

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**DEVELOPMENT OF LOCAL STRATEGIES FOR THE NOTTINGHAM AND
NOTTINGHAMSHIRE AND BASSETLAW AND SOUTH YORKSHIRE
INTEGRATED CARE SYSTEMS****Purpose of the Report**

1. To ensure members of the Health and Wellbeing Board are aware of the themes in the NHS's Long Term Plan that are relevant to the work of the Board.
2. To agree receipt of a further report to the Board in September to enable members of the Health and Wellbeing Board to contribute to the development of the local strategies for both Nottingham and Nottinghamshire and Bassetlaw and South Yorkshire.

Information

3. As noted at the meeting of the Health and Wellbeing Board on 9th January 2019 and 6th March 2019, on 7th January 2019, the Government and NHS leaders published the Long Term Plan for the NHS.
4. The Long Term Plan (LTP) sets out the strategy for the NHS for the next ten years and was requested by the Government in response to the announcement of additional funding for the NHS in June 2018.
5. The LTP was drawn up by people who know health and care the best: frontline staff, patients groups, and national experts. A link to the full Long Term Plan is included below.
6. Following the publication of the LTP, each local area, led by its Integrated Care System (ICS) has been asked to draw up a local strategy, reflecting the local priorities and focus areas, in order to implement the national plans.
7. Based on the detailed information within the LTP itself, the historical system working and other initial work to develop local strategies to refresh the original Sustainability and Transformation Plan, both ICSs have started to develop their local system strategies and are keen to ensure that the Health and Wellbeing Board are able to contribute to this development.
8. During the development of these two local strategies, careful regard will be given to the Joint Strategic Needs Assessment and also the Joint Health and Wellbeing Strategy.

9. Selected key commitments from the Long Term Plan that are particularly relevant to the work of the Health and Wellbeing Board include:
- a. Urgent and Emergency Care
 - 9.a.i. Enable NHS 111 to book directly into GP practices, as well as refer on to community pharmacies who can support urgent care and promote patient self-care and self-management.
 - 9.a.ii. Ensure carers understand the out-of-hours options that are available to them and have appropriate back-up support in place when they need it.
 - 9.a.iii. Be part of a national network of community first responders and defibrillators, supported by educating the general public about how to respond to out-of-hospital cardiac arrest.
 - 9.a.iv. Deliver urgent response, recovery support and reablement (step up and step down care) within two days of referral by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals, district nurses, mental health nurses, therapists and reablement teams.
 - b. Proactive Care
 - 9.b.i. Expand neighbourhood teams to comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists joined by social care and voluntary sector.
 - 9.b.ii. Upgrade NHS support to all care home residents who would benefit by rolling out the Enhanced Health to Care Homes model. This will ensure stronger links between primary care networks and their local care homes supported by a consistent team of healthcare professionals including named general practice support.
 - 9.b.iii. Increase support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems.
 - 9.b.iv. Through social prescribing widen, diversify and increase the range of support available. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.
 - c. Mental Health
 - 9.c.i. We will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
 - 9.c.ii. Mental health support for children and young people will be embedded in schools and colleges.
 - 9.c.iii. Together with local authority children's social care and education services as well as expert charities, we will jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.
 - 9.c.iv. Models such as crisis houses and acute day care services, host families and clinical decision units can also prevent admission. The NHS will work hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers and families.
 - d. Prevention
 - 9.d.i. Provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs

- 9.d.ii. Expand the Diabetes Prevention Programme to tackle health inequalities, with a significantly higher take up from Black, Asian and Minority Ethnic (BAME) groups than the general population
 - 9.d.iii. Improve the effectiveness of approaches such as the NHS Health Check, and working with voluntary sector partners, community pharmacists and GP practices will also provide opportunities for the public to check on their health through tests for high blood pressure and other high risk conditions
 - 9.d.iv. Adapt the smoking cessation model for expectant mothers, and their partners, and a new smoke-free pregnancy pathway including focused sessions and treatment
 - 9.d.v. Support people in contact with NHS services to quit smoking based on a proven model
 - 9.d.vi. Provide a new universal smoking cessation offer as part of specialist mental health services for long term users of specialist mental health, and in learning disability services
 - 9.d.vii. Through actions taken in relation to healthy weight and smoking prevention, establish a framework to support primary care networks and Local Authority services including education, to improve identification of children, young people and adults at risk of cancer
10. Throughout the period between now and the expected completion of the local system strategies in the Autumn, colleagues from the two Integrated Care Systems will be keen to receive suggestions and information from members of the Health and Wellbeing Board in order to support the development of the two strategies.
11. Members of the Board are invited to propose how best to capture and share these suggestions.
12. It would also be useful for the draft strategies to be shared at the September meeting of the Board in order to receive further comments at that stage.

Other Options Considered

13. In order to ensure that members of the Health and Wellbeing Board are fully engaged with the development of the local system plans, it was considered essential to bring this report to the Board – no other options were considered.

Reason for Recommendation/s

14. To ensure that the Health and Wellbeing Board is fully apprised of the development of the local system strategies and have had the opportunity to contribute to their development.

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 no financial implications arising from this report.

Implications in relation to the NHS Constitution

17. In line with the expectations in the NHS Constitution at Principle 5 to work across organisational boundaries and in partnership with other organisations, this report creates an opportunity to collaboratively shape the emerging strategy for health and care in Nottinghamshire. This report and associated actions also ensure that the NHS is accountable to the populations it serves, in line with Principle 7 of the Constitution.

RECOMMENDATIONS

1. That the Health and Wellbeing Board considers further areas of the work of the Board that might be relevant to the emerging local strategies for Nottingham and Nottinghamshire and Bassetlaw and South Yorkshire and agrees how these would be shared with the ICS teams.
2. That the Health and Wellbeing Board receives a further report at the September 2019 meeting that summarises the local strategies at that point for further comment.

Councillor Steve Vickers

Chair of the Nottinghamshire Health and Wellbeing Board

For any enquiries relating to this report please contact:

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Constitutional Comments (SLB 24/05/2019)

18. Nottinghamshire Health and Wellbeing Board is the appropriate body to consider the content of this report. If the Board resolves that any actions are required it must be satisfied that such actions are within the Boards's terms of reference.

Financial Comments (DG 23/05/19)

19. 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.

- The NHS Long Term Plan: <https://www.longtermplan.nhs.uk/>
- June 2018 Funding announcement for the NHS:
<https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan>
- Report to the Nottingham and Nottinghamshire Integrated Care System re Engagement on the Long Term Plan, Item 7:
<http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf>
- Report to the Nottingham and Nottinghamshire Integrated Care System re the emerging strategy for the local area, Item 9:
<http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf>
- Report to the Joint Committee of CCGs re the South Yorkshire and Bassetlaw engagement approach to the Long Term Plan :
https://www.healthandcaretogethersyb.co.uk/application/files/1115/5066/8512/JCCCG_Public_Meeting_agenda_and_papers_-_27_February_2019.pdf

Electoral Division(s) and Member(s) Affected

- All