Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 02 March 2016 at 14:00

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

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 Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

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

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

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 3 February 2016 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

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

DISTRICT COUNCILLORS

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

OFFICERS

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

CLINICAL COMMISSIONING GROUPS

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

LOCAL HEALTHWATCH

	Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

	Vacancy	-	North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A	Chris Cutland	-	Deputy Police and Crime Commissioner

ALSO IN ATTENDANCE

Jez Alcock	-	Healthwatch Nottinghamshire
Councillor Jim Anderson	-	Bassetlaw District Council
Andy Evans	-	Connected Nottinghamshire
Karon Glynn	-	Newark and Sherwood CCG
Dr Vanessa McGregor	-	Public Health England

OFFICERS IN ATTENDANCE

Jenny Charles-Jones	-	Public Health
Paul Davies	-	Democratic Services
Steve Edwards	-	Children, Families and Cultural Services
Jonathan Gribbin	-	Public Health
Nicola Lane	-	Public Health
Susan March	-	Public Health
Cathy Quinn	-	Public Health

MINUTES

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

APOLOGIES FOR ABSENCE

Apologies for absence were received from Chris Cutland, Dr Steve Kell, Councillor Debbie Mason, Councillor Tony Roberts, Councillor Susan Shaw and Dr Judy Underwood.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

AGENDA ORDER

With the Board's agreement, the Chair changed the order of the agenda to take account of speakers' availability.

CHILD SEXUAL EXPLOITATION

Steve Edwards gave a presentation on child sexual exploitation, describing the pattern in Nottinghamshire, with the particular threat posed by on-line exploitation. He outlined actions by agencies to prevent and identify child sexual exploitation, and to support the victims of abuse.

During discussion, Board members recognized the destructive effect of child sexual exploitation. They questioned whether the relationship between schools and parents was sufficiently effective, and whether it was simple enough for people to raise concerns. Steve Edwards assured the Board that many steps were in place, with almost all secondary schools having agreed to show the Pintsize theatre production, and support from the Schools Forum for funding further work from the Schools' Reserve. Members offered their help to engage schools in the processes. Board members stressed the value of repeating training and suggested targeting publicity at areas or cohorts where take-up was low. It was commented that in some circumstances, face-to-face training had advantages over on-line training materials. Steve Edwards referred to the Nottinghamshire Safeguarding Children Board's programme of training events, and stated that it would be possible to identify areas of low take-up. Reference was made to the cyber-bullying guide which Rushcliffe Borough Council had commissioned young people to prepare.

RESOLVED: 2016/009

1) That the overview of partnership working currently in place with regard to child sexual exploitation be noted.

2) That assurances be sought from partner agencies that staff have access to child sexual exploitation training.

3) That the Board through its networks promotes engagement with the newly introduced "Concerns Networks".

4) That the Board reviews progress in the commissioning of support for "recovering" victims of child sexual exploitation during childhood and into adulthood.

HEALTHWATCH NOTTINGHAMSHIRE UPDATE

Jez Alcock introduced the report on current activity by Healthwatch Nottinghamshire. He outlined a diversity of projects, and explained how Healthwatch, with its small number of staff, was linking with partners to reach a greater number of service users. Joe Pidgeon planned to report to the next Board meeting on Heathwatch's financial position.

During discussion, Healthwatch was praised for work which had led to real improvement for patients, for example renal patients using the patient transport service. It was pointed out that GP surgeries carried out their own surveys which could substantially add to the evidence which Healthwatch was gathering about people's experience of booking GP appointments.

It was suggested that Healthwatch might help the Board's integration remit by examining patients' experience of the interface between health and social care. Joe Pidgeon offered a related example where Healthwatch had looked into people's transition from mental health services to voluntary organisations working with homeless people.

RESOLVED: 2016/010

That the progress made by Healthwatch Nottinghamshire be noted.

CONNECTED NOTTINGHAMSHIRE

Andy Evans gave a presentation on Connected Nottinghamshire, which was a project to improve information sharing across health and social care to improve people's experience and support transformation programmes. He indicated that some 150 projects came under Connected Nottinghamshire, whose progress was reported through a Programme Board to the Health and Wellbeing Implementation Group and the Board. Bassetlaw was not currently a participant. He emphasised the value of using someone's NHS number as the unique identifier across agencies, and referred to national requirements for digital working by 2018 (for transfers of care) and 2020 (for everything else).

Board members recognised that good progress was being made on a difficult task. Andy Evans explained how information sharing worked in particular settings. Asked about publicising the NHS number, he indicated that people would find it on correspondence from Health. In reply to a question, he pointed out that primary care had made greater progress with digital records than hospitals, and that some hospital departments were more advanced than others. He planned to report to the Board in April on the Digital Roadmap.

RESOLVED: 2016/011

That the presentation on Connected Nottinghamshire be received.

NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CONCORDAT

Karon Glynn gave a presentation to update the Board on progress being made under the Concordat. The full action plan was available on-line.

In reply to a question, she explained that services were more developed in South Nottinghamshire because funds released by closing in-patient beds had been used for developing community services, with further funds attracted by the Vanguard bid. Board members hoped to see similar progress in Mid and North Nottinghamshire. Karon Glynn explained that more preventative work was being undertaken, and assured the Board that an assessment would be promptly taken if a service user was not already known to crisis services. She explained that crisis services existed for both children and adults, and work was under way to improve the transition.

RESOLVED: 2016/012

1) That the content of the report and the progress made to date be noted.

2) That the options outlined in the report to address the risks identified be endorsed.

HEALTH PROTECTION UPDATE

Jonathan Gribbin and Vanessa McGregor introduced the report on local health protection arrangements. Overall health protection outcomes for Nottinghamshire were satisfactory or good, but work was required to understand the extent of any unmet need at a more local level in relation to, for example, the uptake of national screening or immunisation programmes.

Five areas for further work were identified for 2016, including analysis of local variation in immunisation uptake. Attention was drawn to the implications for health protection of changes to structure and funding for Public Health England.

RESOLVED: 2016/013

That the arrangements for health protection overseen by the Director of Public Health which are delivering satisfactory or good outcomes for people in Nottinghamshire County be noted.

VERBAL UPDATE ON NOTTINGHAMSHIRE COUNTY COUNCIL'S BUDGET

At a pre-meeting for Board members, it had been explained that rather than the Board submitting comments on the County Council's budget, organisation and individuals were encouraged to submit their own. In addition, the Chair would convey the comments from the pre-meeting during the debate on the budget on 24 February 2016.

RESOLVED: 2016/014

That the update be noted.

CHAIR'S REPORT

RESOLVED: 2016/015

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2016/016

That the work programme be noted.

The meeting closed at 4.10 pm.

CHAIR

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2nd March 2016

Agenda Item: 4

REPORT OF THE INDEPENDENT CHAIR FOR THE NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the work and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2014/15.

Information and Advice

2. The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard adults at risk. Together, we are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support. We are committed to improving the outcomes for people when abuse or neglect has occurred. We are committed to the government's principles for safeguarding.

3. Much of the work of the Board in 2014/15 focused on ensuring that the Board is "fit for purpose" to undertake the requirements of the Care Act 2014 which placed adult safeguarding on a statutory footing as of 1st April 2015.

4. NSAB updated its multi-agency policy and procedures to ensure that they are Care Act compliant, including a checklist for partners to update their own internal policy. This was further enhanced by learning opportunities for staff from across the County, keeping them up to date with changing policy and legislation.

5. NSAB were pleased to work closely with the learning disability board and to involve services users in both the design and co-delivery of training opportunities.

6. The Nottinghamshire Safeguarding Adults Partnership Board is a broad group of organisations, service users and carers that have an interest in adult safeguarding. The Partnership Board meets twice yearly and provides for a two way flow of information between NSAB and those organisations and individuals who are able to contribute to the safeguarding agenda.

7. Our two events for the year 2014/15 focused on the revised multi agency procedures and the Care Act.

The Care Act 2014

8. The Care Act 2014 places adult safeguarding on a statutory footing and Local Authorities were required to have safeguarding arrangements in place by 1st April 2015. This includes a Safeguarding Adults Board which has a membership consisting of the Local Authority, Police, Clinical Commissioning Groups and "any other persons who the Safeguarding Adults Board considers appropriate". The Safeguarding Adult Board has a "strategic role which is greater than the sum of the operational duties of the core partners" and its objective is "to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each member does". The Board has 3 core duties which it must carry out. It must publish a strategic plan, publish an annual report and conduct any Safeguarding Adult Reviews.

9. Throughout 2014/15, NSAB reviewed it membership and governance arrangements to ensure that it was able to meet its core duties. This resulted in the publication of a three year strategic plan with annual priorities, in July 2015, the publication of the annual report presented here and a review of the board's case review process, in line with its duty under the Care Act.

Making Safeguarding Personal

10. The Care Act also emphasises the need for safeguarding adults work to be undertaken in a person centred way – speaking to the person at risk of abuse and working with them towards outcomes that are important to the individual. To support this change, a members briefing has been organised for the 18th May to help members understand what this means for both the citizens of Nottinghamshire and the County Council.

Annual Report 2014/15 – Key Facts and Figures

11. As in previous years, NSAB has produced an annual report which is clear, concise, free from jargon and accessible to members of the general public. The annual report (appendix one), which is also available on our website at www.safeguardingadultsnotts.org contains statistical and qualitative data on the performance of the Board and adult safeguarding. Some of the headline data is set out below.

Referrals

12. In 2014/15, the upward trend in safeguarding referrals made to Nottinghamshire County Council continued with a total of 5,183 referrals being received. This is an increase of 432 referrals (9%) on 2013/14.

Referrals which led to further enquiries

13. The statistical returns provided to central government concentrate on those referrals which were assessed as requiring a safeguarding response and which led to safeguarding enquiries. In Nottinghamshire, 2,257 of the 5,183 referrals received in 2014/155 went on to safeguarding enquiries. The number of referrals meeting the threshold for an enquiry more than doubled in 2014/15 in comparison to 2013/14, with the percentage of referrals leading to an enquiry being higher than any of the previous 4

years. However a significant factor driving this increase has been that during 2014/15 in preparation for the introduction of the Care Act, there was a change in recording along with the full implementation of the multi-agency thresholds and pathways guidance for adult safeguarding.

Other Options Considered

14. This report is for information only and there are no other options considered.

Reason for Recommendation

15. This report is to update the Health and Wellbeing Board on the work carried out by NSAB.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the Health and Wellbeing Board note the contents of this report and the work of the Nottinghamshire Safeguarding Adults Board.

Allan Breeton
Independent Chair, Nottinghamshire Safeguarding Adults Board

For any enquiries about this report please contact:

Stuart Sale, Safeguarding Adults Board Manager
Stuart.sale@nottscc.gov.uk
0115 977 4594

Constitutional Comments (SG 11/02/2016)

17. Because this report is for noting only, no Constitutional Comments are required

Financial Comments (KAS 04/02/2016)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

APPENDIX ONE

PAGE

This document was produced by:

The Safeguarding Adults Strategic Team
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West Bridgford
Nottinghamshire
NG2 7QP

Telephone - 0115 977 3911

Fax - 0115 977 3045

Website - www.safeguardingadultsnotts.org

1. WELCOME AND INTRODUCTION

Welcome to this Nottinghamshire Safeguarding Adults Board (NSAB) Annual Report for 2014/2015.

The past year has seen some difficult challenges for all partners in terms of human and financial pressures however I have witnessed a real sense of "pulling together" to ensure that the safeguarding of adults at risk has been maintained as a priority.

During the year we have been preparing for the introduction of the Care Act in April 2015. We have revised our policies and procedures to ensure that they are compliant with the new legislation. We have also used training and other learning opportunities to embed a culture of making safeguarding personal where the desired outcomes of service users are at the centre of decision making and satisfied wherever practical.

The Care Act also gives the Board statutory status and provides guidance as to how we carry out our work. I am also personally delighted that the role of Safeguarding Adults Boards has been strengthened and I am really looking forward to leading the Board in its continued aim "to safeguard vulnerable adults from harm and abuse by working effectively together".

This coming year sets us further challenges with the widening scope of safeguarding to include domestic violence, modern day slavery, self-neglect and the 'Prevent' agenda within the Care Act.

I am confident, even in the light of significant challenges, that partners will confront them in a positive and professional way to ensure that adults at risk in Nottinghamshire are kept free from harm.

Allan Breeton

Independent Chair – Nottinghamshire Safeguarding Adults Board

Nottinghamshire Safeguarding Adults Board (NSAB)

The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Together, we are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support. We are committed to improving the outcomes for people when abuse or neglect has occurred. We are committed to the government's principles for safeguarding.

Safeguarding adults is a phrase which means all work which enables an adult who is or may be in need of community care services to retain independence, well-being and choice and to access their human right to live a life that is free from abuse and neglect.

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

We are committed to achieving good outcomes for people, and encourage work which focuses on improving their safety and well-being and the realisation of the outcomes they want.

Our vision for Nottinghamshire with regard to safeguarding adults is of a county where all adults can live a life free from any form of abuse or neglect. The aim of the Board is "**to safeguard adults from harm and abuse by effectively working together**". Full details of the terms of reference can be found at www.safeguardingadultsnotts.org.

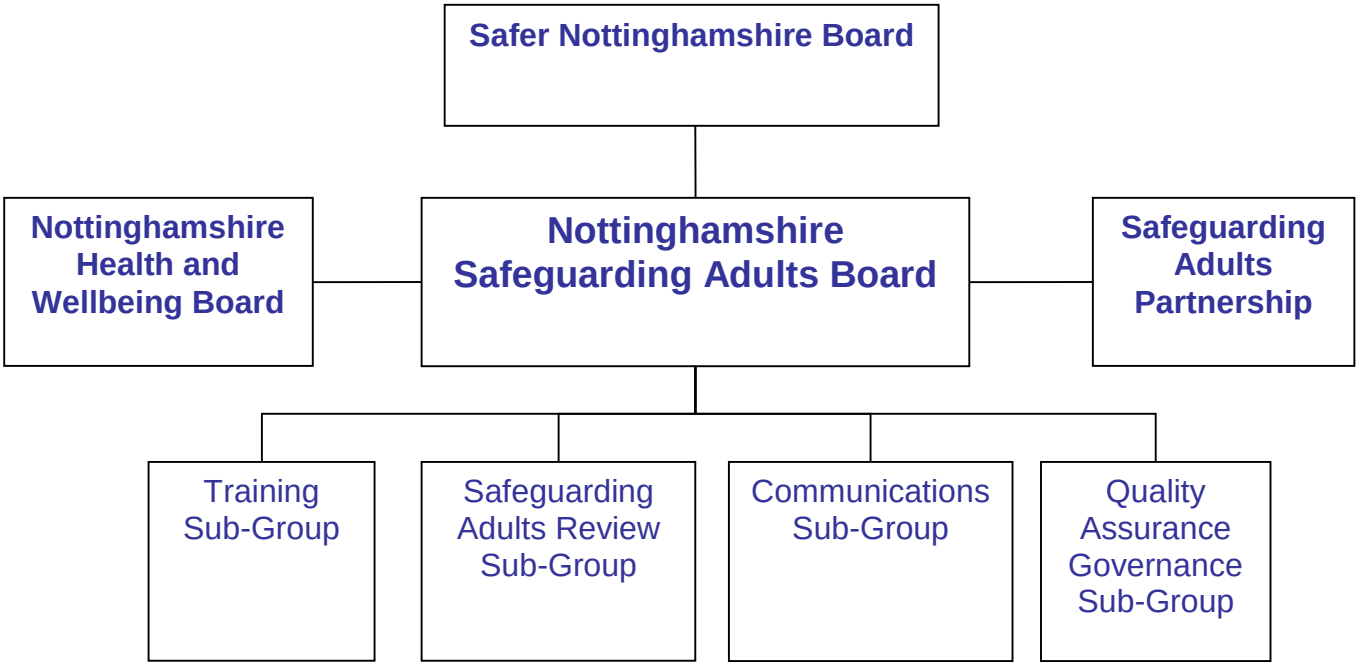
NSAB has four standing sub-groups: Communications, Training, Quality Assurance and the Safeguarding Adults Review Sub-Group (SAR) which was changed from the Serious Case Review Sub-Group (SCR) to reflect the changes in the Care Act. As the NSAB is keen to embed these changes, SCRs are referred to as SARs in the rest of the report. It is through these sub-groups that the work of the Board is delivered. Each of these groups has specific aims and objectives which contribute to the overall NSAB strategy and business plan.

In addition to the Board, there is a countywide Safeguarding Adult Partnership is coordinated by Nottinghamshire Fire and Rescue Service. The Partnership has over forty organisations, service users and carers who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. Partnership events are held every 6 months and during the reporting period focused on the Multi-Agency Safeguarding Hub and the implications of the Care Act.

NSAB is represented at the East Midlands Adult Safeguarding Board which seeks, through partnership working with all agencies involved in the protection of adults at risk, to inform quality improvements and efficiencies for local services through combining the resources and knowledge in the region

The structure on the following page shows how NSAB connects to other groups.

2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)



3. MEMBERSHIP

The membership of the Nottinghamshire Safeguarding Adults Board during 2014/15 is shown below.

- **Independent Chair**
- **Chief Operating Officer**, NHS Newark and Sherwood CCG (Vice Chair)
- **Corporate Director**, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- **Superintendent**, **Head of Public Protection**, Nottinghamshire Police
- **Pathway Lead Clinician for Older People and Named Doctor for Adult Safeguarding**, Nottingham University Hospitals NHS Trust
- **Assistant Director of Nursing: Patient Experience**, NHS England
- **Service Director**, Joint Commissioning Quality and Business Change, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- **Associate Director for Safeguarding and Social Care**, Nottinghamshire Healthcare, NHS Trust
- **Group Manager**, Access and Safeguarding, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- **Engagements and Partnerships Manager**, Nottinghamshire Fire and Rescue Service
- **Director of Nursing**, **Midwifery and Quality,** Doncaster and Bassetlaw Hospitals NHS Trust
- **Head of Assurance/Deputy Nurse**, NHS Bassetlaw CCG
- **Chief Executive Officer,** Broxtowe Borough Council
- **Head of Nottinghamshire,** National Probation Service
- **Medical Director,** Sherwood Forest Hospital Trust
- **Locality Quality Manager**, East Midlands Ambulance Service
- **Voluntary Sector Support Manager**, Nottinghamshire Association of Voluntary Organisations (NAVO)
- **Training Co-ordinator**, Safeguarding Adults Strategic Team, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- **Senior Communications Business Partner**, Nottinghamshire County Council
- **Board Manager,** Safeguarding Adults Strategic Team, Nottinghamshire County Council
- **Chief Executive Officer**, Ann Craft Trust *(associate member)*
- **Local Service Manager**, POhWER, Advocacy Service *(associate member)*
- **Crown Advocate**, Nottinghamshire Crown Prosecution Service *(associate member)*
- **Advanced Legal Practitioner**, Nottinghamshire County Council *(associate member)*
- **Compliance Manager**, Care Quality Commission *(associate member)*
- **Chief Executive**, Healthwatch *(associate member)*

Communications

Julie Cuthbert Senior Communications Business Partner for Nottinghamshire County Council chaired the Communications Sub-Group.

"The Communications Sub-Group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so they understand how to recognise adult abuse, how to report concerns and what processes are involved.

We also have a duty to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it."

Quality Assurance

Claire Bearder, Group Manager, Access and Safeguarding, chaired the NSAB Quality Assurance (QA) Sub-Group.

"The purpose of the QA Sub-Group is to provide NSAB with the assurance that safeguarding arrangement processes and practices are effective, person centred and that risks are identified and escalated when they cannot be mitigated.

There are three main strands to the work of the Sub-Group:

1. Risk Management
We ensure that any identified safeguarding themes, trends and lessons learned are explained and, where possible, risks are mitigated or escalated.

2. Organisational Assurance
We oversee a quality assurance process to ensure Board member organisations each have effective safeguarding arrangements in place.

3. Policy, Procedures and Practice
We ensure that there are effective multi-agency policies and procedures in place, which are followed by practitioners and person centred."

Safeguarding Adults Review

Amanda Sullivan, Chief Operating Officer for NHS Newark and Sherwood CCG, chaired the Safeguarding Adults Review Sub-Group.

"The Safeguarding Adults Review Sub-Group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly investigated. Our aim is find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

We have representation from health, social care and the police. When we are alerted that a case may require a full multi-agency investigation, we find out the key facts of the case. If we think that a full investigation is required across all of the agencies involved, we recommend that a safeguarding adults' review is undertaken. Ultimately, the NSAB Chair makes this decision.

Sometimes, when abuse or neglect has resulted in serious harm, we don't carry out a full multi-agency review, but we ask individual organisations to carry out an investigation and report back to us. Part of our role is to make sure that review recommendations are actually implemented across the partnership."

Training

Tina Lowe, Multi-Agency Training Coordinator with the Safeguarding Adults Strategic Team, chaired the Training Sub-Group.

"The Training Sub-Group is made up of managers who hold key learning and development roles within their agencies.

The Sub-Group exists to ensure that single and multi-agency training is provided across the County at an acceptable standard and that this is accessible to Statutory, Independent and Voluntary organisations.

Education and training are essential to ensure all staff and volunteers are fully equipped to fulfil their role in safeguarding.

The Sub-Group ensures that all safeguarding adults' training that is delivered in Nottinghamshire is giving out the right messages, is delivered in a consistent way and is of the right quality.

The Sub-Group seeks to share best practice and incorporate the learning from Safeguarding Adults Reviews into its training programme."

5. WHAT HAVE WE DONE … HOW HAS IT MADE A DIFFERENCE?

What have we done…	…and how has it made a difference?
Building on earlier 'Train the Trainer' work, partners developed training plans which facilitated/provided over 27,000 safeguarding adults training/learning opportunities. E-learning was used as a key way to deliver training on the Care Act and training courses reflected its 'Making Safeguarding Personal' focused approach. These also tailored appropriate training/learning to meet three different levels of staff and also included safeguarding awareness for all new members of staff as part of their induction training.	✓ Helped to embed a person centred approach in accordance with the provisions of the Care Act. ✓ Raised awareness of adult safeguarding and the need to ask service users what their preferred outcomes were and focusing on trying to achieve these wherever possible. ✓ Staff in all partner organisations received training that is appropriate to their jobs in relation to protecting adults.
Multi-Agency Safeguarding Adults at Risk Guidance for referrals was updated to comply with the requirements of the Care Act. This provided checklists to ensure that all partners' policies were compliant	✓ Professionals have clear information as to what to do if they have a concern that an adult is at risk of abuse and partners' organisational policies are compliant with the requirements of the Care Act.
Consulted with service users, carers and their representatives on a variety of topics such as training and the review of safeguarding procedures.	✓ The views of those who have used safeguarding services have been embedded into learning and services have become more responsive, increasing user confidence in the processes and improving their quality and effectiveness. ✓ Service users, carers and their representatives have shaped and influenced the work of NSAB.
Carried out a safeguarding adults' awareness survey to benchmark the public's knowledge of adult safeguarding.	✓ Responses we received led to changes to the communication strategy to reflect views about formats and locations for information.
Monitored the progress of the adult part of the Multi-Agency Safeguarding Hub (MASH) which brought together a number of agencies who share information and act as a single point of contact for Adult Safeguarding and Children's Social Care referrals.	✓ Adults at risk of abuse receive a consistent response from professionals who are fully informed with information from a number of agencies.

Monitored the completion of recommendations following our Safeguarding Adults Review which looked at the death of a woman with mental health issues and received presentations from service heads as to how their service had improved as a result.	✓ Learning has been shared to try to prevent something similar happening again.
Carried out an audit of Board member organisations' safeguarding arrangements in preparation for the introduction of the Care Act.	✓ We were provided with information which assured us that organisations have the necessary internal arrangements in place to safeguard adults at risk.
Continued to participate in a national 'Making Safeguarding Personal' pilot project.	✓ We are developing ways to be sure that safeguarding meets the needs of individuals.
Held 6-monthly "Partnership Events" which focused on important topics such as the Multi-agency Safeguarding Hub (MASH) and the forthcoming Care Act.	✓ The safeguarding message is delivered to a wide range of organisations which are able to help to keep vulnerable adults safe.
Worked closely with the Learning Disabilities Partnership Board and involved service users in designing and delivering training.	✓ Staff will take account of the views of service users when working to safeguard adults at risk.
Identified and analysed a significant increase in referrals in Newark and Sherwood which led to an investigation of an independent health provider which resulted in the implementation of an action plan to resolve the issues.	✓ Improvements were implemented to independent health provision in Newark and Sherwood to ensure that this was fit for purpose and safe for patients.

What does making safeguarding personal really mean? Case Study – John

John is 59 and lives with his mother who also provides his daily care. He has a physical disability and also suffers from arthritis and diabetes, so receives regular telephone calls from a long term conditions nurse.

As part of a telephone assessment, John told the nurse he was worried about his home and his mother. Both were afraid to leave the house as they have been subject to continued verbal and physical abuse from neighbours which included insults and throwing objects at the house, resulting in a broken window. As well as being worried about his mum, John was very worried about his mobility car as it is his only way of getting about.

He also disclosed to the nurse that he had been in hospital the previous night after telling police he was going to take an overdose as a result of the constant abuse - the police officer decided the risk was very real and so took John to hospital where he was admitted.

The MASH was told and decided that this concern met the threshold for a safeguarding assessment so passed it to the team in the district to undertake the relevant work. The social work team worked closely with partner agencies from across the Police, housing and health. However, throughout all the multi-agency work, the outcomes that were important to John and his mum were at the centre of the work.

John and his mum had originally wished to stay where they were and to work through their problems with the neighbours and this is the approach that was initially taken. However, as the case continued, the outcomes that were important to John and his mum changed and they were subsequently supported to move into new accommodation. This has resulted in John and his mum leading better lives without fear for their safety.

John said: “Our lives are 100% better now we are away from our old house – it is like living in a new world and me and Mum are much happier. It got so bad I thought about taking an overdose and the stress of the abuse made my medical problems even worse. Now I can go out and not worry about my mum and I’m sharing my experiences with social workers at the County Council so they can respond to similar cases in the future.”

This case shows how important it is to take a person centred approach to safeguarding, with agencies working towards outcomes that are important to John. It also shows that by involving John throughout and talking to him, the social worker and the other agencies involved knew when John’s outcomes changed and were able to change the approach they took to managing the risks.

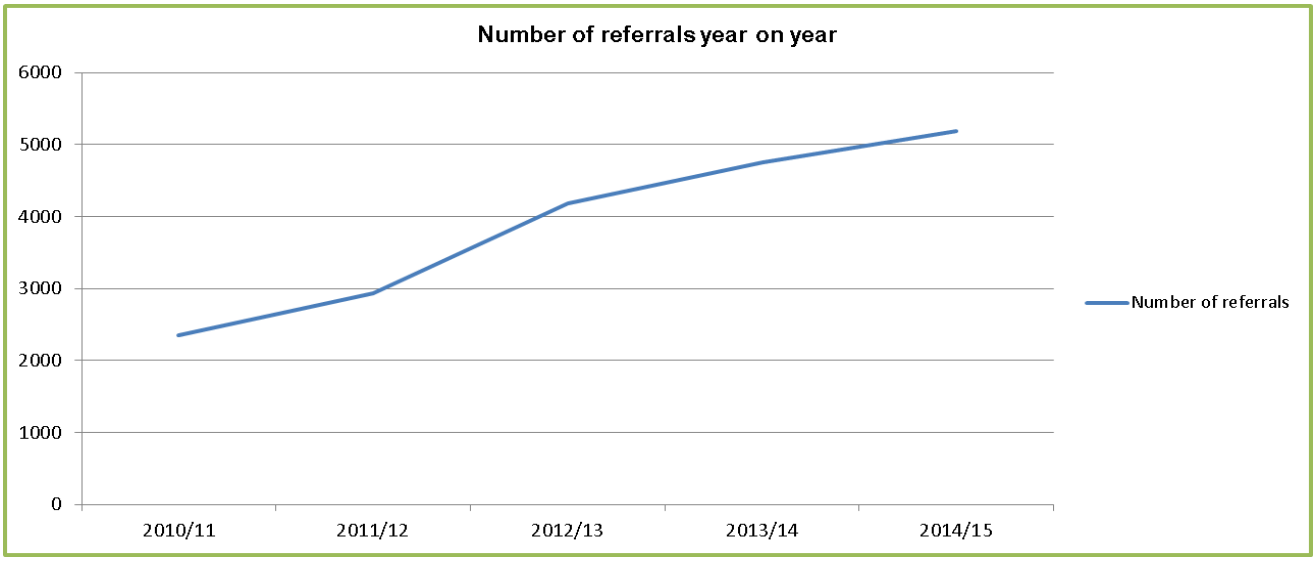
6. FACTS AND FIGURES

Introduction

This section looks at data relating to safeguarding referrals and those that met the threshold for assessments as well as the outcomes of these assessments. The Care Act refers to assessments as 'enquiries' and, as the NSAB is keen to embed the Care Act culture, this is the term used in the rest of the report. The section also reports on data regarding 'Deprivation of Liberty Safeguards' applications and authorisations.

1. Referrals

Graph 1.1



Graph 1.1 above shows the trend for the number of safeguarding referrals year on year.

The upward trend in Nottinghamshire safeguarding referrals continued in 2014/15 with a total of 5,183 referrals being received. The increase of 432 referrals is 9% higher than 2013/14 but the percentage rate of growth was lower than in the previous three years. This may reflect a reduction in the number of referrals that did not meet the threshold for an enquiry which is one of the Board's objectives. This is monitored and referrer organisations with high numbers of referrals that do not lead to an enquiry are supported to enable them to take appropriate action.

Table 1.2

Age	18-64	65-74	75-84	85+	**Sex**	Female	Male	**Ethnicity**	Asian	Black	Mixed	No Data	Other	White
Number of referrals	2330	586	958	1309		3012	2133		46	66	37	23	160	4851
%	45.0%	11.3%	18.5%	25.3%		58.1%	41.2%		0.9%	1.3%	0.7%	0.4%	3.1%	93.6%

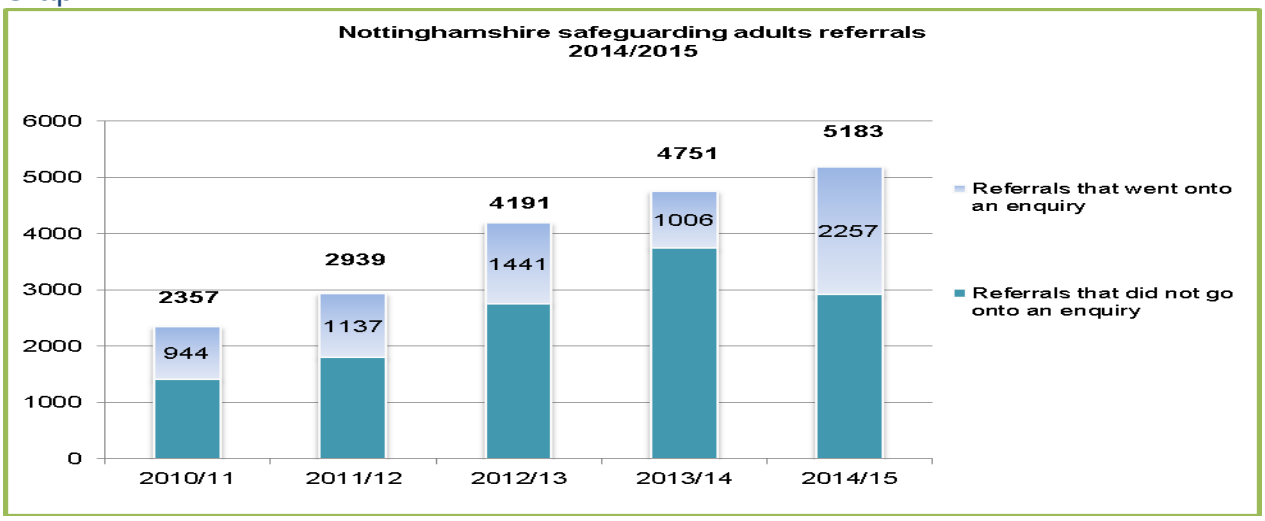
The referrals, when broken down by gender, age and ethnicity, were similar to previous years with women being significantly more likely to be the subject of a referral. The over 85's represented the biggest number (6614) of referrals per 100,000 of the Nottinghamshire population for the age group.

6. FACTS AND FIGURES

2. Referrals Which Led to an Enquiry

The statistical returns provided to central government concentrate on those referrals which meet the threshold for a safeguarding enquiry.

Graph 2.1



The number of referrals meeting the threshold for an enquiry more than doubled in 2014/15 in comparison to 2013/14, with the percentage of referrals leading to an enquiry being higher than any of the previous 4 years.

However a significant factor driving this increase has been that during 2014/15 in preparation for the introduction of the Care Act, there was a change in recording. This meant that referrals which used to be allocated to districts would not necessarily have been recorded as having a full safeguarding enquiry.

The percentage of referrals leading to an enquiry (43.5%) is at its highest level in the last 5 years which is positive and could reflect improvements in training undertaken across partnership organisations. However the percentage of adults who have been subject to 2 or more enquiries in a 12 month period stands at 19%.This will be investigated to see what can be done to reduce the number of people that are subjected to repeated enquiries.

Table 2.2

	Total	18-64	65-74	75-84	85+	Female	Male	Asian	Black	Mixed	No Data	Other	White
Number of enquiries	2257	1019	226	415	597	1310	936	15	39	18	5	65	2115
% of referrals that led to an enquiry	43.5%	43.7%	38.6%	43.3%	45.6%	43.5%	43.9%	32.6%	59.1%	48.6%	21.7%	40.6%	43.6%

The majority of enquiries (55%) were for individuals aged 65 and over. When analysing the number of enquiries per 100,000 of the population after the age of 65 there is a consistent increase of enquiries for each of the age bands. Referrals for those aged 85+ are more likely to lead to an enquiry whilst those for 65-74 year olds are the least likely.

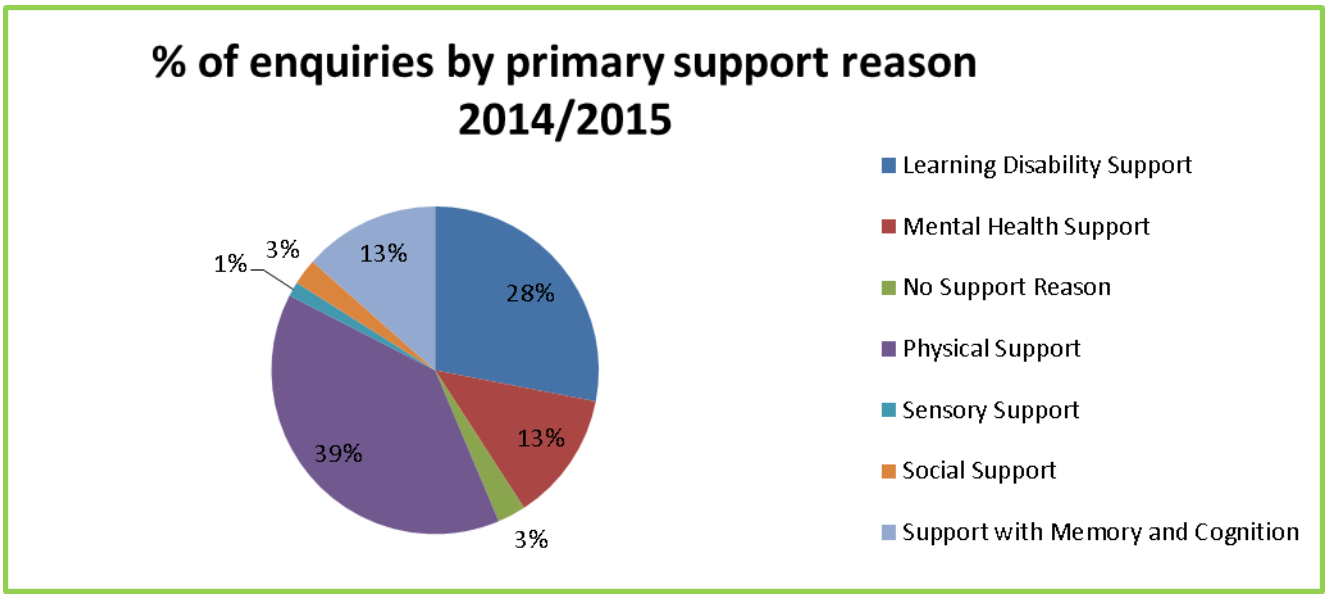
Analysis of the numbers of referrals and the percentage that lead to enquiries enables the Board's Quality Assurance Sub-group to undertake in-depth analyses where there are significant statistical anomalies.

3 Enquiries by Service User Group and Age Band

6. FACTS AND FIGURES

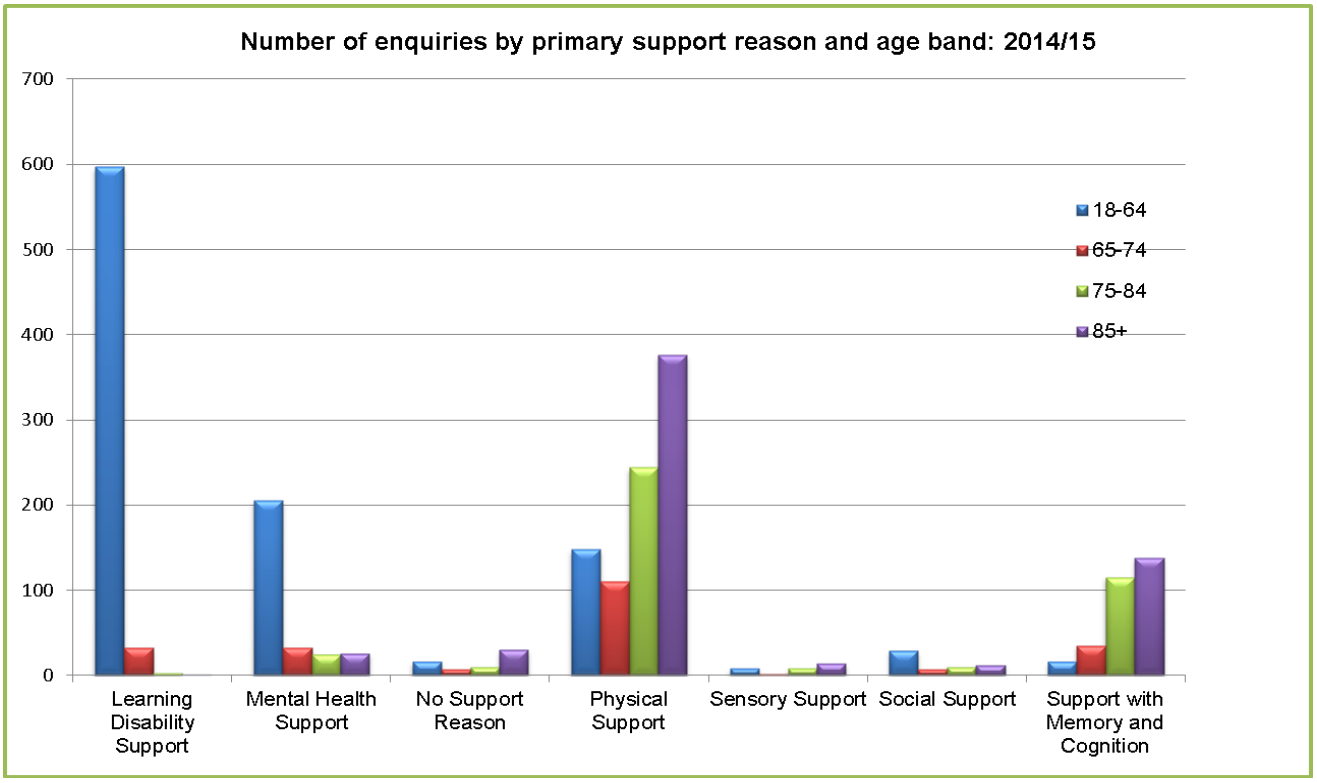
The most common primary support reason (PSR) associated with referrals that led to an enquiry in 2014/15 was physical support (39%) followed by learning disability support (28%)

Graph 3.1



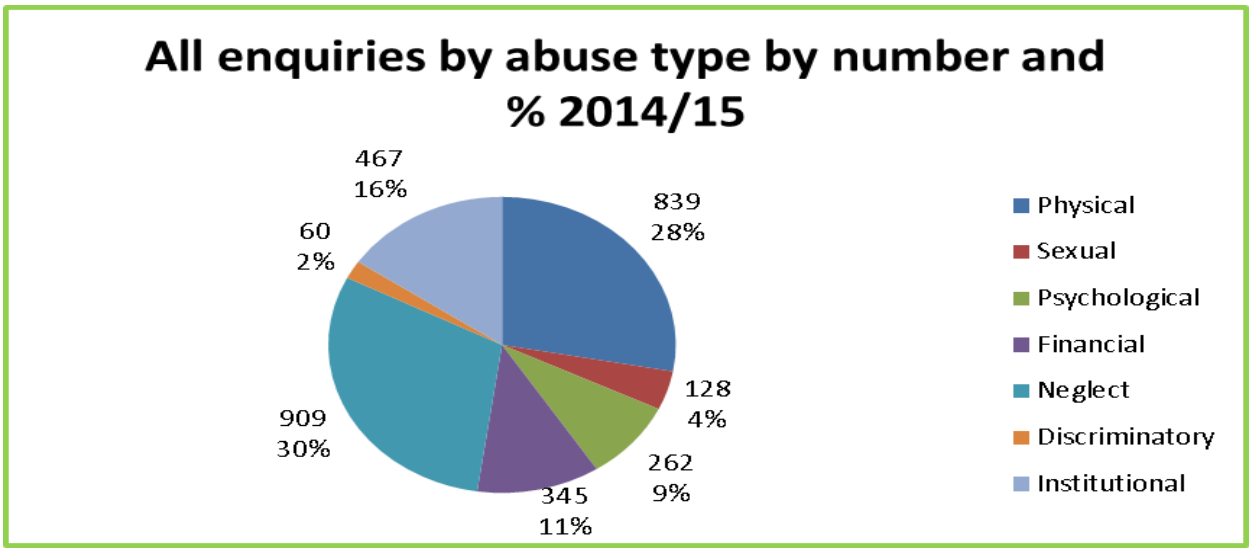
As can be seen in Graph 3.2, there were significant differences in the numbers of enquiries for those aged 18-64 where the biggest PSRs are learning disability support (58.6%); mental health support (20.1%) and physical support (14.5%). For those aged over 65 the biggest PSRs are physical support (59%) and support for memory and cognition (23.3%).

Graph 3.2



4. Enquiries by Type of Abuse and Service User Group

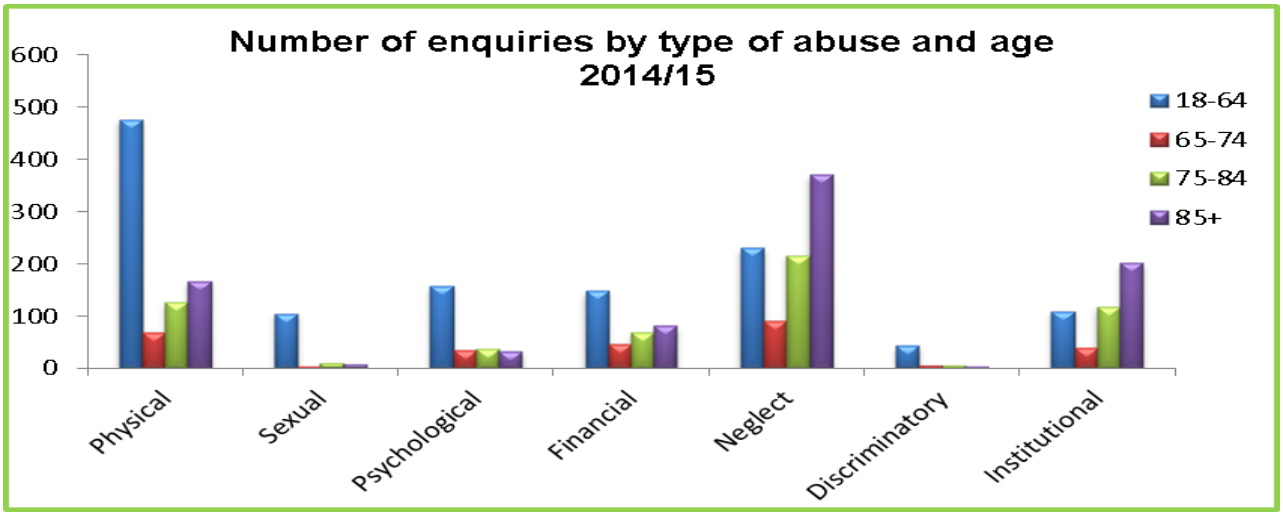
Graph 4.1



The figures include those adults who were subject to more than one type of abuse therefore the overall figure for enquiries of 3010 is higher than the 2257 shown in Graph 2.1.

The type of abuse which leads to the largest numbers of enquiries continues to be neglect (909). This is followed by physical abuse (839) and institutional abuse (467).

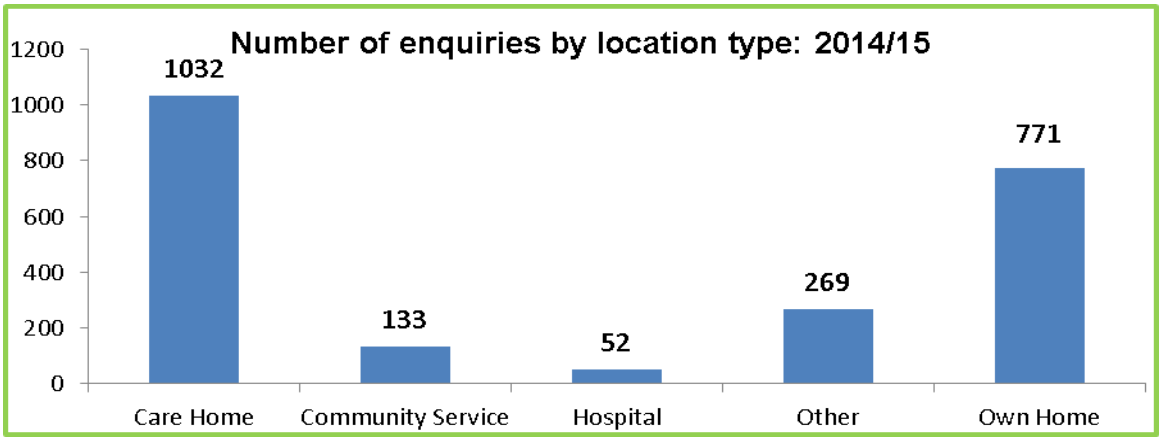
Graph 4.2



Graph 4.2 shows the number of enquiries by type of abuse by each age group. The bulk of enquiries regarding physical, sexual, psychological and discriminatory abuse relate to adults aged 18 -64 whilst the bulk of the neglect and institutional abuse enquiries related to adults over 75. This is likely to be a reflection of the higher numbers of adults within this age band living in care homes.

5. Enquiries by Location of Abuse

Graph 5.1

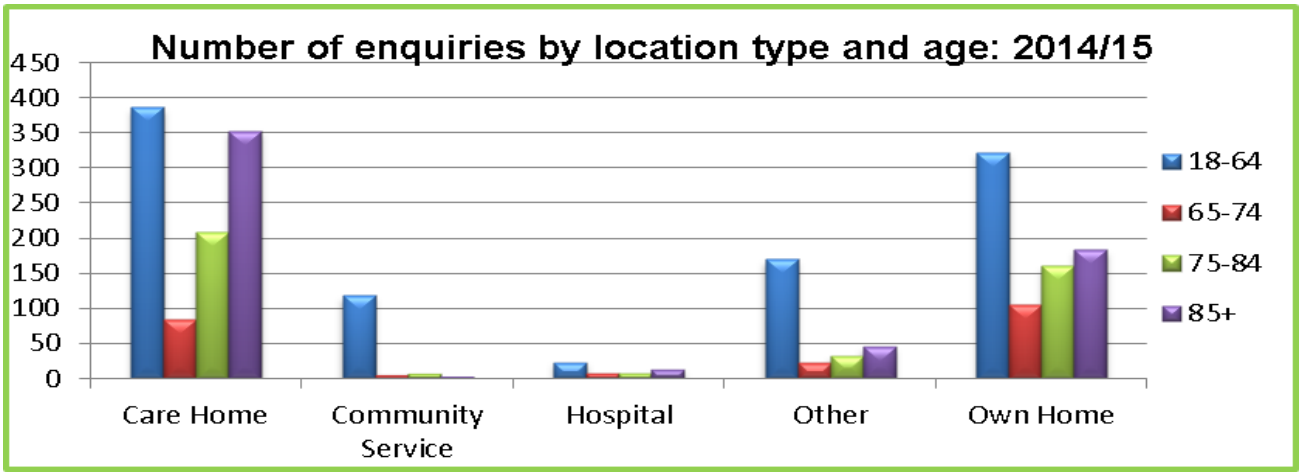


This graph shows that the biggest number of completed safeguarding enquiries related to adults located in care homes -1032 (45.7%). This was followed by own home -771 (34.2%).

More than half of the enquiries regarding those adults in the 85+ and 75-84 age groups are associated with care homes. Almost one half of the enquiries for 65-74 year olds refer to alleged abuse taking place at their homes and this age group was also the subject of the biggest percentage enquiries associated with hospitals.

Adults aged 18-64 and those receiving mental health and learning disability support were the top three groups by percentage enquiries in both the other and community service locations.

Graph 5.2

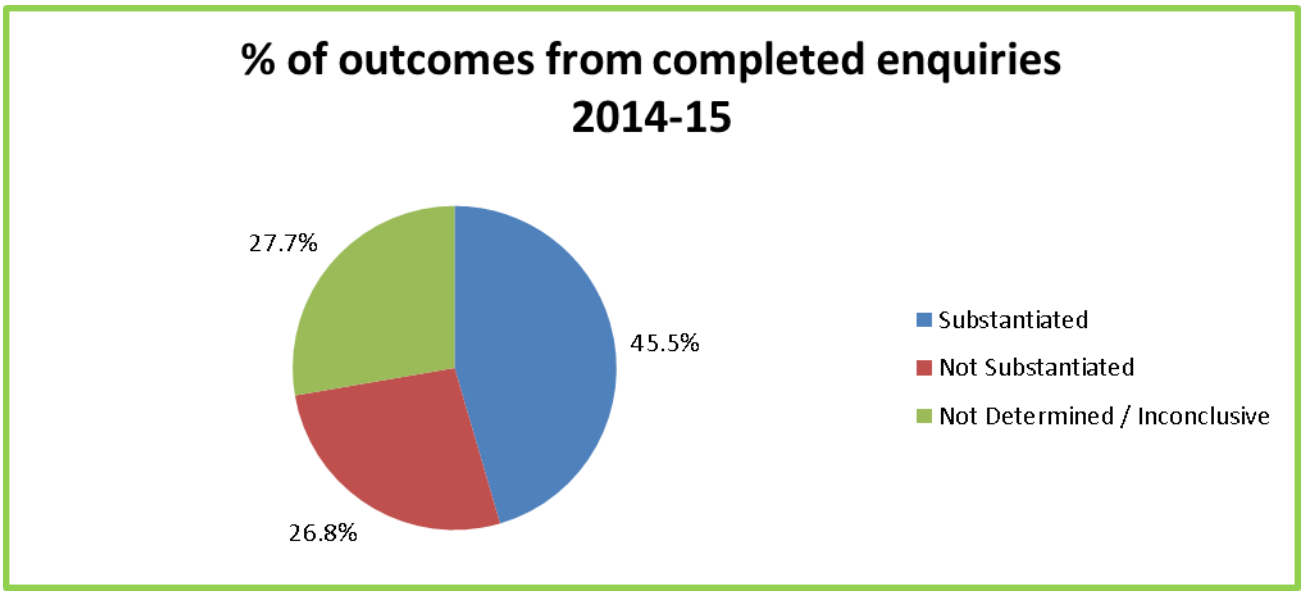


In Graph 5.2 perhaps surprisingly, within the 'care home' location, 18-64 was the age group with the highest number of safeguarding enquiries. This is because the bulk of these enquiries (75.4%) were in respect of adults in this age group receiving learning disability support.

Adults aged 18-64 age band had the highest number of enquiries resulting from alleged abuse taking place within their own homes. This is likely to be a reflection of the higher numbers of vulnerable adults within this age band living independently.

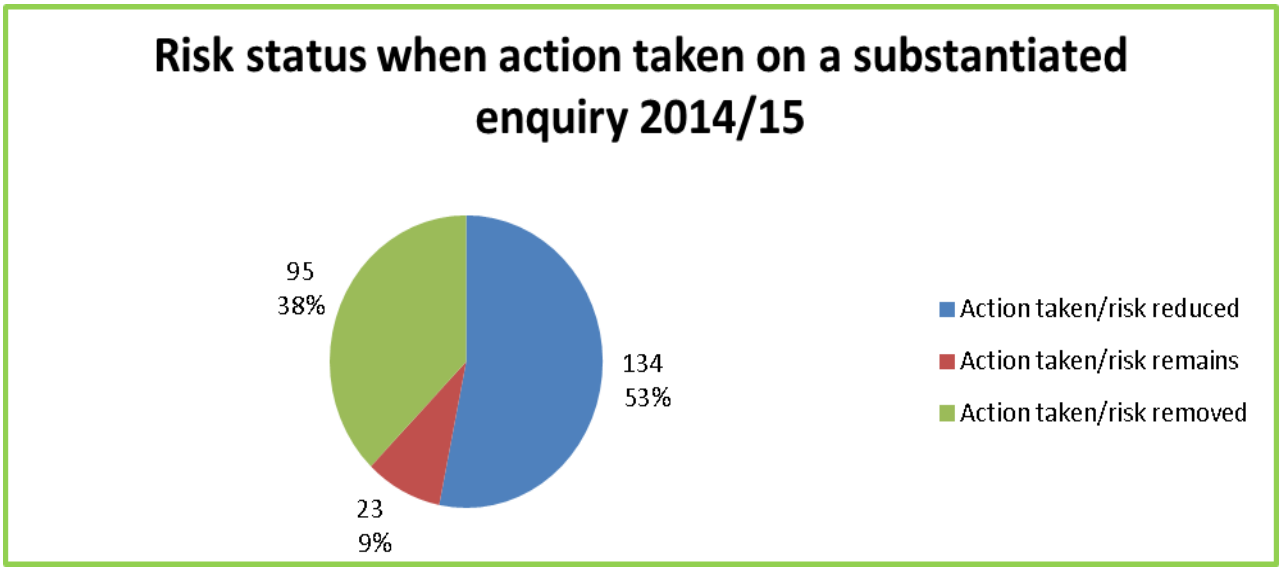
6. Outcomes from Completed Enquiries

Graph 6.1



Of the 2257 safeguarding referrals leading to an enquiry, a total of 1003 were completed by the end of the reporting period. Of these completed enquiries there were only 27.7% of the cases where it was not possible to determine conclusively whether or not abuse or neglect had occurred and 45.5% of all of the completed safeguarding enquiries resulted in a "substantiated" outcome.

Graph 6.2



In 44.7% of substantiated enquiries and almost 75% of all completed enquiries no action was taken. Where action was taken, however, the risk to the adult was either reduced or removed in around 90% of the cases. These statistics will have been affected by the change in culture to making safeguarding personal as there is a focus on trying to achieve the adults preferred outcome wherever possible.

7 Deprivation of Liberty Safeguards (DoLS)

Introduction

The Mental Capacity Act (2005), which came into force in October 2007, provides a statutory framework to enable people to make decisions themselves or, where they cannot, to enable others to make decisions on their behalf. Amended in 2009, it introduced 'Deprivation of Liberty Safeguards' to protect those people, in hospitals and care homes, who may not be able to make decisions about their care and treatment themselves.

Managers of care homes or hospitals must ask for permission from the "supervisory body" to provide care or treatment in a way that deprives the resident or patient of their liberty. The supervisory body must then arrange for an assessment. As a result of the Health and Social Care Act, on 1st April 2013 the supervisory responsibility for DoLS transferred entirely to the Local Authority, when the Primary Care Trusts were replaced by Clinical Commissioning Groups. Under the new arrangements, Local Authorities are now responsible for undertaking assessments in both care homes and hospitals.

In 2014/15 the DoLS Team within Nottinghamshire County Council acted as the county's administrative centre to receive and process all DoLS referrals. Best Interests Assessors who are specially trained and qualified social workers undertake the assessments.

How many applications were made and granted for DoLS?

Table 7.1

	Number of DOLs applications	%	Number of individuals	Number of active authorisations	Number of individuals with active authorisations
Total	1495		1215		
Number granted	220	14.7%	165	210	155
Number not granted	140	9.4%	130		
Number not signed off	845	56.5%	775		
Number withdrawn	295	19.7%	265		

Table 7.1 shows the total number of DoLS applications in Nottinghamshire; those granted; those not granted; the number not signed off and the number withdrawn. The applications refer to 1215 individuals.

A Supreme Court 'Cheshire West judgement' on 14th March 2014 threw out previous judgements that had defined deprivation of liberty more restrictively. This meant that many people may have been deprived of their liberty without safeguards in settings including care homes and supported living placements. As a result DoLS applications have increased substantially in Nottinghamshire and nationally.

Not all applications result in an authorisation and there are 210 active authorisations relating to 155 individuals.

Safeguarding Board (NSAB) budget 2014/15

Item	Cost £	Total £
Employee Costs	241,938.82	241,938.82
Premises/Room Hire	1,512.20	1,512.20
Transport	4,226.20	4,226.20
Supplies and Services		
Office equipment	42.18	
Printing, stationary	2,126.94	
Services	26,073.70	
Communications	3,549.14	
Expenses	14.5	
Catering	376.13	
Miscellaneous	4,821.45	37004.04
TOTAL EXPENDITURE		**284,681.26**
Income		
Nottinghamshire County Council	160,365.51	
Nottinghamshire County CCG's	93,484.00	
NHS Bassetlaw CCG	12,000.00	
Nottinghamshire Police	12,000.00	
Nottinghamshire Probation Trust	1,000.00	
Sundry Income	5,831.75	
TOTAL INCOME		**284,681.26**

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 March 2016

Agenda Item: 6

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

BETTER CARE FUND PERFORMANCE, 2016/17 UPDATE AND DRAFT PLAN

Purpose of the Report

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

   1.1. Note the progress for 2016/17 planning.
   1.2. Approve the Q3 2015/16 national quarterly performance report.

Information and Advice

Planning for 2016/17

2. The Comprehensive Spending Review (25 November 2015), confirmed that the BCF will continue into 2016/17 – with a mandated minimum of £3.9 billion nationally to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.

3. BCF Policy Guidance for 2016/17 was published 11 January 2016. The national conditions outlined in the guidance are as follows:

   3.1. Plans to be jointly agreed – Revised requirement for local authority housing colleagues to be involved in developing and agreeing plans.
   3.2. Maintain provision of social care services (not spending)
   3.3. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
   3.4. Better data sharing between health and social care, based on the NHS number
   3.5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional – Revised requirement for dementia services to be a particular priority.
   3.6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
   3.7. Agreement to invest in NHS commissioned out-of-hospital services – Revised requirement. Pay for Performance will not be included in the plan as in 2015/16 but we will have to demonstrate how the £1bn nationally, which was previously allocated to Pay for Performance, will support NHS commissioned out of hospital services including social care.

3.8. Agreement on a local target for Delayed Transfers of Care (DTOC) and to develop a joint local action plan – New requirement.

4. Planning is underway to develop the BCF plan informed by an evaluation of progress to date. On 22 January 2016 an extended BCF Programme Board meeting was held with partners to review our BCF plan using the Better Care Support Team self-assessment tool. There was good engagement in the event and a number of successes and areas for action during 2016/17 have been identified.

5. Having reviewed BCF schemes as part of the evaluation process, there will be no material changes to schemes / services within the Nottinghamshire BCF 2016/17 plan. However some schemes will be refocused in light of emerging priorities and changes within the Nottinghamshire planning footprint, for example, since BCF planning in 2014, Nottinghamshire has been awarded Vanguard status in a number of areas (Mid Nottinghamshire Better Together PACS, Principia Partners in Health MCP, Greater Nottinghamshire Urgent and Emergency Care, East Midlands Radiology Consortium, Primary Care Home models in Nottingham North East and Bassetlaw CCGs) and we have considered this in forming our BCF plan.

6. There will not be a detailed national assurance process for BCF plans as last year. The key assurance processes will be at regional level as part of the wider assurance of NHS operational plans, but with the involvement of local government. Key requirements for the assurance process include:

Table 1: BCF Assurance process

Regional Local Government leads to and NHS England Director of Commissioning Operations to: • agree their roles in moderation and assurance of plans, and key milestones • identify local areas that may need support with the development of their plans
• Regional assurance arrangements operational • Feedback to local areas on their plans following initial review • Identify areas requiring further support • Support deployed by Better Care Support Team
• Feedback to local areas following review of refreshed plans • All draft plans assigned an assurance category • Identify areas requiring further support • Support deployed by Better Care Support Team • High level summary report to the national Integration Partnership Board
• Final plans signed off by Health and Wellbeing Boards and submitted • All plans assigned an assurance category • Formal escalation to the national Integration Partnership Board for any plans not approved

7. A further report will be presented to the 6 April Board meeting for approval of the Nottinghamshire BCF 2016/17 plan for submission by mid-late April 2016.

Graduating from the BCF – Sustainability and Transformation Plans (STP)

8. The BCF is set within the context of longer term plans for the integration of health and care. The Spending Review announced that every area needs a STP by 2017 for implementation of integrated health and care by 2020. Areas will be able to graduate from the existing BCF programme management once they can demonstrate that they have moved beyond its requirements. The STP will have to meet the requirements to develop a model of care that is supported by the government, and meet the key requirements of devolution. Both of these elements have yet to be defined by central government. Nottinghamshire comes under two separate NHS England regional areas; South and Mid Nottinghamshire are part of Midlands and East, and Bassetlaw is part of North of England. NHS England following local discussions have determined that South and Mid will be part of the same planning area, and it is recognised that Bassetlaw has to face to Nottinghamshire as well as maintaining its links with South Yorkshire. Further work is required on how these arrangements will work.

Performance Update and National Reporting

9. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q3 2015/16. In addition the Q3 2015/16 national quarterly performance template submitted to the NHS England Better Care Support Team is reported for approval by the Board.

10. Q3 2015/16 performance metrics are shown in Table 2 below.

10.1. Four indicators are on track (BCF1, BCF2, BCF3, and BCF6)

10.2. Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions)

Table 2: Performance against BCF performance metrics

Performance Metrics	**2015/16 Target**	**2015/16 Q3**	**RAG rating and trend**	**Issues**
BCF1: Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	2,733	2,615	G	On-going development of schemes during 2015/16.
BCF 2: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657	593	G	Work commencing to explore role of Care Delivery Groups in avoiding care home admissions.

Performance Metrics	2015/16 Target	2015/16 Q3	RAG rating and trend	Issues
BCF3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	91.95%	G æ	Whilst target is being achieved, challenge remains regarding the reduction in denominator.
BCF4: Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,173.3	1,036.9	A æ	Data accuracy issues continue, in particular with Sherwood Forest Hospitals NHS Foundation Trust.
BCF5: Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100%	G	
BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	68.5%	63.9%	R æ	The methodology for this target has been changed.
BCF6: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	33.96%	19.0%	G æ	Reporting now based on actual data rather than sampling process. Work on transfer to assess models during 2015/16 should support reduction in admissions directly from hospital.

11. Expenditure is currently below plan, however a full spend is anticipated in 2015/16. Reconciliation of Q1 and Q2 spend is complete.

12. 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 Programme Board. The Programme Board has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	20	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Programme Board. Weekly oversight by System Resilience Groups.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	12	Mid Notts has undertaken work with Health Education East Midlands (HEEM) on dynamic systems modelling of workforce implications for moving to seven day services. Mid Notts will share this work with the rest of the County. HWB facilitated a County wide meeting to discuss workforce issues in November 2015.
BCF 014	There is a risk that the Local Authority reduces expenditure on Adult Social Care in 2016/17 resulting in a reduction in future health and social care integration investment.	12	Ongoing leadership from BCF Programme Board. Reallocation of BCF resources where necessary/appropriate.

13. As agreed at the meeting on 7 October 2015, the Q3 2015/16 national report was submitted to NHSE on 26 February as a draft pending HWB approval (Appendix 1 – to follow). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed virtually by the BCF Finance, Planning and Performance sub-group and approved via email by the BCF Programme Board. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the Better Care Support Team.

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

    14.1. Q4 (2015/16) data returns due 27 May 2016

Other options

15. None

Reasons for Recommendations

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

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

Statutory and Policy Implications

18. 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

19. There is in year variance on the financial plan that the HWB have approved, however a full spend is anticipated for 2015/16.

Human Resources Implications

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

Legal Implications

21. 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. Note the process for progress for 2016/17.
2. Approve the Q3 2015/16 national quarterly performance report.

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

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

Constitutional Comments (LMC 08.02.2016)

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

Financial Comments (AGW 22/02/2016)

23. The financial implications are contained within paragraphs 11 and 19.

Background Papers and Published Documents

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

- "Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16". http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government "Better Care Fund 2016-17"
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

Electoral Divisions and Members Affected

- All

Appendix 1

Nottinghamshire County Council

Report to the Health and Wellbeing Board

2 March 2016

Agenda Item: 6

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

BETTER CARE FUND PERFORMANCE, 2016/17 UPDATE AND DRAFT PLAN

AMENDMENTS TO REPORT

Paragraph	Amendment
10.2	Two indicators are off track and actions are in place (BCF4 and the BCF5 metric for support to manage long term conditions (BCF 5 is a suite of indicators, only one of which is off target))
11	Expenditure is currently below plan, and an underspend of £173,000 is anticipated in 2015/16. Reconciliation of Q1 and Q2 spend is complete.
19	There is in year variance on the financial plan that the HWB have approved. An underspend of £173,000 is anticipated in 2015/16; the minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.

Completed Appendix 1 appended.

Appendix 1

Budget Arrangements

Selected Health and Well Being Board:	Nottinghamshire
Have the funds been pooled via a s.75 pooled budget?	Yes

National Conditions

Selected Health and Well Being Board:	Nottinghamshire

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes		

ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	

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

Selected Health and Well Being Board: Nottinghamshire

	Baseline				Plan				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	18,148	21,005	21,032	21,504	20,836	21,517	21,588	21,938	20,925

Actual		Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
20,925	20,929	20,935	21,385	-5.1%	-4,190	£0	-2,688	-3,200	-3,756	-4,190

Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0	£0	£0	-2,777	76	97	119	£0	£0	£0	£0

Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed	Q2 Payment locally agreed
£0	£14,375,000	£0	£0	£0

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

If other please specify

Cost per non-elective activity	£1,490

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

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

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£0	£0
Actual amount of locally agreed unreleased funds	£0	£0	£0	£0

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable	not applicable	not applicable

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

Selected Health and Well Being Board:	Nottinghamshire

Income

Previously returned data:

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

Q3 2015/16 Amended Data:

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

Please comment if there is a difference between either annual total and the pooled fund	The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. This includes the allocation to DFGs.

Expenditure

Previously returned data:

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

Q3 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,031,000	£13,199,000	£13,823,000	£15,869,000	£58,922,000	£59,303,000
	Forecast	£14,374,000	£13,628,000	£13,772,000	£16,007,000	£57,954,000	
	Actual*	£14,328,000	£13,649,000	£10,281,252	-		

Please comment if there is a difference between either annual total and the pooled fund	The value of the pooled fund has been amended by the Health and Wellbeing Board to £57.954m. The forecasts provided above align to this change. These figures include the allocation to DFGs. An underspend of £173,000 is anticipated by year end. The minimum pooled fund contributions will be retained as part of the pooled fund and carried forward to be utilised as agreed with all parties.

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

National and locally defined metrics

Selected Health and Well Being Board:	Nottinghamshire

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target. Action The admissions targets that Group Managers work to have been reduced for the rest of the financial year and are being reviewed for 2015/16. This will ensure that we remain on target overall. Group Managers are reviewing admissions panel processes, which can differ between localities, in an effort to even out the number of admissions across localities and bring those localities that are not currently on target back in line. Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that a greater number of older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years. Three Care & Support Centres have been identified to remain open for a longer period than was originally proposed to enable joint development of an intermediate care/ assessment / reablement type service that will ultimately lead to the implementation of an integrated Transfer-to-Assess model of provision. This will ensure timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering residential care. This work is all being undertaken as part of the Better Care Fund within the three units of planning. NCC is sharing data with respective CCGs areas to understand and discuss patterns of permanent care admissions to discuss operational means of reducing this pro-rata their population and alongside proactive care planning within the community with their Care Delivery multi-disciplinary teams. Work is underway to embed the adult care and Health strategies around promotion of complex needs management at home and receiving rehab services as opposed to a service being prescripted as part of a hospital stay e.g. residential care. Additional scrutiny applied to all geographies to apply standardised practise at panels allocating funding for perm care – exploring all other options of independent living first.

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

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

Local performance metric as described in your approved BCF plan / Q1 / Q2 return	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Social Care across the county are reviewing the district panel processes, to ensure sufficient scrutiny of applications into long term care from hospital settings. Work continues on the development and implementation of five new and one refurbished Extra Care schemes across the County, along with four proposed schemes. Extra Care housing is a real alternative to traditional long-term residential care and will help to deliver the NCC ambition that more older adults stay living in their own home environment safely for longer. The new schemes are scheduled to open throughout the next two years. Three of NCC's Care & Support Centres have been identified to remain open for a longer period than was originally proposed and these CSCs are now providing Assessment beds which enable step-down care for people being discharged from hospital who do not have complex health needs but do need additional OT, physio and social care support to regain their independence and confidence. These beds support timely discharges from hospital across the county and provide service users with the best support to enable them to return to their home, rather than entering

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

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The methodology for this metric has changed. Work is underway to realign the target. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.

Support requests

Selected Health and Well Being Board: Nottinghamshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	5.Measuring success

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.

1. Leading and Managing successful better care implementation	No	[redacted]	
2. Delivering excellent on the ground care centred around the individual	No		
3. Developing underpinning integrated datasets and information systems	No		
4. Aligning systems and sharing benefits and risks	No		
5. Measuring success	Yes	Wider events, conferences and networking opportunities	Webinar, wider events, networking
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Wider events, conferences and networking opportunities	Webinar, wider events, networking

New Integration Metrics

Selected Health and Well Being Board: Nottinghamshire

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currentl y shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavail able	In develop ment	In develop ment
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17				

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the beginning of the quarter	52
Rate per 100,000 population	6
Number of new PHBs put in place during the quarter	51
Number of existing PHBs stopped during the quarter	28
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2015)	802,758

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Narrative

Selected Health and Well Being Board: Nottinghamshire

Remaining Characters	30,683

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).
In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. An extended board meeting with partners is planned in January to review our 2015/16 BCF plan using the Better Care Support Team self-assessment tool to support the development of plans for 2016/17. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q3, five performance metrics are on plan, and one off plan (GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan). Delayed Transfers of Care (DTOC) are on plan with some concern around data accuracy for Q1 and Q2 with one of our acute trusts as outlined in the Q2 update report. Data from this trust has been received for Q3, and the table below shows 2015/16 plan and activity to date: 2015/16 target Planned Actual Apr 15 – Jun15 1,151.4 550.2 Jul 15 - Sep 15 1,121.4 814.5 Oct 15 – Dec15 1,173.3 1,036.9 The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Nottinghamshire County Council

Report to Health and Wellbeing Board
2 March 2016

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

DEMENTIA CARE IN NOTTINGHAMSHIRE – UPDATE REPORT

Purpose of the Report

1. That the Board supports the development of a **Framework for Action** to improve services for people with dementia and their carers, in line with NHS England's Well Pathway and associated metrics in the Public Health Outcomes Framework Dementia Profile (Appendix 1).

2. That Board members continue to promote Dementia Friends and Dementia Friendly Communities within their organisations/local area.

3. That the plan is presented to the Board in May 2016 (noting Dementia Awareness Week 15-22 May).

Information and Advice

4. Dementia is a priority nationally and in Nottinghamshire. A new "Prime Minister's Challenge, 2020" was published in February 2015, which sets the agenda for the next 5 years. This report:
   - Summarises these new priorities for CCGs and Health and Wellbeing Boards
   - Reports on progress to address these so far
   - Sets out next steps to improve the commissioning and provision of services so that more people with dementia receive a timely diagnosis and appropriate post-diagnostic support.

Why is dementia a priority for Nottinghamshire?

5. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years. Overall 5% of people over 65 may have dementia. The most common type of dementia is Alzheimer's disease (62%) followed by Vascular dementia (17%). A further 10% of people have a combination of Alzheimer's and Vascular dementia and the remaining 11% have more rare forms of the disease.

6. The number of people aged over 65 living with dementia in Nottinghamshire is predicted to rise from 11,022 in 2015 to 12,781 in 2020. This represents a 15.9% increase over 5 years. Nottinghamshire CCGs have now achieved the expected national level of

diagnosis and significant progress has been made to achieve the objectives of the "National Dementia Strategy" (2009) and the "Prime Minister's Challenge" (2012). These are summarised in Appendix 2.

Summary of Priorities

7. The "Prime Minister's Challenge, 2020" was published in February 2015, and sets an agenda for the next 5 years. The key aspirations are summarised below.
   - Improved public awareness of the risk factors for dementia and the launch of a new Healthy Ageing campaign
   - Access to diagnosis with an initial assessment within 6 weeks
   - GPs' role in co-ordinating care via a named GP
   - Meaningful care after diagnosis, for example, good information about local services, support for carers, respite, education and training
   - Education and training for NHS and social care staff and the new 'Care Certificate' for unqualified care and support workers
   - Hospitals and care homes to become 'dementia friendly'
   - Dementia Friends and Dementia Friendly Communities campaign to continue, including the business and commercial sector
   - National and local government to encourage all organisations to become dementia friendly
   - Increase in dementia research funding.

8. NHS Planning Guidance 2016/17 – 2020/21 reinforces these goals, specifically:
   - Measurable improvement on all areas of Prime Minister's challenge on dementia 2020, including:
     - maintain a diagnosis rate of at least two thirds;
     - Improve quality of post-diagnosis treatment and support for people with dementia and their carers.

9. In order to develop a response to the Prime Minister's Challenge the Health and Wellbeing Board held a Dementia Stakeholder Event on 24 November, chaired by Councillor Muriel Weisz. The feedback from this event, together with information gathered from people with dementia and their carers and the findings of a survey being conducted by Healthwatch, will be used to develop a new County-wide Framework for Action for dementia.

10. As part of this plan, members of the Health and Wellbeing Board are being asked to continue to promote Dementia Friends and Dementia Friendly Communities within their organisations and local areas.

Other Options Considered

11. None

Reasons for Recommendations

12. It is particularly important to meet the challenge of dementia in a time of financial difficulty. The recommendation is therefore to develop an overarching **Framework for Action** for Nottinghamshire which:
    - Identifies dementia as a particularly important priority for better integrated between health and social care services, and between statutory and voluntary sector services
    - Shares local plans, good practice, new ideas and evidence-based interventions
    - Ensures equitable access to services in different areas
    - Maintains investment in dementia services and identifies no-cost/low-cost solutions

Statutory and Policy Implications

13. 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

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

Implications for Service Users

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

RECOMMENDATIONS

1. That the Board supports the development of a **Framework for Action** to improve services for people with dementia and their carers, in line with NHS England's Well Pathway and associated metrics in the Public Health Outcomes Framework Dementia Profile (Appendix 1).

2. That Board members continue to promote Dementia Friends and Dementia Friendly Communities within their organisations/local area.

3. That the plan is presented to the Board in May 2016.

Report author
Chris Kenny
Director of Public Health, Nottinghamshire County Council

For any enquiries about this report please contact:

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Gill.oliver@nottscc.gov.uk

Constitutional Comments (SMG 04/02/2016)

16. The proposals set out in this report fall within the remit of the Board.

Financial Comments (KAS 04/02/16)

17. The financial implications are contained within paragraph 14 of the report.

Background Papers and Published Documents

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

- Dementia Health Outcomes report presented to the Board April 2011
- Prime Minister's Challenge 2020
- Dementia Stakeholder Event

Electoral Divisions and Members Affected

All

Appendix 1

The Well Pathway for Dementia (NHS England)

References

1. NICE Guidelines (various)
2. NICE Quality Standard 2010: Dementia: support in health and social care
3. NICE Quality Standard 2013: Dementia: independence and wellbeing
4. NICE Dementia pathway
5. Organisation for Economic co-operation and Development (OECD) Dementia Pathway
6. BPSD – Behavioural and Psychological Symptoms of dementia

Link to Public Health Outcomes Framework Dementia Profile

Appendix 2

Progress on National and Local Strategies

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

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

2. What has been achieved so far?

- **Improved public and professional awareness and understanding of dementia**
    - Run awareness raising and publicity events
    - Provided e-learning for all social care staff
    - Provided training for appropriate health and social care staff
    - Revised GP referral guidelines
    - Held learning events for GPs and primary care staff
    - Promoted Public Health England's Dementia Friends campaign
    - Introduced more easily accessible information through:
        - the NCC website, 'Nottinghamshire Help Yourself'
        - 'Reading about Dementia' service available through local libraries

- **Earlier diagnosis and intervention**
    - Implemented new localised Memory Assessment Service (MAS)
    - Commissioned additional social support services for people who are newly diagnosed provided by the Alzheimer's Society
    - Commissioned a county-wide Intensive Recovery Intervention Service (IRIS) to provide care and treatment for people with moderate to severe dementia
    - Supported the use of assistive technology and specifically "Just Checking"

- **A higher quality of care for people living with dementia and their carers**
    - In Hospitals
        - Identified lead clinicians and developed staff training programmes
        - Developed Rapid Response Liaison Teams in NUH and Sherwood Forest Hospitals to give advice and support to people with dementia and other mental health problems in general hospitals
        - Supported a specialist mental health and medical crises ward (QMC)
    - In Care Homes
        - Developed and provided staff training, including awareness, person centred-care and end of life issues;

    - Commissioned a specialist Dementia Outreach Service county-wide
    - Established dementia specific quality standards and introduced the Dementia Quality Mark
  - In the Community
    - Improved access to Personal Budgets for people with dementia following a joint project with the Alzheimer's Society
    - Introduced specialist assessment beds for people with dementia and/or mental health problems in the south of the county.

- **Appropriate use of anti-psychotic medication -** GPs review people with dementia on anti-psychotic medication to reduce or stop this where appropriate.

- **Carers**
  - Introduced a new type of support worker for carers, Compass workers, to work with the specialist dementia services to support carers of people with moderate to severe dementia.
  - Supported the development of a web site for carers: http://www.dementiacarer.net/
  - Launch of Nottinghamshire Carers Hub

Nottinghamshire County Council

Report to Health and Wellbeing Board

2 March 2016

Agenda Item: 8

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information and Advice

2. Appointment of new 'Seldom Heard' Carers Commissioning Officer

Nottinghamshire County Council has appointed Dan Godley as the new Commissioning Officer to focus on 'Seldom Heard' Carer groups.

Over the next 12 months, Dan will be working closely with key stakeholders and voluntary sector organisations (including Notts CCG's and Carers Hub). He is tasked to identify what issues and barriers which prevent 'seldom heard' carers coming forward to access information and support from both the Council and local NHS. This will inform the Council what the issues and barriers are, so that 'seldom heard' groups are able to gain better access to existing information or services, or identify any gaps and make recommendations for potential new support services for these groups of carers.

The new post has been created as a result of the Care Act, and is a 12 month fixed term post, funded by both NCC and Nottinghamshire CCG's from the Better Care Fund.

Dan is happy to support any specific carer groups or speak to individual carers who are willing to provide feedback about their issues and experiences.

For more information contact Dan Godley via e-mail: dan.godley@nottscc.gov.uk or 0115 977 4596.

3. Housing & health

There was an excellent workshop in January which looked at integrating housing into health & social care in Nottinghamshire. The Health & Housing Integrated Commissioning Group are now looking at the feedback from the workshop & preparing a plan to achieve integration locally.

They're working to have a draft plan ready to present to the Health & Wellbeing Board meeting in May & this has been included in the work programme.

If you have any queries in the meantime please contact Rob Main, Business Manager - Strategic Housing, Newark & Sherwood District Council rob.main@newark-sherwooddc.gov.uk or (01636) 655930

PROGRESS FROM PREVIOUS MEETINGS

4. **Wellbeing@Work Scheme**
   Following a request at the January 2016 meeting a one page summary of the Wellbeing@Work Scheme has been prepared to use when promoting the scheme to other colleagues. It has been circulated to Board members and is attached as Appendix 1 for reference.

   As you heard in the meeting this is an excellent scheme, please encourage your organisations to sign up to it.

   Please contact Cheryl George, Senior Public Health Manager for more information t: 07584 011613 or email cheryl.george@nottscc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

5. **Proposed re-modelling of the Nottinghamshire School Health Service**
   Child sexual exploitation (CSE) and children missing from home and care: six-monthly update 2015/16
   Reports to the Children and Young People's Committee
   18 January 2016

6. **The work of the Health & Wellbeing Board & actions to reduce health inequalities**
   Sherwood Forest Hospitals – quality improvement plan (focus on Kings Mill)
   Reports to Health Scrutiny Committee
   18 January 2016

7. **Carers hub information and advice service**
   Performance update for Adult Social Care and Health
   Reports to Adult Social Care and Health Committee
   8 February 2016

8. **Transforming care for people with learning disabilities and/or autism spectrum disorders**
   Report to Joint Health Scrutiny Committee
   9 February 2016

9. **Integrating social care and health in Nottinghamshire**
   Report to Policy Committee
   10 February 2016

A GOOD START

10. Childhood obesity

The Commission on Ending Childhood Obesity (ECHO) has presented its final report to the WHO Director-General, culminating a two-year process to address the levels of childhood obesity and overweight globally. The report Ending Childhood Obesity proposes a range of recommendations for governments aimed at reversing the rising trend of children aged under 5 years becoming overweight and obese.

LIVING WELL

11. The Big Challenge

National Institute for Health Research Clinical Research Network (NIHR CRN)
The Big Challenge has been launched to coincide with National Obesity Awareness Week's Do Something Good for U in JanUary.

With over 60 percent of the adult population either overweight or obese and more than 2.7 million people diagnosed with type 2 diabetes, the health burden and economic impact of obesity in the UK are increasing.

The National Institute for Health Research (NIHR) is currently supporting research into the condition across 43 obesity-related studies.
The Big Challenge will feature four of these studies that highlight:

- the experiences of patients, researchers and health professionals
- that clinical research will help the NHS address the "obesity epidemic"
- that clinical research is the source of new and better treatments in the NHS

12. Introducing "activity equivalent" calorie labelling to tackle obesity

Royal Society for Public Health
This paper is calling for the introduction of 'activity equivalent' calorie labelling on food and drink, which show how much activity would be required to burn off the calories contained in the food and drink. It proposes these labels take the form of prominent pictorial icons alongside existing front-of-pack information.

13. Weight management case study

NHS Employers has published details of a case study which demonstrates the work of Cambridge University Hospitals NHS Foundation Trust and their aim to improve staff health and wellbeing, by promoting and encouraging staff to sign up to a healthy lifestyle and weight management programme. The programme was designed as an interactive and flexible skills-based group workshop available to staff that had expressed an interest in health and fitness assessments.

14. Health matters: harmful drinking and alcohol dependence

Public Health England
This resource provides information on the harmful impact of alcohol dependency. It supports the commissioning and delivery of evidence based treatment interventions to address harmful drinking and alcohol dependence in adults.
Additional link: PHE press release

15. **Reading between the lines: results of a survey of tobacco control leads of local authorities in England**
    Action on Smoking and Health
    Commissioned by Cancer Research UK, this report asked tobacco control leads from 126 local authorities across England about their stop smoking services, their budgets and how well their services were integrating since moving to local government in 2013. The report finds that in two out of five areas funding is being cut back. In addition half of all services are being reconfigured or recommissioned indicating a high level of change across the country.

16. **The NHS Health Check in England: an evaluation of the first 4 years**
    The first major evaluation of the NHS Health Check in England has been published in BMJ Open and finds that the Health Check is effectively identifying and supporting people at risk of developing cardiovascular disease. In addition, a conservative estimate based solely on medical treatment received by those at highest risk suggests that over the first five years of the programme, at least 2,500 people would have avoided a heart attack or stroke.

17. **Delivering a healthier future: How CCGs are leading the way on prevention and early diagnosis**
    NHS Clinical Commissioners
    The report showcases a range of innovative case studies from across the country which demonstrate the difference that clinically led commissioning is making. The projects focus on prevention and early diagnosis.

COPING WELL

18. **A new Dementia Profile,**
    Public Health England's National Dementia Intelligence Network (DIN),
    The prolife with provide access to local authority and CCG level data across the whole dementia care pathway & presents a major change in the way dementia data will be used locally. For the first time, the profile will enable bespoke comparison between local authorities and CCG's in England in one, interactive online platform.

19. **Improving the mental and social wellbeing of the elderly in residential care : a case study from Mellifont Abbey Residential Care Home**
    NICE
    The case study highlights the role of Activities Manager at Mellifont Abbey Residential Care Home who researched residents' hobbies and interests with the aim of improve residents' social and mental wellbeing. This case study relates to NICE Quality Standard 50: Mental wellbeing of older people in care homes.
20. **Think Autism: examples of how local councils support people with autistic spectrum conditions to live fulfilling lives within their local communities**
    The Local Government Association
    This report contains series of case studies that illustrate the positive work councils are undertaking with their local partners to support people living with autistic spectrum conditions (ASC) in their communities. The aim of the report is to ensure services and support are developed with people with autism, and not just delivered to them.

21. **Progress Report on Think Autism: the updated strategy for adults with autism in England.**
The Department of Health
This report shows what has been achieved since the publication of 'Think Autism', which updated the cross-government autism strategy in April 2014. It also sets 31 new actions to continue to help local areas implement the autism strategy. The report also outlines work to help people with autism live as full and independent lives as possible.

22. **Improving social work across the mental health sector**
The Department of Health has published three guidance documents as part of the 'Social Work for Better Mental Health' initiative. Details of the documents are as follows:
- Social work for better mental health: A strategic statement – provides an overview of the strategy and importance of social work in mental health services
- How are we doing? A self-assessment and improvement resource to help social care and health organisations develop the role and practice of social workers in mental health
- Making the difference together - Guidance on gathering and using feedback about the experience of social work from people who use services and their carers.

WORKING TOGETHER

23. **2016/17 Better Care Fund: Policy Framework**
The Department of Health
This document sets out the agreed way in which the Better Care Fund will be implemented in financial year 2016 to 2017. It covers such issues as: the legal and financial basis of the fund; conditions of access to the fund; national performance metrics; and the assurance and approval process. The document should be read alongside the NHS Mandate.

24. **People helping people: year two of the pioneer programme**
NHS England
This report describes the journey taken over the last year by the integrated care pioneers. The report describes the progress, challenges and lessons learnt across the pioneers. Also included within the report are pioneers' stories which describe the core elements of their care models and showcase how these are impacting real people.

25. **Community Pharmacy in 2016/17 and beyond proposals**
The Department of Health
This document adds to the letter in December 2015 from DH and NHS England to the Pharmaceutical Services Negotiating Committee and the pharmacy sector marking the start of the consultation process on community pharmacy in 2016 to 2017. This document provides further details on the ongoing consultation process and set out the proposals information on better integration of community pharmacy into primary care.

26. **Sheltered housing in Windsor, Maidenhead and Ascot: a case study of a joint project led by WAM CCG.**
The Housing Learning and Improvement Network
This case study describes how Windsor, Ascot & Maidenhead CCG are working with sheltered accommodation providers to identify common problems. It gives personal insight into managing the project and the outcomes achieved that have both improved the experiences of sheltered housing residents and led to service improvements in the delivery of care following a hospital admission.

GENERAL

27. **Health profiles updates**
Public Health England has updated the following health profiles:
Local Tobacco Control Profiles data update for February 2016 - provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. They are designed to help local government and health services to assess the effect of tobacco use on their local populations.
Health Profiles- February 2016 data update - these profiles provide a snapshot overview of health for each local authority in England. They aim to help local government and health services make plans to improve local people's health and reduce health inequalities.

Other Options Considered
To note only

Reason for Recommendation
N/A

Statutory and Policy Implications

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

RECOMMENDATION/S

To note the contents of this report.

Councillor Joyce Bosnjak
Chair of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
Public Health Manager
T: 0115 977 2130
nicola.lane@nottscc.gov.uk

Constitutional Comments

29. Because the report is for noting only, no constitutional comments are required.

Financial Comments (KAS 23/02/2016)

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

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All.

APPENDIX 1

BRIEF ON THE NOTTINGHAMSHIRE 'WELLBEING@WORK' WORKPLACE HEALTH AWARD SCHEME

Purpose of the brief:
To provide evidence of the benefits of having a workplace health scheme in place and an overview to enable HWB board members to support and promote the scheme across their respective networks.

Aims of the scheme
The scheme aims to work in partnership with local organisations to improve workplace culture and employee health and wellbeing, thereby reducing absenteeism and presenteeism.

Evidence of effectiveness
There is good evidence for the effectiveness of workplace health schemes, supported nationally through Public Health England, with the introduction in 2014 of the Workplace Wellbeing Charter and the 2015 NICE Guidance for Workplace Health (NG13).
'The Collaboration for Health (C3)' highlight that the rationale offered for workplace health programmes is that they improve employees' health and increase productivity. Numerous studies and systematic literature reviews have assessed their impact, and a meta-analysis of findings from 56 global peer reviewed studies found evidence of the benefits that workplace-health schemes can have, including:

- 27% reduction in sick-leave absenteeism;
- 26% reduction in health-care costs;
- 32% reduction in workers' compensation and disability-management cost claims; and
- 6 to 1 return on investment ratio.

About the scheme

- It provides an 'umbrella' for a range of public health and wider health determinant related priorities to be implemented across our adult working age population and their wider families and peers.
- The scheme aims to encourage people to take more responsibility for their own health and well-being; making health **'everybody's business'.**
- There is a standardised **toolkit** to guide the organisations through five levels in order to attain: bronze, silver, gold, platinum and maintenance levels of award.
- There are two overarching aspects of the scheme: to promote a healthier **workplace culture** and to promote **individual lifestyle improvement** of employees.
- **Good use of resources**: Utilising existing commissioned healthy lifestyle related services and resources to support workplaces to 'grow' into healthy status,
- **Large network**: that shares resources and promotes good practise.
- **Training offered**: workplace champions are trained in the nationally accredited RSPH (Royal Society of Public Health) level 2 health trainer training, and offered mental health and brief advice training.

For any enquiries about this report please contact: Cheryl George; Senior Public Health Manager. 07584011613. cheryl.george@nottscc.gov.uk

References
i. C3 Collaboration for Health 2011. Review of Workplace Health Initiatives; Evidence of Effectiveness: http://www.c3health.org/wp-content/uploads/2009/09/Workplace-health-initiatives-review-of-the-evidence-v-1-20111205.pdf

Nottinghamshire County Council

Report to Health and Wellbeing Board

2 March 2016

Agenda Item: 9

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

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

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Work Programme

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

	Health & Wellbeing Board (HWB)
6 April 2016	**Excess Winter Deaths among Older People in Nottinghamshire update** (Mary Corcoran/Joanna Cooper) **Bassetlaw update** (Phil Mettam/Lisa Bromley) **Better Care Fund – Plans for 2016/17** (Jo Cooper) **Update of Sherwood Forest Hospitals Trust** (Amanda Sullivan) **NHCT PH Strategy** (Chris Packham) **Falls Pathway** (Gill Oliver) **Healthwatch Nottinghamshire – financial challenges** (Joe Pidgeon/Jez Alcock) **Chairs report:** • Health and Wellbeing Strategy Priorities 1-5 Children & Young Peoples plan (Chris Jones) • Autism update (Ruth Harris/Laura Chambers)
4 May 2016	*Pre- meeting JSNA Nottinghamshire Insight demonstration Kristina Mc Cormick* **Strategic Action 1 Breastfeeding update** (Kerrie Adams/Helena Cripps) **Strategic Action 5 Building a healthier environment** (Barbara Brady/Anne Pridgeon) follow up to workshop **Strategic action 7 and Priority action 18 – Housing (**Rob Main/Jill Finnessey) Dementia Update Gill Oliver/ Jane Cashmore.
8 June 2016	**Learning disability & autism self-assessments (Cath Cameron-Jones)** **Digital Roadmap** (Andy Evans)
13 July 2016	**Health and Wellbeing Implementation Group (HWIG) progress Update report**
August 2016	
September 2016	***Strategic Action 2 Child Sexual Exploitation update*** *(Steve Edwards/Terri Johnson)* *Update on Hoarding framework (Nottinghamshire Fire & Rescue Services- Richard Cropley)*

02 March 2016

Health and Wellbeing Board & Workshop Work Programme

	Health & Wellbeing Board (HWB)
October 2016	**Young People's Health Strategy (Kate Allen/Andy Fox)** ***update from paper to HWB Oct 2015***
November 2016	
December 2016	
January 2017	**Wellbeing@Work update – Cheryl George**