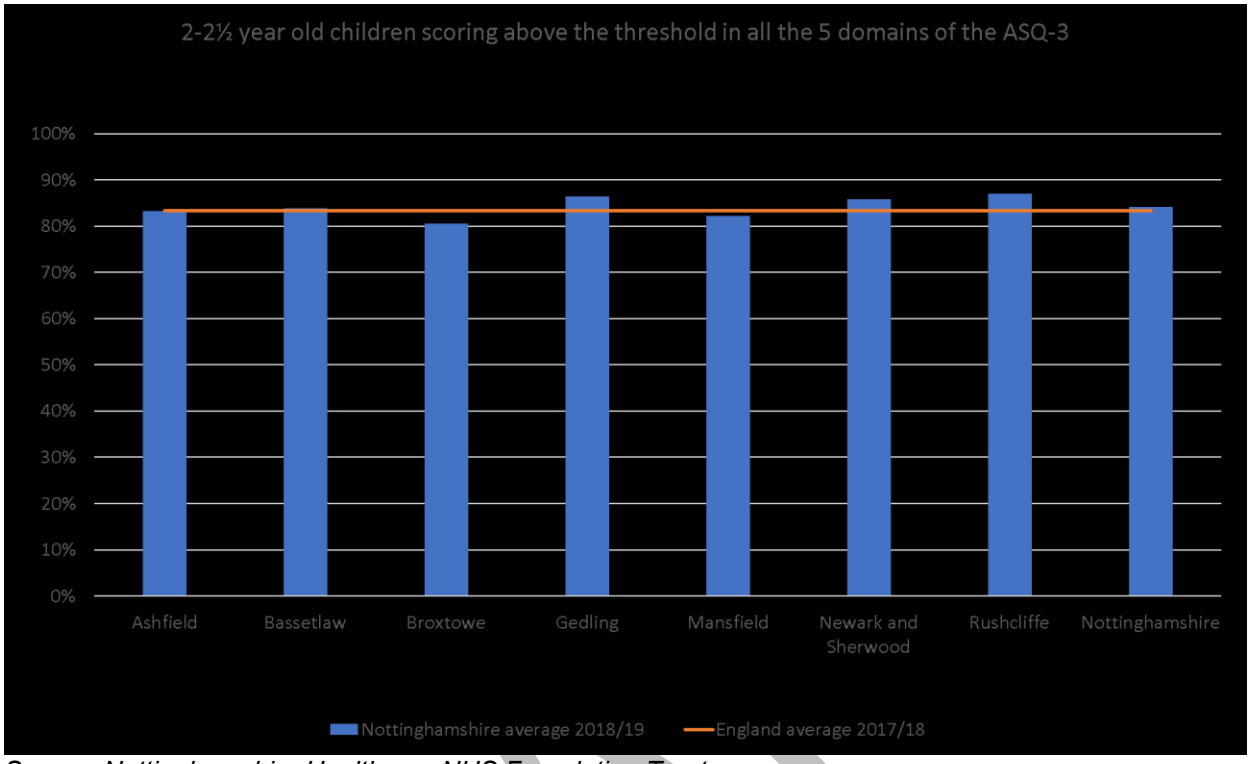
Obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes to both mother and infant. These include miscarriage, foetal congenital anomaly, thromboembolism, gestational diabetes, pre-eclampsia, postpartum haemorrhage, wound infections, stillbirth and neonatal death. It also increases the likelihood of childhood obesity.

Overall, 67.3% of the Nottinghamshire population are overweight or obese suggesting that there may be high numbers of overweight or obese women in pregnancy.

***Child development at 2 years***

The evidence-based Ages and Stages Questionnaire is used at age 2 to 2.5 years to determine whether children are meeting the expected levels of development in five key domains: communications, gross motor skills, fine motor skills, problem solving and personal-social skills.

**Figure 8: Percentage of children meeting a good level of development at age 2-2.5**




*Source: Nottinghamshire Healthcare NHS Foundation Trust*

Data reported locally by Nottinghamshire Healthcare NHS Foundation Trust, see Figure 8, highlights that 84% of children meet the expected level of development in all five areas in 2018-19. Of the 16% of children not meeting the expected level of development in all five areas, some children will not meet the expected level in more than one area. The primary areas of need are communication, with 10% of children not meeting the expected level of development, followed by gross motor at around 7%, and personal-social at around 5%. National benchmarking in relation to this is not currently available for 2018-19.

***Speech, language and communication needs***

It is not possible to accurately determine the proportion of children with language delay at age 2 years. It is estimated that 10% of primary school age pupils will have long term speech, language and communication needs, and 7.6% will have a developmental language disorder. In Nottinghamshire this equates to 7,120 primary school age children with a speech, language and communication need, of which 5,411 will have a developmental language disorder *(Source: Bercow 10 Year On[29], using January 2017 data[30])*, though it's important to highlight that the prevalence of developmental language disorder will be significantly higher in areas of increased socio-economic disadvantage, where up to 50% of children can start primary school with delayed language or other speech, language and communication needs[31]. At school entry, approximately two children in every class of 30 pupils will experience language disorder severe enough to hinder academic progress[32].

The numbers of children with early language delay will be substantially higher than the above figures, likely between 10% and 20% at age 2, and while many of these children will not have a developmental language disorder at age 5, they will have language difficulties

which impact on them in the early years and beyond and are likely to require targeted early intervention for language difficulties.

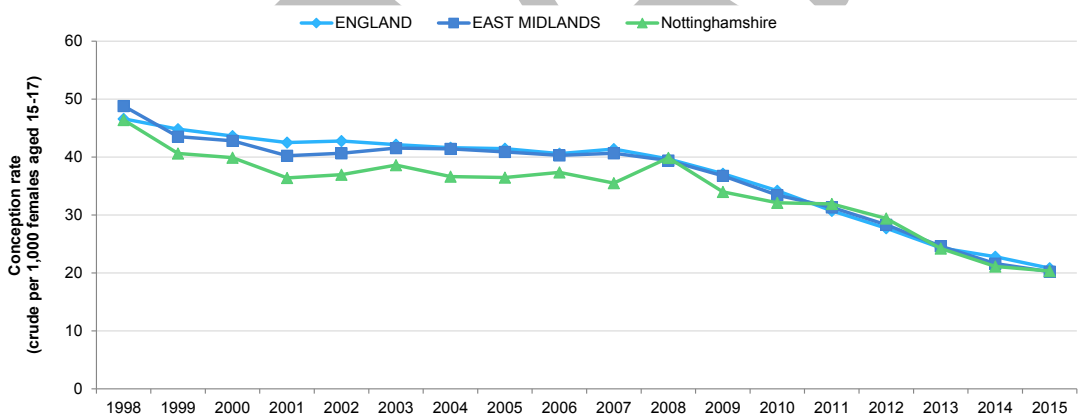
***Teenage pregnancy***

Teenage pregnancy can be both a cause and a consequence of social exclusion and is more common in areas of deprivation. The poorer outcomes associated with teenage parenthood, including increased risk of post-natal depression, and smoking in pregnancy, also means the effects of deprivation and social exclusion are passed from one generation to the next[33].

Evidence clearly shows that having children at a young age can damage young women's health and emotional well-being. It can severely limit their education and career prospects, resulting in increased levels of poverty and social exclusion. Research shows that children born to teenagers are more likely to experience a range of negative outcomes in later life, including increased risk of obesity and lower educational attainment, and are up to three times more likely to become a teenage parent themselves. Most young parents do not regret having their children but wish they had waited until they were older[33].

Conception data also includes those that resulted in a termination of pregnancy but does not include miscarriages.

**Figure 9: Teenage conception rates 1998-2015 for Nottinghamshire and National, Regional comparators**




*Source: Office for National Statistics, conceptions statistics 2015 (published 2017)*

The 2015 under 18 conception rate for Nottinghamshire was 20.3 per 1,000 females aged 15-17 – a decrease of 12.2% from the 2013 rate of 24.2%, and a decrease of 56.3% since the 1998 baseline year. The number of under 18 conceptions in 2015 was 271, 343 fewer than in 1998 where the number was 614.

Currently Nottinghamshire's overall reduction of 54.5% against the 1998 base rate is comparable with the national reduction of 51.1% and the East Midlands reduction of 55.7%.

***Adverse Childhood Experiences (ACES)***

Events in our childhood can have a profound effect on our adult lives. Studies aimed at understanding the consequences of childhood trauma in the United States developed the concept of Adverse Childhood Experiences (ACEs). Figure 10 below highlights how these experiences influence health and wellbeing across the life-course:

**Figure 10: Adverse Childhood Experiences**


Around half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence. Of all children and young people 23% will have experienced one adverse childhood experience, 16% experienced two or three, and 9% will have experienced four of more adverse childhood experiences[34].

***Vaccinations and immunisations (Pregnancy to 2 years)***

One of the best ways to protect a baby against diseases like measles, rubella, tetanus and meningitis is through immunisation. Vaccinations are important not only for protecting the single baby that is vaccinated, but also protecting other babies and children by preventing the spread of disease by increasing herd immunity. First injections are at eight weeks, then 12 weeks, 16 weeks and one year.

*Nationally*
Coverage declined in nine of the 12 routine vaccinations measured at ages 12 months, 24 months or five years in 2017-18 in England compared to the previous year.

Meningitis B coverage is reported as a national statistic for the first time this year and achieved 92.5% at 12 months. Coverage for the Measles Mumps and Rubella (MMR) vaccine as measured at two years decreased in 2017-18 for the fourth year in a row. Coverage for this vaccine is now at 91.2%, the lowest it has been since 2011-12.[35]

*Locally*
In Nottinghamshire, vaccine coverage at ages 12 months and 24 months exceeds the England average for all vaccines, though there is variation by CCG, as summarised in Table 4.

**Table 4: Vaccine coverage summary, 2017-18**

| | 12 months | | | | 24 months | | | |
|---|---|---|---|---|---|---|---|---|
| CCG Name | DTaP/IPV/Hib | Men B | PCV | Rotavirus | DTaP/IPV/Hib | MMR | Hib/Men C Booster | PCV Booster |
| NHS Bassetlaw CCG | 94.9% | 93.7% | 94.8% | 92.6% | 96.1% | 91.2% | 91.7% | 91.8% |
| NHS Mansfield and Ashfield CCG | 95.2% | 95.5% | 95.5% | 93.4% | 97.3% | 94.4% | 94.8% | 94.9% |
| NHS Newark and Sherwood CCG | 96.4% | 96% | 96.5% | 95.3% | 97.6% | 93.5% | 94.1% | 94% |
| NHS Nottingham North and East CCG | 96% | 96% | 96.3% | 95% | 96.9% | 93.3% | 94% | 93.8% |
| NHS Nottingham West CCG | 95.3% | 96.1% | 96.5% | 94% | 96.8% | 95% | 96% | 95.9% |
| NHS Rushcliffe CCG | 97.8% | 97.1% | 98.0% | 96% | 98% | 96.4% | 96.8% | 96.5% |
| England | 93.1% | 92.5% | 93.3% | N/a | 95.1% | 91.2% | 91.2% | 91.0% |

*Source: NHS Childhood Immunisation GP Practice Level Coverage national value: Public Health England Fingertips, MenB national value: Childhood Vaccination Coverage Statistics, NHS Digital)*

In the seasonal flu vaccination programme of 2018-19 (September to February), 53% of pregnant women registered with Nottinghamshire CCG's received a seasonal flu vaccination compared to 47% nationally. Locally, the lowest take up of seasonal flu vaccines was seen in Mansfield and Ashfield and Newark and Sherwood CCG's[36].

***Antenatal and newborn screening***

Antenatal screening includes screening for infectious diseases in pregnancy, fetal anomalies and sickle cell and thalassemia. Coverage is measured by hospital trust, this means the data in Table 5 will include women from other areas as well as Nottinghamshire:

**Table 5: Antenatal screening coverage by hospital trust, 2017-18**

| Antenatal screen | Definition | Nottingham University Hospitals NHS Trust | Sherwood Forest Hospitals NHS Foundation Trust | Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust | England |
|---|---|---|---|---|---|
| Antenatal infectious disease screening (HIV coverage) | % pregnant women eligible for HIV screening for whom a confirmed screening result is available | 98.9 | 99.3 | 99.7 | 99.6 |
| Fetal anomaly screening (ultrasound coverage) | % pregnant women eligible for fetal anomaly ultrasound screening who are tested, and have a conclusive result, within the designated timescale | Not available | 99.3 | 100.0 | 98.9 |
| Antenatal sickle cell and thalassaemia screening (coverage) | % pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a screening result is available | 99.7 | 99.5 | 100.0 | 99.6 |

*Source: NHS screening programmes: KPI reports 2017 to 2018*

New-born screening includes blood spot screening, hearing screening and physical examination. Key points to note from the 2017-18 data include:

- The proportion of babies registered with a Nottinghamshire CCG, who have a new-born blood spot screen and result, is below the England average of 96.7% in all but Bassetlaw and Newark and Sherwood CCG's.

- 99.1% babies have received new-born hearing screening (by four weeks of age) in Nottinghamshire compared to 98.9% across England.

### 3) Targets and performance

A range of indicators are measured in relation to pregnancy and a child's journey to age 2 and summarised here, however it may be beneficial to identify additional targets and / or draw these together within a local outcome's framework, shared across partners.

***Public Health Outcomes Framework***

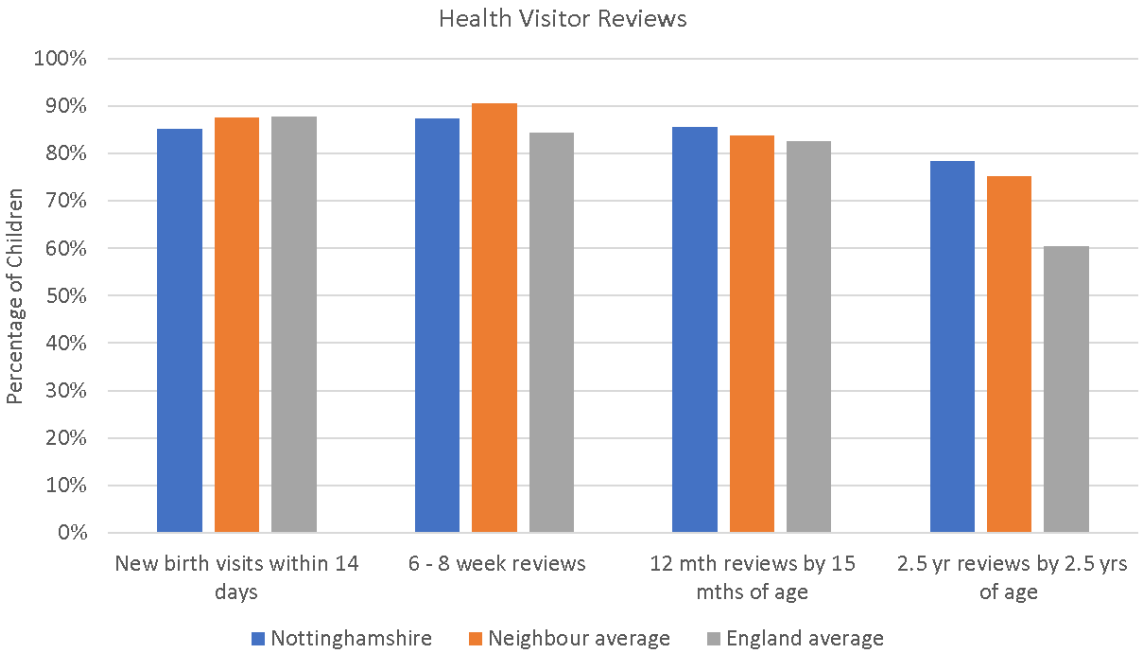
A number of Public Health Outcomes Framework indicators relating to 1001 days have been discussed under section 2. Size of the Issue Locally:

- Breastfeeding initiation and prevalence at 6-8 weeks
- Smoking during pregnancy
- Teenage pregnancy
- Mortality including neonatal, infant and still births
- Low birthweight
- Teenage pregnancy

***Health visitor mandated reviews***

The proportion of children receiving the Healthy Child Programme's health and development reviews from 0 to 5 years is a national and local target, widely reported. Figure 11 highlights the proportion of reviews delivered in Nottinghamshire in 2017-18, compared with the England average and with the average of Nottinghamshire's statistical neighbours.

**Figure 11: Proportion of health visitor reviews completed (2017-18)**




*Source: Public Health England, Health Visitor Delivery Metrics*

The latest available data, covering the period April to December 2018, highlights that the proportion of reviews delivered in Nottinghamshire has increased across all indicators and exceeds the England average, as follows:

**Table 6: Proportion of health visitor reviews delivered (Apr 2018 to Dec 2019)**

| Health visitor review | Nottinghamshire | England |
|---|---|---|
| New birth visit (within 14 days) | 89% | 89% |
| 6-8 week review | 86% | 85% |
| 12 month review (by 15 months) | 89% | 82% |
| 2.5 year review | 81% | 78% |

*Source: Public Health England, Health Visitor Delivery Metrics*

The number of antenatal reviews is also reported nationally, though is not currently benchmarked due to the complexity of defining the denominator. This data highlights that 1,364 women accessed an antenatal review in Nottinghamshire in 2017-18. Data reported locally by Nottinghamshire Healthcare NHS Foundation Trust suggests this has risen to 3,831 women in 2018-19, however this represents just 48% of those invited.

***CCG Indictors***

NHS England's CCG Improvement and Assessment Framework identifies four indicators related to maternity care:

- Maternal smoking at delivery
- Neonatal mortality and stillbirths
- Women's experience of maternity services
- Choices in maternity services

## 4) Current activity, service provision and assets

A range of services support women and families in pregnancy and the early years.

***Maternity services***

Women receive care in pregnancy from midwives and obstetricians from Nottinghamshire's hospitals. Most women receive between 7 and 10 appointments in pregnancy, which usually start when women are 8 to 12 weeks pregnant and continue until the birth of the baby. A comprehensive health and social assessment is made at the booking appointment and reviewed throughout pregnancy. Women will be offered screening tests and ultrasound scans to identify any health problems that could affect the mother or the developing baby. Midwives review maternal mental health, promote infant feeding, bonding and attachment, and support smoking cessation.

Antenatal classes are provided by the Hospital Trusts and cover familiarisation with labour suites/ birthing centres, active birth, pain management, infant feeding and early parenting. The classes do not focus on the emotional preparation for parenthood in any detail. Various preparation for parenthood courses, universal and targeted, have been trialled in recent years by health visitors, midwives and children's centre services but have had low uptake, often with the numbers of attendees reducing as the course progresses.

***Healthy Families Programme***

Across Nottinghamshire, as part of the Healthy Families Programme service, 20 Healthy Family Teams based in localities deliver the national 4-5-6 health visiting framework:

- 4 levels of service, based on need
- 5 universal health reviews for all children
- 6 high impact areas, where health visitors have the greatest impact on child and family health and wellbeing

The Healthy Families Programme is provided by Nottinghamshire Healthcare NHS Foundation Trust and brings together care provided by Specialist Public Health Practitioners (Health Visitors and School Nurses) and their teams to support all children, young people and families in Nottinghamshire. All families receive:

- Antenatal visit, usually after 28 weeks of pregnancy
- New baby review, usually when baby is 10-14 days
- Review when baby is 6-8 weeks old
- Developmental review at 1 year
- Developmental review at 2 to 2.5 years

In addition, advice and support from the Healthy Family Team can be accessed by the advice line, booking an appointment at a Healthy Family session, and via Parentline, a new confidential text messaging service for parents of 0-5's.

Healthy Family Teams also deliver first level support and advice on health issues such as maternal mental health, breastfeeding, formula feeding, minor ailments, eating, parenting issues, behaviour and continence. Healthy Family teams refer or signpost to other services who will be able to provide ongoing help.

Healthy Family Teams also have an opportunity to Make Every Contact Count, promoting the importance of healthy lifestyles and the value of health as a foundation for future wellbeing, for example healthy eating, physical activity, accident prevention, improving parents' confidence in managing minor illnesses, sun safety, oral health; promotion of smoke-free homes and cars; responsive parenting, behaviour management, including sleep, and the promotion of development, play and a language-rich home learning environment[8].

*Development reviews*

Healthy Family teams deliver the 1 year and 2 to 2.5 year health and development review to assess a child's progress with the aim of optimising child development and emotional wellbeing, reducing health inequalities and promoting school readiness. The Ages and Stages Questionnaire ASQ-3 ™ is used, which covers the development of gross and fine motor, communication, problem solving and personal-social skills.

The 2 year reviews are integrated with the Early Years Foundation Stage assessment, delivered by a child's early year's settings, aiming to:

- identify the child's progress, strengths and needs in order to promote positive outcomes in health and wellbeing, learning and behaviour and school readiness
- facilitate appropriate early intervention and support for children and their families where developmental delay or additional needs are identified
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes

In practice, this means that appropriate information about a child's progress is shared between these services, and that where either party identifies that a child requires additional support with any area of learning or development, the Healthy Family Team and early year's childcare provider will work together to put in place appropriate support and monitor progress. There are clear pathways from the 2 year review to appropriate sources of support, such as a children's centre programme. Further information about early year's education can be found in the upcoming Early Years JSNA chapter.

We know from section 3: Targets and Performance that a proportion of children are not receiving a 1 and 2 year review. Nottinghamshire Healthcare NHS Foundation Trust completed an audit of declined reviews between July and September 2018. This highlighted that the majority of declined reviews: 77% of 1 year reviews, and 92% of 2 year reviews, were families in universal caseloads i.e. families without additional needs.

*Healthy Families Programme: activity data*

A snapshot audit taken in May 2018 by Nottinghamshire Healthcare NHS Foundation Trust identified that the Healthy Families Programme had 46,605 children aged 0 to 5 on their caseload, of which 2,858 were receiving universal plus provision (families requiring specific help and support such as a time limited evidence based intervention) and 1,446 receiving universal partnership plus provision (where ongoing support is provided to families as part of a range of services working together to deal with more complex problems over a longer period of time). The snapshot also highlighted that the service was working with 1,466 children in need, and 1,111 children subject to child protection plans.

Data collated by Nottinghamshire Healthcare NHS Foundation Trust highlighted that between 1st April 2018 and 31st December 2018 7,170 calls were made to the Healthy Family Team advice lines, 33.7% of these were given advice directly over the phone, 7.6% had an appointment booked and 58.7% were passed to another member of the Healthy Family Team for follow up or investigation.

***Children's centre services***

Children's centres services support pregnant women and families with children under 5, delivering support to the following target groups:

- Low income families with identified needs
- Children of teenage parents /teenage parents
- Families identified as having mild/moderate mental health issues
- Children with English as an additional language
- 2,3 and 4 year olds not accessing their minimum childcare entitlement
- Unemployed/single parents
- Unemployed parents living in rural areas
- Children under 5 with speech, language and communication delay
- BME groups where there is a need.
- Parents of children with special educational needs and disabilities who do not meet thresholds for specialist services
- Children known to social care

Children centre services work to four key outcomes:

- Children achieve a good level of development, are ready for school and are supported to close the attainment gap
- Parents are job ready with increased aspirations for themselves and their children.
- Children and parents have improved emotional health and wellbeing.
- Children and parent's needs are identified early and the risk of harm is prevented.

Children's centre's services work on a 1:1 basis with families with identified need in relation to their child's development, environment, health or wellbeing. They also deliver a range of programmes and groups including:

- Breastfeeding support groups - BABES
- Befriender service for women with emotional health needs in the perinatal period – Footsteps
- Parents health and emotional wellbeing group, for parents with a child under 1 with low mood, struggling to cope or experiencing loneliness / isolation - PHEW
- Support for children at risk of language delay - Little Talkers for babies, Little Talkers for toddlers
- Let's Play, to support parents to play and interact with their children
- Weaning groups
- Baby massage
- Sleep Tight
- Parenting support groups for parents of children aged 1 and over where there are identified needs

***Maternal mental health***

Maternity services routinely screen for mental health needs using an assessment tool to support the identification of women with, or at risk of, serious mental illness. There is currently variation in the way maternity services screen for mild to moderate mental health needs across hospitals and there are opportunities to strengthen this.

Support for women with perinatal mental health needs includes a specialist mother and baby inpatient unit, a community perinatal psychiatric service, adult mental health services, psychological therapy services as well as primary care, maternity services, Healthy Family Teams and children's centre support.

The perinatal psychiatry service provides assessment, intensive support and treatment for women with serious mental illness and supported 695 women in 2018-19 *(Source: Nottinghamshire Healthcare NHS Foundation Trust)*. The service also assists in the detection and proactive management of women who are at risk of developing a serious perinatal/postnatal mental illness and provides advice and assistance to primary care, maternity and psychiatric services.

Psychological therapy services support women with mild to moderate mental health needs including depression and anxiety, delivering comprehensive assessment and a range of treatment options including cognitive behavioural therapy.

For women with lower level maternal mental health needs, Healthy Family teams deliver a four to six week programme of targeted interventions providing support where the parents have or are at risk of developing mental health difficulties and where these are likely to impact on their infant's emotional development. These cover relationships, active problem solving and attachment. In children's centres around 30 trained Footsteps volunteers provide

support for women with lower level emotional health needs, including a befriender service and group support.

***Family Nurse Partnership***

The Family Nurse Partnership (FNP) is an evidenced based, intensive nurse-led prevention and early intervention programme for vulnerable first time young parents and their children. The FNP provides structured home visiting from early ante-natal until the child is 2 years of age.

FNP aims to:

- Reduce the impact of deprivation;
- Improve the short and long term health and wellbeing outcomes for young parents and the children born to vulnerable, young, first time mothers
- Reduce the short and long term cost of ongoing care, and enhance economic self-sufficiency by improving the life chances of FNP clients and children.

This is achieved by supporting young women and their partners to:

- Have a healthy pregnancy
- Become knowledgeable and responsible parents
- Provide babies with the best possible start in life
- Develop positive outcomes for themselves and their children.

In 2017-18, when first enrolled on the programme, 34.8% of clients reported that they had previously had mental health problems, 35.9% reported that they had been abused by someone close to them and 56.3% were on a very low income or living entirely on benefits.

***Early years settings***

Where children access early years settings between birth and 2, those settings play a huge role in supporting their development; all schools and OfSted registered early years setting work in line with the Early Years Foundation Stage framework, which sets out standards for the learning, development and care of children from birth to 5. The framework supports an integrated approach to early learning and care and ensures that all children receive quality early education and childcare experiences. The role of settings in supporting child development and information about funded childcare is explored further in the upcoming Early Years JSNA.

***Domestic abuse***

Maternity services and Healthy Family Teams screen for domestic abuse as part of routine practice, however partners and families may be present at appointments, and it can be challenging for these services to see women alone in order to explore this fully. It has been suggested locally that the requirement to see women alone be built into routine antenatal care. A range of services and support, often provided by the voluntary sector is available to support women and their families. These are explored further in Domestic Abuse JSNA chapter.

***Substance and alcohol use***

All women are assessed for alcohol and substance use at the maternity booking appointment, and where use is disclosed, women will be referred for further support and treatment from obstetricians, specialist midwives and / or substance misuse services commissioned by public health. The national Audit C tool designed to identify alcohol misuse has recently started to be completed within the maternity booking appointment.

***Healthy weight and nutrition***

A weight management in pregnancy pathway supports women identified as overweight or obese, helping keep pregnant women and new mothers within a healthier weight range. Challenges around the referral pathway from maternity services to the community provider of weight management services has affected the number of women supported under this service.

The Healthy Start Programme is a statutory scheme providing a nutritional safety net and encouragement for breastfeeding and healthy eating in pregnant women and children under four in low income and disadvantaged families across the UK. One element of the scheme is the provision of vouchers to buy fresh fruit and vegetables and the other focuses on free vitamin supplements. The key challenge locally is to improve the uptake of the Healthy Start vitamins for pregnant women and children: whilst around 73% of those eligible access the vouchers for fresh fruit and vegetables (Source: NHS Business Authority, 2018-19, based on snapshots taken across 4 week cycles), locally collated data suggests few women and families are collecting vitamins, with a total of just 488 vitamins collected between 1st April 2018 and 31st December 2018 (6 week supply, Source: Nottinghamshire Healthcare NHS Foundation Trust).

***Smoking cessation***

Routine carbon monoxide monitoring is delivered at key points in pregnancy and women are referred to smoking cessation services and supported to stop smoking. In addition, smoking status is routinely recorded at the time of delivery. At Sherwood Forest Hospitals NHS Foundation Trust an additional motivational interviewing consultation is delivered, focusing on the effects that smoking has on the baby.

***Breastfeeding support***

Breastfeeding is a core element of the Healthy Child Programme delivered by midwives and health visitors. All maternity and health visiting providers in Nottinghamshire have achieved UNICEF Baby Friendly Accreditation. This enables all health professionals to support mothers and babies effectively and helps all parents to build a close and loving relationship with their baby regardless of their feeding method. Maternity services and Healthy Family Teams work in partnership to support infant feeding and 70 infant feeding trained volunteer peer supporters support mothers via children's centre BABES groups.

In mid-Nottinghamshire a Lime Green breastfeeding team supports women in targeted areas with the lowest breastfeeding rates up to 10 days post-natally, working in partnership with Healthy Family Teams. A Breastfeeding Friendly accreditation scheme operates as a partnership between Nottinghamshire's District and Borough councils and Nottinghamshire NHS Foundation Trust, with 177 venues accredited as of December 2018.

***Screening, vaccination and immunisations***

The UK National Screening Programme oversees the delivery of high a quality screening programme for all pregnant women in England. All women are offered the screening programmes for themselves antenatally, and their babies, postnatally:

- NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme: screening for hepatitis B, HIV, syphilis and susceptibility to rubella infection.
- NHS Fetal Anomaly Screening Programme (NHS FASP): screening for pregnant women to check the baby for fetal anomalies, Down's, Edwards' and Patau's syndromes.
- NHS Sickle Cell and Thalassemia Screening Programme: antenatal sickle cell and thalassemia screening
- NHS newborn and infant physical examination (NIPE) screening programme
- NHS newborn blood spot (NBS) screening programme
- NHS newborn hearing screening programme (NHSP)

Midwives give information about the importance of having the seasonal flu and pertussis vaccination throughout pregnancy and women access the vaccine from their GP any time during their pregnancy. Healthy Family teams provide information about the childhood immunisation programme, support families to access these from their GP and routinely review a child's immunisation status. Immunisations are delivered at 8 weeks, 12 weeks, 16 weeks and 1 year in line with the childhood immunisation programme.

***Workforce and training***

The Healthy Families Programme has a comprehensive competency assessment framework which sets out the inter-related skills, knowledge and behaviours that practitioners need to deliver universal and targeted support across the 0-19 age range as part of the Healthy Families Programme. This includes some promotional interviewing, a type of evidence-based practice that supports practitioners to use a promotional guide to structure and facilitate personalised guided conversations with parents helping parents to make accurate, well-informed decisions about their families' needs at a crucial time of life. Promotional interviewing promotes the early psychosocial development of babies and young children and supports the transition to parenthood.

Nottinghamshire County Council have developed a Grow-wise Child Development Programme in partnership with the University of Nottingham. It provides frontline practitioners with an accessible, well-researched and practice-based training programme covering all aspects of child development from conception through to 19 years of age and is delivered online. All front line practitioners in Nottinghamshire County Council are encouraged to complete relevant modules.

**5) Evidence of what works**

We know from section 1: Who's at risk and why and section 2: Size of issue locally, that some children and families are more likely to experience a range of poor outcomes, and that the 1001 days from conception to 2 are critical in building child development and shaping life-long health and wellbeing.

The period of conception to age 2 provides a unique opportunity as it's the time when parents are often the most receptive to behaviour change interventions and where they are likely to be most effective[37].

### 5.1) Healthy Child Programme

The Healthy Child Programme (HCP) 0-5 brings together the evidence on delivering good health, wellbeing and resilience for every child. It sets out the schedule for services covering care from 28 weeks of pregnancy through to age 5 and is delivered as a universal service with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems.

The programme includes health promotion, child health surveillance and screening, providing a range of services to families. These include:

- screening
- immunisation during pregnancy and childhood immunisations
- health and development reviews
- advice and support to help children's physical and emotional development

Universal health and development reviews are a key feature of the Healthy Child Programme and take place at 28 weeks of pregnancy, within 14 days of birth, 6 to 8 weeks, 9 to 12 months and 2 to 2.5 years.

The HCP also identifies six high impact areas in the early years:

- transition to parenthood
- maternal mental health
- breastfeeding (see Breastfeeding and Healthy Start JSNA chapter).
- healthy weight and healthy nutrition (see Excess Weight and Diet and Nutrition JSNA chapter).
- management of minor illness and reducing accidents (see Avoidable Injuries JSNA chapter).
- health, well-being, and development of the child aged 2

A rapid review carried out in 2015 updates the HCP evidence.

This section explores what works in relation to a number of key areas identified:

- Maternal mental health, parent-infant interaction and attachment
- Supporting child development from birth to 2
- Support for women with multiple risk factors / vulnerabilities
- Protection and promotion of health in pregnancy and infancy

We also highlight the importance of the workforce.

### 5.2) Maternal mental health, parent-infant interaction and attachment

***Maternal mental health***

*Screening*
Universal screening for mental health problems in pregnancy helps identify women at need of future support and can in itself reduce the symptoms of depression and anxiety in expectant mothers[6]. National Institute for Clinical Excellence (NICE) recommends identifying

need using validated screening using tools such as Generalised Anxiety Disorder (GAD), Patient Health Questionnaire (PHQ) and / or Edinburgh Postnatal Depression (EPDS). Mental health should also be considered as part of personalised care plans developed and reviewed by midwives at every contact.

In the postnatal period, universal screening for mental health problems, using validated screening tools, can reduce the prevalence of postnatal depression[6]. NICE again recommends identifying need using screening using tools such as GAD, PHQ and / or EPDS. Public Health England recommends use of the PHQ-2 and GAD-2 at the antenatal and birth new birth review as part of a holistic assessment, and consideration of their use at all subsequent contacts, with follow up by EPDS or similar where concerns are identified[8]. PHE also recommends the assessment of emotional health and wellbeing at the 6-8 week visit, the 1 and 2 year reviews and all contacts with public health nursing services[38].

*Prevention*
There is some evidence to support interventions aimed at preventing postnatal depression, when delivered to mothers at risk[6]:

- stepped-up and flexible midwifery or health visitor care in the weeks after birth responding to identified needs
- telephone support by trained volunteers
- interpersonal therapy

It has also been highlighted that supportive relationships foster good emotional wellbeing and can reduce the risk of developing mental health issues during pregnancy[3]

*Treatment*
A range of interventions are known to improve mental health outcomes in adults. In pregnancy and post-natally evidenced based treatments for depression and anxiety include cognitive behavioural therapy (CBT), which reduces symptoms of depression by helping people reconsider problems perceived as overwhelming from a more positive perspective. The evidence underpinning CBT for reducing symptoms of depression is as good, if not better than the evidence for antidepressant medication.

Non-directive counselling using active listening techniques is also an effective treatment; non-directive counselling techniques are characteristic of the 'listening visits' that may be delivered by health visitors[6]. The HCP recommends these listening visits are delivered at home by skilled professionals.

Mothers with serious mental health issues should access specialist mental health treatment[6].

***Parent-infant interaction and sensitive and attuned parenting***

The health visitor antenatal review should focus on emotional preparation for birth, carer-infant relationship, care of the baby, parenting and attachment, using techniques such as promotional interviewing. Promotional interviews give practitioners a proactive and non-stigmatising way to promote the early development of babies and support the transition to parenthood[39].

Promotional interviews should also be delivered postnatally at 6 to 8 weeks, and after birth parents introduced to the 'social baby'[39]. Clear and consistent messaging about the

importance of sensitive, attuned and face to face parental interactions with children from birth onwards is recommended[18].

The original HCP recommends assessing parent-infant interaction in the first few weeks after birth using validated tools, however there are significant challenges to this in terms of resource, workforce capacity and training and this is not widely delivered in any area of the country[39]. Whilst there is no single solution to enhance the quality of parent-child interaction, interventions should target the following[16]:

- Attachment and parental sensitivity
- Social and emotional skills and behaviour
- Communication and language skills

Video feedback (a technique that involves filming a parent-infant interaction and using the footage to aid and support parents) can improve parenting behaviours by increasing maternal or parental sensitivity and responsiveness[6].

It has been highlighted that new approaches, via health visitors, are required to better support the 20% of families with the lowest incomes, focused on the quality of parent-child interaction[18].

***Attachment***

Sensitive, attuned parenting and quality parent-infant interaction: parenting behaviours that are predictable, sensitive and response to the child's needs, foster good attachment. Where there are identified problems placing the quality of attachment at risk, or where there's a risk of child maltreatment, psychotherapy can improve outcomes for the child. There are various forms of psychotherapy that could be appropriate[6].

### 5.3) Supporting child development

***Transition to parenthood***

The Healthy Child Programme antenatal visit should support parents to form an image of their unborn child, laying the ground for parental bonding. It is also an opportunity to:

- promote parental bonding and parental sensitivity
- assess risk and resilience factors in families
- help parents manage difficult and challenging issues that are affecting their transition to parenthood (such as disability or chronic illness, perinatal depression, toxic stress, previous trauma, family conflict or social isolation)
- recognise the signs of distress in the parents' relationship, and discuss relationship issues comfortably, offering effective support and referring sensitively to specialist services where necessary[37]

Parental understanding, attitudes, and behaviours are key to supporting good health and development in very young children and working effectively in partnership with parents supports them to learn, adapt to the parenting role, and change their behaviours where necessary[40].

Group-based preparation for parenthood courses for couples expecting their first child have been shown to reduce parental stress and increase couple satisfaction at birth[6], particularly where programmes start in pregnancy, and parents can be supported to understand and

communicate their feelings about the emotional transition to parenthood and build positive relationships between parents and their baby from pregnancy onwards.

***Health and development reviews***

Five health and development reviews led by health visitors, should be delivered in line with the Healthy Child Programme, between 28 weeks of pregnancy and the age of 2. At these reviews a holistic assessment should be carried out, in partnership with the family, building on their strengths as well as identifying any difficulties such as the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances.

In order to have maximum impact, the reviews should be delivered in line with the Healthy Child Programme evidence, including the rapid review to update evidence and Public Health England's high impact area guidance. In particular the 1 and 2 to 2.5 year development reviews should include the use of the Ages and Stages Questionnaire (ASQ-3) as part of a holistic assessment.

At two years of age, a key time for the development of speech and language, social, emotional and cognitive development; health visitors should assess children in their family context, building on their strengths as well as identifying any difficulties, including review of:

- parenting capacity
- child development and the home learning environment
- family circumstances
- social/community circumstances
- health and wellbeing, including the immunisation status of the child

At the age of two, recognising the importance of integrated working and holistic assessment, health visitors and early year's settings should deliver their reviews in an integrated way, bringing together the Early Years Foundation Stage progress check and the Healthy Child Programme health review[4].

***Social and emotional development***

Health professionals in antenatal and postnatal services should identify factors that may pose a risk to a child's social and emotional wellbeing, including factors that could affect the parents' capacity to provide a loving and nurturing environment[30]. Indicators to help identify children who are likely to be vulnerable and need additional social and emotional wellbeing support have been defined. There is an evidence-based ASQ focused on social and emotional development (ASQ-SE) which could be considered for use[5].

In addition, it is recommended that a series of intensive home visits by an appropriately trained nurse could be delivered to parents assessed to be in need of additional support. Activities should be based on a set curriculum and cover issues such as maternal sensitivity, home learning and parenting skills[40].

***Home learning environment***

The home learning environment refers not only to the physical characteristics of the home, but also the quality of the implicit and explicit learning support given, including every day

conversations, make-believe play and reading activities[12]. A number of factors linked to the home learning environment are known to impact a child's development:

- The educational activities that parents engage in with their children e.g. reading with children, teaching nursery rhymes, the alphabet and numbers, visits to libraries and other educational trips[17]
- The number of books available, being read to by a parent, parents teaching a range of activities, the number of toys available and attendance at pre-school are all important predictors of two-year-old children's vocabulary[5].
- The use of infant directed speech, an exaggerated form of baby talk used by parents[6], supports early language development.
- The quantity and quality of language young children are exposed to in their homes
- There is some evidence that the quantity and quality of parent-child interactions decreases when the television is on[41]. In addition, the World Health Organisation recommends no sedentary screen time for 1 year olds, and no more than one hour of sedentary screen time for 2 year olds[42].

***Speech, language and communication***

A child's language development starts when the child first begins to distinguish sounds heard within the mother's womb. Language skills are then shaped and nurtured by the child's home learning environment, described above. The following home learning activities have been consistently found to support children's early language development[12]:

- Going to the library
- Painting and drawing
- Playing with/being taught letters
- Playing with/being taught numbers
- Songs/poems/rhymes

Health visitors are best placed to support parents and caregivers by providing information on ways to promote early language acquisition, identifying children with signs of speech and language delay and supporting parents to access appropriate early intervention or specialist support[4]. For children with expressive language delay, speech and language therapy interventions have a positive effect.

Interventions aimed at improving vocabulary through instruction, such as 'dialogic' reading (which involve parents sharing books with their children and using a range of prompts to encourage discussion) are effective. They are particularly effective when delivered by trained professionals, and more so amongst middle and higher income groups than lower.

There is encouraging evidence for targeted support for children from low-income groups and /or those with signs of speech, language and communication needs delivered via:

- Interventions that aim to help parents to read to, and use, enriched language with their children,
- Interventions aimed at supporting teachers to work more effectively[40].

In addition, targeted interventions for those at risk of poor language development, such as low-income groups, could be delivered[4].

### 5.4) Women and families with multiple vulnerabilities or complex social factors

***Needs assessment***

The identification of families with additional needs requires the ability to identify the risks and strengths that are present. Early identification of need takes place over a period of time as a child develops and a parent builds trust in the practitioner. A successful strategy for identifying families with additional needs involves:

- Universal assessment points
- Partnership working
- Training and workforce skill

Universal assessment points are an opportunity to promote wellbeing, as well as to identify risk and additional need, these include:

- maternity booking appointment (12 weeks)
- promotional interview (28 weeks)
- new baby review (14 days postnatal)
- promotional interview (eight weeks postnatal)
- review at three months
- one-year health review
- two-and-a-half-year review

The use of standardised / validated assessment tools can supplement clinician's skill in identifying additional need[40].

***Partnership working***

The multifaceted nature of risks to children in the 1001 days needs a holistic response. Families need access to a complex system of support from primary care, health visiting, midwifery, mental health services, housing services, childcare, education and social services via an integrated, multi-agency approach. Effective communication and co-ordination between services is key, often more so than co-location of services[15]. Service co-ordination or integration is likely to improve families' experiences, enable those needing support to be identified more quickly, and increase the likelihood of families receiving the help they need[18].

***Continuity of carer***

Continuity of relationships between practitioners and families is important, particularly with families experiencing problems[40]. Women who have a midwife or health visitor they know and trust are more likely to report domestic abuse, mental health issues, or a personal history of adverse childhood experiences. In pregnancy, research suggests that women who see the same midwifery team for each visit are less likely to have miscarriages and premature births, and continuity of care has been shown to be associated with reduced mortality[15]. The reliability of needs assessment is also improved with continuity of health visitor alongside a partnership approach which builds the relationship between health visitor and client[37].

NICE recommends that care for pregnant women with complex social factors includes consideration of multi-agency assessment, ensuring women's needs and fears are

discussed in a non-judgemental way, and makes recommendations in relation to record keeping, information sharing and training[43].

***Skilled workforce***

Investing in the capacity and skill of the workforce is vital. The ability of staff to build trusting relationships with the parents and families they work with helps them to identify risks, engage parents about how best to care for their child and themselves and support them to change their behaviour, if necessary[44].

Motivational interviewing can help to produce behaviour change, though it requires skilful implementation to be effective. It is highlighted that core skills for health visitors should include: promotional interviews and partnership working; motivational interviewing and use of video-feedback. Practitioners should be equipped to balance knowledge about risk with professional judgement and recognise that assessment of risk evolves over time because a child develops rapidly at this age, families change, and parents disclose information as trust builds[40].

The early year's workforce includes a wide range of professionals such as social workers, health visitors, midwives, other medical practitioners, and the police, as well as early year's education practitioners. Experts highlight the need for a greater awareness of the importance of early experiences on child development, and the need for staff to have the skills and confidence to raise sensitive issues with parents[44].

In terms of mental health, professionals need the right training and skills to be able to identify, manage and refer to appropriate specialist support for perinatal mental health conditions[7].

***Domestic abuse***

Screening for intimate partner violence (domestic abuse) should be integrated into standard maternity and postnatal care[6]. Interventions to reduce the frequency of intimate partner violence should combine non-judgmental emotional support with advice about safety in relationships, advocacy and increased access to community services. The FNP is known to reduce domestic abuse among first time teenage mothers. Psychosocial support integrated into routine antenatal care can also reduce repeat victimisation, lowering the risk of intimate partner violence where women report violence in pregnancy[6].

NICE recommends that a local protocol is in place between maternity services, the police and third-sector agencies[43].

***Teenage pregnancy***

The teenage pregnancy JSNA highlights a number of interventions that are known to reduce the prevalence of teenage pregnancy and improve outcomes for teenage parents and their children.

The Family Nurse Partnership (FNP) is an evidenced based, intensive nurse-led prevention and early intervention programme for vulnerable first time young parents and their children. Whilst a government commissioned trial of FNP showed no benefit around four primary outcomes of smoking cessation, birthweight, second pregnancies and accident and

emergency attendances, the selection of these outcomes has been widely questioned. Based on five randomised control trials, the Early Intervention Foundation describes FNP as having evidence of a long-term positive impact on child outcomes[15].

### 5.5) Protection and promotion of health in pregnancy and infancy

***Smoking***

Carbon monoxide monitoring involving breath tests by maternity services effectively identifies women smoking in pregnancy[6].

Psychosocial interventions such as counselling, cognitive behavioural therapy and incentive based programmes have all been found to help mothers reduce or quit smoking during pregnancy. Incentive-based programmes have the best evidence of encouraging women to stop smoking in pregnancy, and whilst more expensive than smoking advice or counselling, UK studies suggest that the savings from reductions in low birth weights and other adverse child outcomes offset the upfront costs significantly[6].

Interventions that use techniques to measure household air quality can help heavy smokers reduce the amount of second-hand smoke present in their homes[6].

Smoking in pregnancy is explored further in the Tobacco JSNA chapter.

***Substance and alcohol use***

The Chief Medical Officers for the UK recommend that the safest approach is not to drink alcohol at all in pregnancy to keep risks to baby to a minimum.

The Alcohol Use Disorders Identification Test - known as the AUDIT tool can be used to assess for harmful levels of drinking in pregnancy. Whilst the importance of identifying and supporting women with drug or alcohol issues, and the impact on child development is clear, there is a lack of good evidence about appropriate treatment for harmful levels of drinking in pregnancy[6].

The effectiveness of treatments for substance and alcohol misuse are explored further in Substance Misuse JSNA chapter.

***Healthy weight and nutrition***

A healthy diet and being physically active in pregnancy will benefit both a woman and her unborn child.

Women receiving benefit payments and those under 18 should be supported to access the Healthy Start scheme which provides vouchers to purchase fresh fruit and vegetables and vitamins. Women's vitamin tablets contain:

- Folic acid: reduces the chance baby having spina bifida
- Vitamin C: helps maintain healthy tissue in the body
- Vitamin D: helps the body to absorb calcium

Healthy Start children's vitamin drops can be taken from 4 weeks to 4 years of age, and contain:

- Vitamin A: for growth, vision in dim light and healthy skin
- Vitamin C: helps maintain healthy tissue in the body
- Vitamin D: for strong bones and teeth

Health visitors can provide consistent, evidence based messages on nutrition, managing weight gain and physical activity and can use every opportunity to discuss the importance of a healthy weight and lifestyle with both parents[45].

***Breastfeeding***

The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life. An important precursor for breastfeeding is skin-to-skin contact, which also helps to establish a nurturing bond between mother and baby[19].

Individual breastfeeding advice, provided to mothers over the phone and in person in the weeks before and after childbirth has the best evidence of increasing breastfeeding initiation and duration rates[6].

Health visitors are effective in helping mothers to continue breastfeeding and can support those mothers who are unable or do not wish to continue to breastfeed whilst still promoting bonding and secure attachments between mother and infant.

The UNICEF UK Baby Friendly Initiative is a nationally recognised mark of quality care for babies and mothers. The programme helps to ensure that professionals can provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face[46].

***Low birthweight***
Interventions that improve physical outcomes of low-birthweight babies include[6]:

- Infant massage which improves physical outcomes, reduces parental stress and increases parental sensitivity. It's important to note that these benefits haven't been replicated with healthy, normal-weight infants.
- Cue-based training, aimed at infants having incubator care in hospital, to help parents understand their infant's feeding cues and maintain a quiet and alert state.

**6) What is on the horizon?**

***Maternity service transformation: Better Births***

In 2016 NHS England's Better Births set out a Five Year Forward View for NHS maternity services in England:

*'Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.*

*And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning and break down organisational and professional boundaries.'*

The key outcomes set out in the Better Births report are as follows:

| **Better Births** |
|---|
| **Personalised care**: centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information. |
| **Continuity of care:** to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions. |
| **Safer care:** with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong. |
| **Better postnatal and perinatal mental health:** to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family. |
| **Multi-professional working:** breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies. |
| **Working across boundaries:** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed. |
| **A payment system**: that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice. |

Each area was tasked with establishing a Local Maternity System (LMS) to design and deliver maternity services, to develop a share vision and a local maternity transformation plan setting out how the above will be achieved. In Nottinghamshire there are two Local Maternity Systems: Nottingham and Nottinghamshire LMS (which includes all Nottinghamshire districts with the exception of Bassetlaw) and the South Yorkshire and Bassetlaw LMS (which includes Bassetlaw, where women receive maternity care from Doncaster and Bassetlaw Hospitals NHS Trust).

Of particular relevance to this chapter is the work to strengthen the maternal mental health pathway, reduce the prevalence of smoking in pregnancy and introduce continuity of carer, though a number of actions in the LMS transformation plans will support improved outcomes for mothers and babies.

A range of stakeholders from across Nottinghamshire including specialist mental health services, maternity services, commissioners, primary care, health visiting services, the NHSE Perinatal Strategic Clinical Network and psychological therapy services are working collaboratively to strengthen the pathway care for women with mental health needs in the perinatal period. Their aims include:

- To improve early identification of mental health need, with a particular focus on mild to moderate and emerging mental health needs
- To increase access to specialist perinatal mental health services for women with, or at risk of, moderate to severe mental health difficulties
- To standardise practice across the Nottingham and Nottinghamshire LMS footprint

Links with South Yorkshire and Bassetlaw LMS require strengthening.

***Healthy Families Programme***
An additional review to support school readiness is in development. This will be targeted at children identified at risk of not being school ready and will be delivered by the age of 3 years.

PHE have formed a cross government partnership with the Department for Education to improve speech, language and communication in the early years for disadvantaged children. Nottinghamshire Healthy Family teams will receive training in early speech, language and communication as part of a national health visitor training programme. This will compliment a new PHE speech, language and communication needs pathway for 0-5's which is expected to be published in 2019, and the delivery of a new early language assessment tool, expected in early 2020.

***Family Nurse Partnership***
An accelerated design and rapid programme testing project known as ADAPT is being delivered by eleven FNP sites across the country. These sites are implementing and testing changes to the way the FNP programme is delivered aiming to increase flexibility, further improve outcomes and meet emerging need. Nottinghamshire FNP are a part of this programme testing two core areas: personalisation, which explores amending programme eligibility, flexing the content and frequency of support and exploring early graduation; and intimate partner violence, which introduces new ways of working to best support families affected by domestic abuse.

***Children's centre services***
From June 2020, the delivery of children's centre services will transition to Nottinghamshire County Council from an externally commissioned provider and plans are in place to manage this transition smoothly.

***Integrated health and wellbeing service***
An all age's integrated wellbeing service is currently being commissioned which will combine support for weight management, smoking cessation, alcohol and public health mental health to best support the needs of the local population from April 2020. Interventions will be delivered in an integrated way and there will be a focus on groups with poorer health and wellbeing.

***Evidence base***
The evidence base around the 1001 days and associated interventions is growing rapidly. There is also an opportunity to learn from A Better Start, the 10 year national lottery funded project to improve the life chances of vulnerable children aged 0 to 3 in five areas across England between 2015 and 2025.

## 7) Local Views

A wealth of engagement has taken place with women and their families including feedback from a variety of sources.

### *Nottingham & Nottinghamshire Maternity Voices Partnership*

The Nottingham and Nottinghamshire Local Maternity System Board has established a Maternity Voices Partnership who obtain regular feedback through engagement with women to influence the development of services for pregnancy, labour, birth and the care of the family up to the end of the postnatal period.

A total of ten surveys (online and face to face feedback) have taken place between 2016 and 2019, with 1,253 responses received. The following topics were covered:

- Birth choices
- Direct and early access to maternity services
- Maternal mental health
- Role of the father or partner in maternity care
- Use of apps and e-communication
- Care provided by my community midwife
- Home labour and midwifery led care
- Infant feeding

A summary of feedback received is included in Appendix 1. Feedback from each survey is shared with the Maternity Voices Partnership including Trust representatives to support, help shape, and improve local services for women and their families.

### *Better Births*

Better Births offered an opportunity to review and reconfigure services locally to enable a vision of how maternity services could be developed to ensure all women get safe equitable care across the County and City. A local programme of engagement and coproduction with partners was undertaken.

Feedback was sought from face to face engagement with 160 women and their families, as well as results from an online survey that received 85 responses and engagement with the workforce and other stakeholders. Engagement was sought around the following priority areas:

- Personalised care
- Continuity of care
- Safer care
- Better postnatal and perinatal mental heath
- Multi-professional working

A summary of key themes is included Appendix 2.

***Healthy Families Programme and children's centre services***

Extensive engagement was undertaken as part of the commissioning of public health nursing services in 2015-16, a programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations, and in excess of 350 people from all Nottinghamshire districts provided verbal feedback at this stage. This shaped the service model moving forwards. Key priorities for families in relation to the 1001 days included ease of access to health visiting services in local accessible venues, ideally children's centres and importance of infant feeding support in the early days and weeks after birth.

The Healthy Families Programme and Children's centre services regularly obtain information on parents' experiences through their Service User and Carer Experience (SUCE) survey. An involvement and experience report and action plan is shared internally with Nottinghamshire Healthcare NHS Foundation Trust and managed within the service to review and implement changes or improvements based on feedback received and linked to key themes or trends. Families also have the option to feedback to the Care Opinion website or directly to the Patient Advice and Liaison Service (PALS). In addition, case studies are regularly collated and shared with service leads and commissioners.

***Summary***

From the valuable feedback received and summarised above some clear key themes emerge that are particularly linked to a child's early physical, social and emotional development, these are:

- **More information and support around infant feeding / postnatal care:** women feel this is variable with sometimes conflicting advice given; women feel that more support and information is needed especially post-natally.
- **Having good maternal mental health:** women want to build strong relationships and continuity with midwifes and health professionals to make them feel safe and confident to raise any concerns they might have; it is important for women to have support networks in place.
- **Having a healthy pregnancy:** Women want continuity of care and easy and convenient access to services.

## What does this tell us?

**8) Unmet need and service gaps**

Actions to tackle the needs or service gaps identified in this section are identified under section 3: recommendations.

***Overarching points***

- High numbers of women of are not receiving their antenatal appointment.
- A review at 3 months is not mandated nationally nor included within the 4-5-6 health visiting model, and therefore is not delivered locally, however this Healthy Child Programme review point has been recognised as a good opportunity to promote wellbeing, identify risks and additional needs.

***Maternal mental health, parent-infant interaction and attachment***

- The identification of mild to moderate or emerging mental health needs in pregnancy is inconsistent across Nottinghamshire and there are opportunities to strengthen this in line with NICE guidance. Work to address this is underway.
- Though holistic assessment of maternal mental health needs takes place at the antenatal and new birth visits, this assessment may be strengthened with the routine use of validated screening tools.
- It is estimated that there are women with unmet mental health needs in the perinatal period, particularly amongst women with mild to moderate mental illness i.e. those who do not require support from specialist services. Work to address this is underway.
- There is an emerging evidence base around interventions to prevent post-natal depression, when delivered to mothers at risk.
- There may be opportunities to assess parent-infant interaction in the first few weeks after birth, and to support parental sensitivity and responsiveness via techniques such as video-feedback, however there are likely to be significant challenges to overcome in relation to resource, workforce capacity and training.
- Non-directive counselling using active listening techniques, characteristic of listening visits delivered by some health visiting services, is not delivered locally.

***Healthy pregnancies and the protection and promotion of health in infancy***

- Though the pre-conception period hasn't been explored in this JSNA, the importance of this time should not be underestimated. Pre-conceptual interventions can be challenging to deliver because women and their partners may not be accessing health services regularly, and 45% of pregnancies are either unplanned or associated with feelings of ambivalence[37], however there are opportunities to intervene between pregnancies which should be maximised.
- Smoking rates at the time of delivery are higher than national averages, particularly in Mansfield and Ashfield and are identified as a key priority for the Nottinghamshire LMS.
- Breastfeeding initiation rates measured at birth, and prevalence at 6-8 weeks are poor, particularly in Ashfield, Bassetlaw, Mansfield and Newark and Sherwood.

- A proportion of eligible beneficiaries do not access the Healthy Start scheme, and very few women and families are accessing Healthy Start vitamins.

- A significant proportion of women do not access vaccines in pregnancy for seasonal flu

***Child development***

- A proportion of families are declining 1 and 2 year development reviews, though it is important to note that Nottinghamshire is not an outlier when compared to other areas and national averages.

- Around 15% of children receiving a 2-2.5 year review are not meeting a good level of development (i.e. scoring above the threshold) in all five areas of development assessed by the ASQ.

- The HCP recommends the use of the Social and Emotional ASQ at the 1 and 2 year development reviews.

***Multiple vulnerabilities and complex social needs***

- There are opportunities to strengthen partnership working and pathways of care for women with complex social needs or multiple vulnerabilities, beginning in pregnancy.

- It's been highlighted nationally and locally that joined-up care and support for children, parents and families has been inhibited by barriers to sharing and linking information, including fears from professionals about what information they can share with whom and in what way. This is further complicated by separate data systems, or where data systems are shared, a lack of knowledge about what level of information professionals can or can't view[15].

**9) Knowledge gaps**

- Data relating to women with complex social factors, such as but not limited to domestic abuse or substance or alcohol use, presenting at the maternity booking appointment is not available.

- Early access to antenatal care preferably by 10 weeks of pregnancy is vital as it has a direct positive effect on infant mortality and low birth weight. The proportion of women booking late to maternity services is not known.

- We do not fully understand why some universal parents and carers are not accessing antenatal, 1, or 2-2.5 year reviews.

- There are challenges in capturing the proportion of 2 year reviews that are integrated with early year's settings due to differences in the timings of the reviews.

- There is not currently a mechanism to capture the numbers of pregnant and postnatal women accessing psychological therapy services.

## What should we do next?

### 10) Recommendations for consideration by commissioners

A number of recommendations have emerged to strengthen early identification of need and delivery of appropriate interventions in the 1001 days. These will be owned by the Early Years Integrated Commissioning Group until such time as the Best Start Group, referenced, is established.

It is recommended that the Best Start Group could oversee the implementation of all recommendations, working in close partnership with the Local Maternity and Neonatal System Board.

| **Recommendations** | **Lead organisation (s)** | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| ***System-wide:*** | | | | | |
| 1. Recognising the importance of the first 1001 days in supporting child development, school readiness and the life-long impact on health, wellbeing and prosperity:<br>• Prioritise the earlier identification of need and provision of evidence-based support for families in the 1001 days. Ensure interventions currently delivered reflect best available evidence.<br>• Establish a multi-agency, strategic Best Start Group and accompanying strategy to ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years, | / | | | | |
| 2. Local Maternity Systems, public health leads, Healthy Family teams, children's centres services should work in close partnership to support health and wellbeing in pregnancy, with a specific focus on:<br>• Smoking in pregnancy: to reduce the proportion of women smoking in pregnancy in line with locally agreed trajectories | / | / | / | / | / |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| • Breastfeeding: to increase the proportion of women breastfeeding at 6 to 8 weeks<br>• Continuity of care: to increase opportunities for women to receive continuity of carer across maternity services, and to improve communication and handover of care between maternity services and Healthy Family teams<br>• Information sharing and partnership working, including information technology<br>• Maximising opportunities to improve health and wellbeing between pregnancies<br>• Promoting and supporting early access to maternity care | | | | | |
| 3. Review and strengthen pathways of care and partnership working for women with complex social needs or vulnerabilities. | / | / | / | | |
| 4. There are inequalities in outcomes across districts, most likely linked to levels of household income, which should be considered when planning and targeting services and interventions. | / | | | / | |
| 5. Continue to recognise the skill and expertise of the early year's workforce and further invest in evidence-based training to support a wide range of professionals to recognise the importance of the 1001 days and to work to engage and support families collaboratively, building relationships based on trust. | / | | / | | |
| ***Health promotion:*** | | | | | |
| 6. Ensure women are accessing maternity care early, ideally by 10 weeks, but usually by 12 weeks and 6 days. | | / | / | / | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| 7. Radically improve the uptake of Healthy Start vitamins by pregnant women and infants from the age of 4 weeks. | / | / | / | | |
| 8. Develop pathways of care between maternity services, Healthy Family teams, children's entre services and the new integrated wellbeing service in relation to weight management, smoking cessation and alcohol use in pregnancy and infancy. | / | / | / | / | |
| 9. Continue efforts to improve breastfeeding prevalence, focused on areas of the county with the lowest rates. | / | / | / | | |
| 10. Increase the awareness and uptake of vaccinations in pregnancy and early childhood. | / | / | | | / |
| ***Maternal, mental health, attachment and parent-infant interaction:*** | | | | | |
| 11. Improve uptake of the antenatal review by better understanding the barriers to this. | / | | / | | |
| 12. Ensure the actions identified to strengthen the pathway of care for women with perinatal mental health needs are implemented, including the implementation of a new assessment tool in maternity services, improved referral pathways to psychological therapy services and a rolling training programme. | | / | / | / | |
| 13. Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to-face interactions from birth onwards | / | | | | |
| 14. Identify opportunities to assess parent-infant interaction in the first few weeks and consider how interventions to support this could be delivered. Please note: this recommendation may have significant resource implications, for further exploration. | / | | / | | |
| 15. Support clinicians working in neo-natal units to identify maternal mental health needs. | | / | | | |

| Recommendations | Lead organisation (s) | | | | |
|---|---|---|---|---|---|
| | Local Authority | Local Maternity and Neonatal System | Provider organisations | Clinical Commissioning Groups | Other partners |
| ***Child development:*** | | | | | |
| 16. Support parents to develop good home learning environments from birth, targeted at at-risk groups such as families with low incomes / those living in areas of multiple deprivation. Consider developing clear and consistent universal messages about the importance of home learning, from birth. | / | | / | | / |
| 17. Replicate the robust pathways from the 2 year review to sources of appropriate support e.g. children's centre programmes, for the antenatal, new birth, 6 to 8 week and 1 year reviews, and identify any gaps in appropriate support. | / | | / | | |
| 18. Review, and wherever possible, implement the recommendations from PHE's pathway for children aged 0-5 with speech, language and communication needs, once published. | / | | | | |

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**Appendix One: Nottingham & Nottinghamshire Maternity Voices Partnership**
Feedback summary of responses from surveys taken place between 2016 and 2019.

| Topic: | **Birth Choices** (122 responses) |
|---|---|
| • *94% of women were given a choice of where to give birth to their baby*<br>• *76% of women received relevant information and could make an informed decision about where to give birth*<br>• *75% of women could access their choice of birth setting, 25% could not mainly due to other complications*<br>• *96% of women were happy with the place they gave birth*<br>• *13% of women would have liked more support to help them to decided where to give birth e.g. more information about what the hospital offers/options prior to making the decision* | |
| Topic: | **Direct & Early Access to Maternity Services** (120 responses) |
| • *Most women surveyed were not aware that they could access midwifery services directly – more communication required via various methods*<br>• *Some women not being seen before 13 weeks but most women aware that its best to get maternity care early (before 13 weeks)*<br>• *Continuity of care – women being seen by more than 1 midwife* | |
| Topic: | **Maternal Mental Health** (109 responses) |
| • *More information to be available about emotional health and wellbeing / mental health in pregnancy as 32% of the women surveyed hadn't received anything*<br>• *34% of women did have concerns about emotional health /wellbeing /mental health in and after pregnancy with 38% of those not feeling they could tell their midwife or other health professional*<br>• *Building of good relationships e.g. seeing different midwives* | |
| Topic: | **Role of the Father/Partner in Maternity Care** (83 responses) |
| • *96% of birth partners felt included in their partners pregnancy*<br>• *More information on topics included – complicated deliveries, development of baby, help with breastfeeding*<br>• *89% found antenatal classes useful*<br>• *Information on smoke free homes /smoking cessation – 41% not provided information and 22% said not aware of it*<br>• *Additional information requested that would be helpful: an app for fathers, understanding the father's role in pregnancy, booklet for dads, more information when moving on to the ward, step by step guides, father specific antenatal classes, information on what's normal?*<br>• *Majority of responses would like to receive information through leaflet format followed by Apps and groups*<br>• *53% did know how to access mental health support if required with 44% saying no*<br>• *Overall comments on service received were very good* | |
| Topic: | **Use of Apps and e-communication** (90 responses) |
| • *Majority of women are happy with the information they received. Around 50% of women surveyed would like to get information from the internet or through Apps*<br>• *More information specific to hospital and after birth e.g. caring for your baby, bathing, breastfeeding, etc*<br>• *Apps detailing specific issues e.g. Polycystic ovary syndrome PCOD* | |
| Topic: | **Care provided by my Community Midwife** (X22 NUH X22 SFHFT responses) |

- *Women were happy with the antenatal care venue*
- *Women said if they couldn't see their named midwife they would prefer to see 1-2 midwives*
- *Women said they did have the opportunity to discuss their birth plan*
- *Majority of women felt that a midwife that cared for them during labour needs to understands their needs and have experience and knowledge was what was felt important for women*

| Topic: | **Home Labour and Midwifery lead care** (93 responses) |
|---|---|

- *The majority of women (70%) were given a choice of where to give birth to their baby*
- *Some women felt they had to push for a home birth due to staff capacity*
- *More information would have been better for some women to be able to make the decision and also around (low /high risk) pregnancies*
- *Very positive experiences from women who had home birth*

| Topic: | **Infant Feeding** (128 responses) |
|---|---|

- *More information generally around feeding (including bottle feeding) as this can sometimes be confusing*
- *Breastfeeding was only supported early on; the support was said to be variable with sometimes conflicting advice given*
- *Some women said they were not aware of Breastfeeding Friendly Places in local areas*
- *Some women would like more information around feeding in antenatal classes*
- *Many respondents brought up issues regarding recognition of tongue tie*

| Topic: | **Personalised Care** (68 responses) |
|---|---|

- *Respondent said that in general the midwives were excellent but that the consultants and doctors were more patronising*
- *Respondents felt that they mainly had to research for their own information online and asking for it from midwives. Midwives were said to be helpful but often they had to be actually asked for information*
- *Women's choices were written down in a variety of places namely; maternity/pregnancy notes, midwifes diary, their red books or birth plans*
- *Despite conversations around birth plans and alternatives there was a mixture of those who wrote choices in their notes and those who didn't. Many felt that things never went according to plan so there was no point. Those who anticipated complications or wanted specific things were most likely to have written in their notes*
- *Comments on the service they received centre on care with a range of excellent and poor care. There were also a number of respondents who received mixed care, often good antenatal care but not so good postnatal care. Another way care varied was by staff member for both midwives and consultants. Some received good feeding support and others no or unsympathetic support. Some respondents felt that they didn't have enough information to make important decisions. Whilst some felt staff didn't always pay attention to their notes and asked them unnecessary difficult questions. Several commented that they felt the services were overstretched and were affected as a result*

| Topic: | **Continuity of Carer** (396 responses) - for a detailed infographic of results, please see appendix 2. |
|---|---|

- *62% of women said they had not previously met the midwives who cared for them following the birth of their baby*
- *94.5% of women felt it was important to be able to develop a relationship with their Midwife*
- *60% of women said they would like to see 1-2 midwives throughout their whole journey*

## Appendix Two - Better Births

Summary of feedback and themes from face to face engagement with 160 women and their families and results from an online survey receiving 85 responses.

| Priority question: | **Personalised Care**<br>Face to face |
|---|---|
| • *Most women were happy with the care they had from their Midwives and maternity staff and satisfied with the birth choices, however women not aware of Home Birth as a choice and more discussion needed regarding Birthing Units*<br>• *Improved access to direct and easy access to maternity services – including more flexibility around antenatal appointments, and access to services at weekends.*<br>• *Some women felt communication was poor and different health professionals gave different information and advice – confusing*<br>• *More birthing pools required*<br>• *More time and discussion with the midwife to discuss personalised care plans was needed*<br>• *Coffee/support sessions for fathers or birth partners to enable group parenting support and information/leaflets on facilities available.*<br>• *Community Hubs were welcomed as need for services closer to home – routine scans, blood tests, assessment units and consultant care* | |
| Priority question: | **Personalised Care**<br>Online survey |
| • *93% of women wanted to discuss birth choice information with their Midwife and 50% would use the internet*<br>• *84% women has an opportunity to share their thoughts feelings and priorities with their Midwife or Obstetrician*<br>• *73% of women felt that partners/fathers needed debrief following a difficult birth and information around what was normal in pregnancy, birth and breastfeeding* | |
| Priority question: | **Continuity of Care**<br>Face to face |
| • *Women preferred one Midwife particularly with a first baby and if they had complex needs*<br>• *Continuity needs improving in the Antenatal and Postnatal period. Some women are still seeing up to 7 midwives*<br>• *Women wanted to feel confidence and trust in their Midwife and that building relationships with a small number of Midwives achieved this*<br>• *Women didn't feel that their midwife in labour needed to be someone they knew but a good communicator and having confidence in safe quality were most important* | |
| Priority question: | **Continuity of Care**<br>online survey |
| • *84% of women had a named community Midwife*<br>• *78% of women said they would want to see a maximum of 1-2 midwives throughout their pregnancy, 15% of women would be happy to see 2-3 midwives and 4% didn't matter*<br>• *96% of women did have a first home visit in the postnatal period, 64% had subsequent visits and of these 56% of women saw their named midwife* | |
| Priority question: | **Safer Care**<br>Face to face |
| • *Slow response from emergency calls to ambulance services highlighted* | |

| | |
|---|---|
| • *More maternity staff required*<br>• *Maternity Care Support Workers were highly valued, and they wished they could do more* | |
| Priority question: | **Safer Care**<br>Online survey |
| • *72% of women had a midwife when they needed her in their labour and birth*<br>• *71% of women felt they had a midwife in the antenatal period when they needed one*<br>• *61% of women felt if concerns were raised in pregnancy, intrapartum or postnatal period they were taken seriously* | |
| Priority question: | **Better Postnatal and Perinatal Mental Health**<br>Face to face |
| • *Postnatal ward experience was poor with many criticisms especially regarding discharge arrangements and pharmacy TTO's (time to take out)*<br>• *Postnatal appointments were cancelled at times which was frustrating for women*<br>• *More postnatal support is needed and more opportunity for mothers to meet other mothers*<br>• *Consider postnatal drop in support in community hub setting* | |
| Priority question: | **Better Postnatal and Perinatal Mental Health**<br>Online survey |
| • *94% of women felt having a good relationship with your named midwife would make you feel safe and confident to raise concerns*<br>• *64% of women were satisfied with the support provided in the postnatal period*<br>• *53% of women felt that they had a midwife when they needed her in hospital following the birth* | |
| Priority question: | **Multi-Professional working**<br>Face to face |
| • *Improved communications between maternity acute services and community midwifery services*<br>• *Improved communication between GPs, Health Visitors and Midwives*<br>• *Integrated services in community is important*<br>• *One integrated IT system which is linked to health care and social care* | |
| Priority question: | **Multi-Professional working**<br>Online survey |
| • *64% of women felt their care was co-ordinated between maternity services and community services*<br>• *49% of women felt their care was co-ordinated between community midwifery care and the care provided in the hospital* | |

Nottinghamshire County Council

**Report to Health and Wellbeing Board**

**4 September 2019**

**Agenda Item: 8**

# REPORT OF THE SERVICE DIRECTOR, CUSTOMERS GOVERNANCE AND EMPLOYEES

# WORK PROGRAMME

## Purpose of the Report

1. To consider the Board's work programme for 2019/20.

## Information

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.

**Marjorie Toward**
**Service Director – Customers, Governance and Employees**

**For any enquiries about this report please contact: Martin Gately, x 72826**

**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 2019

| Report title | Brief description of item | Lead officer | Report author(s) |
|---|---|---|---|
| **3 October 2019 *WORKSHOP*** | | | |
| Local plans to deliver the NHS long term plan | Development of the local ICS plans to deliver the NHS long term plan including mental health | | Alex Ball/Helen Stevens |
| **6 November 2019 *MEETING*** | | | |
| Approval of JSNA chapters<br>• Early years & school readiness<br>• Health & homelessness<br>• CYP mental health | | Jonathan Gribbin | Irene Kakoullis<br>Nick Romillly<br>Andrew Turvey/Rachel Clark |
| Health protection – anti microbial resistance | Setting out current issues around AMR & identification of support & actions for HWB members. | Jonathan Gribbin | Geoff Hamilton |
| *Plans to deliver the NHS long term plan in Nottinghamshire* | *Feedback from October workshop (if required)* | *Councillor Steve Vickers* | *Alex Ball/Helen Stevens* |
| Looked after Children | Identifying potential partnership actions to support this groups of children & young people | Councillor Sue Shaw | Katherine Brown/Ann Berry |
| JSNA progress & development in Nottinghamshire | Update on progress in delivering & developing the JSNA. | Jonathan Gribbin | Amanda Fletcher/Lucy Hawkin |
| Chair's report | | Councillor Steve Vickers | Nicola Lane |
| **4 December 2019 *WORKSHOP*** | | | |
| Health & Sustainable places Ambition – jobs, skills & employment | To identify opportunities to improve both health and prosperity through work. | Councillor Steve Vickers | Dawn Jenkin/Sonja Smith/Catherine O'Byrne |
| **8 January 2020 *MEETING*** | | | |
| Health protection update – screening | Update on local screening programme & opportunities for the HWB to support & promote to improve uptake. | Jonathan Gribbin | Geoff Hamilton |
| Approval of JSNA chapters<br>• Oral health<br>• Tobacco | | | Louise Lester/Kay Massingham<br>Cath Pritchard/Lindsay Price |

| | | | |
|---|---|---|---|
| Jobs Skills & employment | To agree actions to improve employment & health from December workshop | Councillor Steve Vickers | Dawn Jenkin/Catherine O'Byrne |
| Health & Sustainable places Ambition – ASD | Agreement of partnership actions arising from the recent refresh of the JSNA Chapter for autism | Councillor Steve Vickers | Anna Oliver/Gill Vasilevskis |
| Good Start ambition – breastfeeding | Review of progress in implementing breast feeding friendly places & actions to increase availability in future. | Colin Pettigrew | Kerrie Adams/Tina Bhundia |
| Healthier decision-making ambition – update | Update on progress in implementing health in all policies approach | Jonathan Gribbin | Nicola Lane |
| Approval of Supplementary Statement for Pharmaceutical Needs Assessment 2018-22 | Supplementary statement to confirm amendments to the PNA for Q2 of 2019/20.<br>For approval for publication by HWB. | Jonathan Gribbin | Lucy Hawkin |
| **5 February 2020 *WORKSHOP*** | | | |
| Good start ambition – School readiness | Joint workshop with Children & Families Alliance | Colin Pettigrew | Irene Kakoullis/Kerrie Adams |
| **4 March 2020 *MEETING*** | | | |
| Nottinghamshire tobacco declaration | Update on implementation of the Nottinghamshire Tobacco Declaration across all HWB partner organisations | Councillor Steve Vickers | Cath Pritchard/Lindsay Price |
| iBCF Plan 2019/20 | Update on progress & approval for the use of the BCF Care Act allocation & the Improved Better Care Fund | Melanie Brooks | Sue Batty |
| | | | |