

2 July 2014**Agenda Item: 12****REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND
CULTURAL SERVICES****HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT****Purpose of the Report**

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups, and the review of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

Information and Advice

2. The Health & Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health & Wellbeing Strategy through monitoring and holding integrated commissioning groups to account for delivery against their commissioning action plans.
3. With the publication of the new Health & Wellbeing Strategy, an annual report will be presented to the Health and Wellbeing Board outlining progress towards each of the actions identified within the action plans. The Health and Wellbeing Implementation Group monitors progress and operational delivery on a more regular basis and highlights any issues which require Board approval or support.
4. The group has met three times since the last report. The main items considered were:
 - Review of Health & Wellbeing Strategy
 - Delivery of current priorities
 - Ongoing review of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment
 - Improving engagement in the work of the Board

Key Achievements**Review of the Health & Wellbeing Strategy**

5. The group has overseen the review of the Health & Wellbeing Strategy and acted as the editorial group to produce the final document, which was subsequently agreed by the Health & Wellbeing Board in March 2014.

Delivery of the Health & Wellbeing Strategy

6. The main purpose of the Health & Wellbeing Implementation Group is to translate decisions from the Health & Wellbeing Board into practice. This follows the requested process of 'you said, we did and the outcome was'.
7. An overview of progress made against Health and Wellbeing Board decisions is included as **Table One**.
8. The group has recently held a wider engagement group to determine new performance and reporting mechanisms to underpin the delivery of the new Health & Wellbeing Strategy. (This is described further in the report titled **Progress Report on the Health & Wellbeing Delivery Plan** which is also on the agenda for this meeting.) This will form the basis of future reports to the Health & Wellbeing Board.

Joint Strategic Needs Assessment

9. There has been significant progress since the last update to the Board on the development of the Joint Strategic Needs Assessment (JSNA). **Appendix One** lists the JSNA topics which have been refreshed and approved by the Health & Wellbeing Implementation Group or the Children's Trust since November 2013. A further 21 topics or summaries are due for refresh this calendar year.
10. The JSNA has been migrated to the new Local Information System, Nottinghamshire Insight. All the completed JSNA topics listed in Appendix One can be accessed via <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>.
A steering group has been established to oversee the programme of development for Nottinghamshire Insight, which will report progress to the Health & Wellbeing Implementation Group.
11. Further development plans for the JSNA during the coming year include strengthening involvement from voluntary and community sector and reviewing the prioritisation process for JSNA topic refreshes. A full report regarding the JSNA will be presented to the Health & Wellbeing Board in September.

Pharmaceutical Needs & Services

12. Work is progressing well with the review of the Pharmaceutical Need Assessment. A draft consultation document is due to be completed by August for consultation during the Autumn. The final document will be prepared for Approval by the Health & Wellbeing Board by 1 April 2015.
13. With its responsibility for the Pharmaceutical Needs Assessment and under the new Pharmaceutical regulations, NHS England includes Health & Wellbeing Boards in the consultation relating to applications for new or amended

Pharmaceutical Services. In order to respond in a timely manner, the Board has delegated this duty to the Health & Wellbeing Implementation Group. The responses are reviewed and signed off by the Chair of the Health & Wellbeing Board to ensure member involvement.

14. The working group for the Health & Wellbeing Implementation group has considered three applications up to June 2014 and responses have been submitted to NHS England reflecting a local assessment of pharmaceutical need based on evidence in the Pharmaceutical Needs Assessment and local information from the census.

Engagement work

15. Health Watch has presented regular reports to the group, outlining the development of processes and work programme. This discussion has helped share evidence and insight and helped link up existing quality feedback process, such as Quality Surveillance processes and Council complaints processes.
16. The Health & Wellbeing Implementation Group has maintained engagement with a wider set of key stakeholders including district councils, police, probation fire and rescue. Discussion of Health & Wellbeing issues raised through the work of the integrated commissioning groups helps to explore health and wellbeing issues from all perspectives.
17. The Group has maintained oversight of the Health & Wellbeing Board Stakeholder Network. It has lead and reviewed programmes, explored feedback and agreed a work programme for the coming year.
18. The Stakeholder Network held in February 2014 attracted around 80 delegates and focussed on Psychological Health and Wellbeing. A summary of the event is attached as **Appendix Two**.
19. Further Stakeholder Network events have been agreed. These will take place in November 2014 with a focus on Homelessness and February 2015 to explore the subject of Cancer.
20. An event was held in June 2014 to begin to explore the relationship between the Health and Wellbeing Board and the voluntary and community sector. A report of the event will be presented to the Health and Wellbeing Board in September 2014.
21. Whilst the Better Care Fund has been lead through an independent working group, the Health & Wellbeing Implementation group has kept up-to-date on developments and plans to ensure seamless delivery of the fund and Health and Wellbeing Strategy on behalf of the Board.

Future Programme

22. The Health & Wellbeing Implementation Group will prioritise the following actions over the next 3 to 6 months.

- a. Oversee the continual refresh of the Joint Strategic Needs Assessment
- b. Review structures to support delivery of the strategy, if supported by the Board
- c. Monitor progress of the delivery of the Health and Wellbeing Strategy
- d. Review outputs of the Stakeholder Network Programme to feed into future events and report back to the Board
- e. Review of the Local Outcomes Framework to reflect the revised Health & Wellbeing Strategy
- f. Maintain close links with the Better Care Fund working group and it's achievements

Statutory and Policy Implications

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

Financial Implications

24. There are no financial implications in this report.

RECOMMENDATION/S

The Health & Wellbeing Board is asked to:

- 1) Note the content of the report.
- 2) Endorse the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy.

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Constitutional Comments (LM 09/06/14)

25. The Health and Well Being Delivery Plan and Health and Well Being Strategy fall within the terms of reference of the Health and Well Being Board.

Financial Comments (KAS 19/06/14)

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

Background Papers and Published Documents

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

- Nottinghamshire County Council Health and Wellbeing internet page:
<http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/>
- Our strategy for Health and Wellbeing in Nottinghamshire 2014 – 2017

Electoral Division(s) and Member(s) Affected

- All

Table One: Delivery of the Health & Wellbeing Strategy

HWB Said	We Did	The Outcome/Progress
<p>Obesity (June 2013) That the use of earmarked obesity resources in 2012/13 be endorsed to develop the identified programme to plug gaps which have been identified, In particular the development of targeted children & the adult weight management pathways & the service redesign of the adult exercise referral schemes to ensure they are fit for purpose for April 2013 inwards.</p> <p>That a full action plan be developed to ensure the issues in this report come to fruition.</p>	<p>Developed a framework for tackling excess weight as part of the Obesity Integrated Commissioning Group. This framework provides a co-ordinated and comprehensive approach through the prevention, identification, treatment and management of excess weight. A plan is set out to support individuals across the life-course through working in and with communities, taking an evidence-based approach, building upon existing successes and creating new opportunities to meet gaps in local need to tackle excess weight.</p> <p>Undertaken a procurement exercise to tender for Tiers 1,2 & 3 obesity prevention and weight management services</p> <p>Set up a working group consisting on Environmental Health and Trading Standards Officers along with Public Health officers to identify actions to increase healthier food choices in out of home provision. This includes the mapping of fast food outlets across all the districts and the development of a merit scheme for food businesses to sign up to.</p>	<p>Most districts have mapped the location of hot food takeaway outlets against the location of schools. Rushcliffe Borough Council have developed and are piloting a 'merit scheme' that will encourage food businesses to provide healthier options and use healthier catering practices. This is to be rolled out to the rest of the County during 2014.</p> <p>Obesity and weight management services for adults, children and young people in each district of the County are currently out to tender. It is hoped to have the new service in place by 1 October 2014.</p> <p>The healthy eating, physical activity and weight management aspects of the countywide workplace health programme have been supported.</p>
<p>Tobacco Control (September 2012) That approval be given to the hosting of a workshop/seminar & development of a full action plan to agree how the actions contained in the report will be delivered &</p>	<p>Develop an action plan as part of the Strategic Tobacco Alliance Group.</p> <p>Supported 6,858 people to stop smoking</p>	<p>Joint City/County strategy is being developed which will be implemented through the Nottinghamshire Strategic Tobacco Alliance Group (STAG).</p> <p>Supported a reduction in smoking prevalence</p>

monitored.	<p>CQUIN (Commissioning for Quality & Innovation) implemented at SFHT.</p> <p>Invited 20 organisations to sign up to the Community Declaration on Tobacco including district/borough councils, CCGs & acute trusts.</p> <p>Continued to provide brief intervention training to staff from CCGs, health, local government, dental & voluntary organisations.</p> <p>Maintained & developed a dedicated tobacco control website with advice to individuals wishing to stop smoking, information about smoking & illicit tobacco & resources for teachers & professionals.</p> <p>Funding of £91K secured through realignment of PH grant to reduce illicit tobacco supply.</p> <p>Local campaigns to support national campaigns such as Stoptober in October 2013 through the County Council.</p>	<p>to 19.4%</p> <p>Supported a 4% reduction from 26% to 21.5% in year 1.</p> <p><i>Action plans and tool kit are being developed to the declaration within organisations.</i></p> <p>1,279 people have been trained to provide brief intervention training (2013/14).</p> <p>1,098 website visits, of which 1,043 were unique (Nov 2013-Jan 2014).</p> <p>Funding to appoint 2 full time officers & provide resources to work on illicit tobacco enforcement.</p> <p>319 quitters referred to local services as a result of Stoptober (target 300). 2,875 registrations from Nottinghamshire through national Stoptober website. 728 unique page views in Nottinghamshire to Stoptober website.</p>
<p>Cancer (November 2012) That the promotion of the key prevention measures for cancer be endorsed.</p>	<p>Commence liaisons with Cancer Screening Programme Boards for cervical, bowel and breast cancer, to monitor and facilitate take up across the County.</p>	<p>Public health oversight of local uptake, and coordination between PH England, CCGs and Local Authority facilitated.</p>

<p>That the promotion of the National Awareness & Early Detection Initiative (NADEI) locally, especially the awareness of key symptoms among local residents be endorsed.</p>	<p>Planning for Health and Wellbeing Programme Board event on cancer for February 2015.</p> <p>Public health membership in the NUH Pathway programme board, seeking to bring together the workings of the five separate tumour site groups. High level action plan proposed by NUH for new consolidated approach to progress. SFHT participation.</p> <p>The Cancer Strategic Commissioning group providing supportive oversight for the NHS Right Care 'Deep Dive' analysis on CCGs cancer outcome and spend analysis.</p> <p>Forecasts for 2014/15 of anticipated increases in cancer service have been established and agreed with the Trusts' Commissioners</p>	<p>Key speakers being secured.</p> <p>Clear strategic action being established through the acute trust's lead providing a key local delivery mechanism for DH's 2011 'Improving Outcomes: A Strategy for Cancer'.</p> <p>Establishing shared local action across the agencies.</p> <p>Appropriately commissioned cancer services for 2014/15, and planning for 15/16 forecasts to commence.</p>
<p>Domestic Violence (January 2013) That approval be given for the Domestic Violence Strategy Group to develop a costed plan of action to address the challenges identified in the report</p>	<p>Each Clinical Commissioning Group's (CCG) Clinical Cabinet has been briefed on Identification and Referral to Improve Safety (IRIS) and Multi Agency Risk Assessment Conference (MARAC)</p> <p>3 CCGs have agreed to establish new mechanisms for engaging in the MARAC process.</p> <p>Nottinghamshire Domestic Abuse JSNA has been produced in 2014</p>	<p>IRIS implementation has begun in Mansfield Ashfield CCG and Nottingham West CCG Newark and Sherwood CCG has agreed to implement IRIS Bassetlaw CCG has declined IRIS</p> <p>21 out of 28 GP practices in Mansfield & Ashfield CCG have signed up to MARAC (June 2014)</p> <p>MARAC administrators have implemented a revised process for specifically communicating with General Practice (June</p>

	A comprehensive Domestic Violence Service Review has been completed in partnership with the Police and Crime Commissioner	2014) The DV Review and JSNA will now form the evidence base for re-procurement of services in 2015
Children's mental health & emotional wellbeing in Nottinghamshire (November 2013) The board approved actions to improve mental health & emotional wellbeing of children & young people in Nottinghamshire.	A full review of the Children and Adolescent Mental health Services pathway has been undertaken.	A new model of service delivery is currently out for consultation.
Sexual Health (March 2013) A detailed action plan be developed for Sexual Health utilising a Health & Wellbeing Workshop.	A workshop was held for the Board in July 2013 to agree priority areas for development. The Sexual Health Strategic Commissioning Group is finalising a detailed action plan that will deliver the sexual health priority of the Health and Wellbeing Strategy. A Service Development Group has been formed to review & develop integrated sexual health services in south Nottinghamshire. The SEXions service has been extended to Mansfield & Ashfield.	Agreed areas for development have been considered in longer-term planning wherever possible in the context of budget pressures. A sexual health needs assessment for North Nottinghamshire is underway. Service provision across primary and secondary care is going to be reviewed and mapped to ensure it meets needs. An integrated service specification has been developed for sexual health services in south Nottinghamshire. Sex & relationships education being offered to young people in & out of school settings, with chlamydia screening also being offered from 2014/15.
Dementia (September 2011) The Shadow Board noted a report outlining progress to date on services for people with dementia.	A requirement to train all relevant staff has been included in contracts with NHS providers.	All relevant staff within NHS service providers, care homes & home care staff offered training.

<p>Recommendations included:</p> <ul style="list-style-type: none"> • Raising public awareness of dementia • Good quality early diagnosis, support and treatment for people with dementia and their carers • Implement the carers strategy for dementia carers 	<p>Compass workers commissioned (linked to Carers Strategy) to support carers of people with dementia.</p> <p>Implementation of national CQUIN (Commissioning for Quality & Innovation) to ensure people over 75 admitted to general hospitals are assessed for the risk of dementia.</p>	<p>Compass workers will be in place in September 2014.</p> <p>Acute hospitals are required to assess people aged over 75 who are admitted as an emergency for dementia. In 2013/14 NUH and Sherwood Forest Hospitals referred 403 people to their GP for a specialist dementia diagnosis.</p>
<p>Substance misuse (November 2011)</p> <p>That the Clinical Commissioning Groups and the County, Borough and District local authorities actively consider how they could commission services differently to address the substance misuse needs of local residents.</p> <p>That links with the Nottingham City Substance Misuse Partnerships be pursued to ensure the agenda is joined up as far as possible across the County/City boundary.</p> <p>That District and Borough Local Authorities consider how they could use licensing regulations to address the issues raised in the report.</p>	<p>The decision was taken to serve notice on current substance misuse treatment providers and undertake a whole system tender process.</p> <p>An extensive consultation process was undertaken during July – September 2013. The system was redesigned as an outcome focussed system.</p> <p>The tender went live in March 2014; evaluation of bids submitted was completed on 1st June.</p> <p>Collaborative working is taking place with Nottingham City Crime and Drugs Partnership where appropriate</p> <p>Working with district licensing colleagues to develop a licensing toolkit</p>	<p>The outcome of the evaluation process is awaiting approval by the Public Health Committee. The preferred bidder will be contacted on 12th June 2014.</p> <p>Nottinghamshire County and Nottingham City Councils were successful in securing Home Office support as a Local Alcohol Action Area (LAAA). This is a 12 month project, which has prioritised:</p> <ul style="list-style-type: none"> • Improving alcohol related data collection from hospital Emergency Departments (ED) • Working in partnership with Drinkaware to deliver a media campaign targeting 18-29 year olds. <p>The work of the LAAA and data collection in the ED will be explored to consider how this data can be used to inform license appeal decisions</p>

Appendix One

JSNA topic refresh: progress since November 2013		
JSNA chapter	JSNA section	Refresh date
Children and Young People	Maternity and Early Years	Completed June 2014
Children and Young People	Breastfeeding and Healthy Start	Completed June 2014
Children and Young People	Child oral health	Completed June 2014
Children and Young People	Emotional health and well-being	Completed June 2014
Children and Young People	Teenage pregnancy	Completed June 2014
Children and Young People	Excess weight	Completed June 2014
Children and Young People	Experience of maternity services	Due 2014
Children and Young People	Disability	Due 2014
Children and Young People	Transitions	Due 2014
Children and Young People	Health of looked after children	Due 2014
Children and Young People	Health needs of young offenders	Due 2014
Children and Young People	Sexual health	Due 2014
Adults	Domestic abuse	COMPLETED MARCH 2014
Adults	Sexual violence	DUE 2014
Adults	Communicable diseases	DUE 2014
Adults	Sexual health	DUE 2014
Adults	Substance misuse: alcohol and drugs	DUE 2014
Older people	Excess winter deaths	COMPLETED MARCH 2014
Older people	Dementia	COMPLETED MARCH 2014
Older people	Mobility and falls (incl Physical activity)	DUE 2014
Older people	Loneliness	DUE 2014
Older people	End of Life Care	DUE 2014
Cross cutting themes	Road Safety	COMPLETED SEPT 2013
	The People of Nottinghamshire: population, demography & wider determinants	
Cross cutting themes		COMPLETED MARCH 2014
Cross cutting themes	Housing	DUE 2014
Cross cutting themes	Carers (adults and OP)	DUE 2014
Cross cutting themes	Tobacco control	DUE 2014
Cross cutting themes	Executive summary	DUE 2014
Cross cutting themes	CCG/District overview	DUE 2014
Cross cutting themes	Diet and nutrition	DUE 2015
Cross cutting themes	Obesity	DUE 2015
Cross cutting themes	Physical activity	DUE 2015

Nottinghamshire Health and Wellbeing Board Stakeholder Network

Summary of event held on 11 February 2014

Psychological wellbeing

Around 70 people attended the event which was opened by Councillor Joyce Bosnjak.

Professor Mike Cooke, Chief Executive of Nottinghamshire Healthcare Trust then lead an overview of psychological wellbeing locally and nationally. Dr Lucy Morley gave an overview of issues specific to young people, Dr Ola Juniard presented issues specific to ageing, particularly depression and dementia and Professor Patrick Callaghan outlined the links between physical and mental health.

The group then split into 5 discussion groups to covering:

- Mental health workers and the police pilot in Nottinghamshire
- Suicide Prevention - A strategy to reduce avoidable harm
- Links between physical and mental health
- Loneliness and Resilience
- Children and Adolescent Mental Health Service pathways

The main points from each of the groups were:

Mental health workers and the police pilot in Nottinghamshire

Chief Inspector Kim Molloy spoke about the impact of mental health on Police services, and about plans for two “triage cars”, each with a police officer and a mental health (MH) nurse.

Issues for the Police included:

- The impact on the Police workforce through stress related issues, on crime and on resources.
- Because the Police work 24 hours a day, they were often the last resort for help, even where this was not appropriate.
- A significant proportion of offenders were substance misusers and/or had a mental health problem.
- There was an 11% increase in calls relating to mental health during the last year.
- The custody suite was the wrong location for people who were not criminals.
- Section 136 of the Mental Health Act gave the power to detain people.

Triage cars had been trialled successfully in Leicestershire. In Nottinghamshire, the pilot would comprise two cars, each staffed by a police officer and a mental health nurse, operating from 9.00 to 13.00. If successful, the pilot would be extended to longer hours and more vehicles. The cars would be called to an incident with a mental health dimension. Often an incident occurred because an individual had failed to take their medication. The teams would seek to avoid admission to hospital

or a custody suite, with the MH nurse being well positioned to decide whether sectioning would be appropriate.

Points made during discussion included the ability of individuals to play one agency off against another, and therefore the benefits of joined-up working. People with mental health problems were more likely to be victims compared with the general population. MH nurses were based at the Mansfield custody suite on a pilot basis. The Government would like this extended nationally. In Lancashire, people with mental health difficulties carried an emergency card with contact details of friends or next of kin.

Suicide Prevention - A strategy to reduce avoidable harm

Susan March lead a discussion on suicide prevention giving an overview of the national strategy which does not currently include self-harm.

A suicide prevention strategy for Nottinghamshire and Nottingham City was being developed and would include self-harm.

Assisted suicide would not be included in the local strategy.

There are also measures within the Public Health Outcomes Framework relating to suicide and self-harm. The Framework included reducing deaths from suicide & providing more support for people who are bereaved or affected by suicide.

It was noted that there were areas which worked well locally such as local referral routes and some partnerships had been established, for example food banks had a vulnerable person panel which can feed into the MASH (Multi Agency Safeguarding Hub).

Links between physical and mental health

The group discussed the psychological support needs for people who have long term physical health conditions and carers, including the specifics of coping with cancer. The importance of links between health practitioners and community voluntary sector support was stressed, particularly with regard to people coping with social stressors such as debt, unemployment and domestic violence. The role of self-care was highlighted.

There was an awareness of psychological support services but concerns raised that they were not timely enough. The group discussed what is meant by 'Early Intervention' in mental health support, and agreed that this means 'as early as possible' and could include support for children and young people as well as picking up on problems early in adults. There was discussion about the needs of homeless people and other people living 'chaotic lives', but also a recognition that there is isolation experienced by the majority of people with long term conditions or older people.

Loneliness and Resilience

There were suggestions about working with partners to reach isolated older people such as pharmacies, refuse collections & meals at home as well as trusted professionals such as GPs or district nurses.

There may be issues if relaying on older people to make the first contact or where people remain mobile as they may not be in receipt of services but may be isolated. The importance of supporting people following a bereavement was recognised before loneliness sets in.

There are projects within the county which are looking at connecting communities. There are also initiatives in other areas which could be considered for local application.

Local facilities are important to allow people to meet & for groups to be run.

Children and Adolescent Mental Health Service pathways

The Group discussed the importance of starting early to deal with physical & emotional health in schools and also the need to include parents and families.

The group discussed the situation locally & highlighted the following gaps:

- Support for the transition to secondary school
- Children centres dealing with mothers/parents pre-birth
- Suicide prevention services & those dealing with bereavement
- PHSE profile to be raised to enable young people to be better able to care for themselves, particularly around relationships.
- Parenting role models, particularly where they are lacking at home
- Skilling up non-skilled parents & linking generations
- Getting services to work together e.g Children's Centre, health visitors & school nurses.
- Linking healthy schools & healthy workplaces
- Mapping of services to avoid duplication & identify gaps
- More mentors for young people to show what can be done.
- Education of parents in social media

Notes of the table discussions will be sent to:

- Nottinghamshire Health & Wellbeing Board & Health & Wellbeing Implementation Group
- CAMHS Integrated Commissioning Group
- Older People's Integrated Commissioning Group
- Nottinghamshire Dementia Strategic Initiative Group
- Nottinghamshire and Nottingham City Suicide Prevention Steering Group

The next meeting will be held on Monday 9 June 2014

Nicola Lane

March 2014